DISSERTATION

ACTING AS ONE:

VOICES IN THE RENEWAL OF CLINICAL PARTNERSHIPS IN EDUCATOR

PREPARATION AND RESEARCH

Submitted by

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ABSTRACT

ACTING AS ONE:

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PREPARATION AND RESEARCH

The accrediting body, the Council for the Accreditation of Educator Preparation (CAEP), has set forth a set of new standards in 2013 that demand excellence and produce educators who raise PK-12 student achievement. Standard 2: Clinical Partnerships and Practice requires that educator preparation programs (EPP) seeking accreditation should have strong collaborative partnerships with school districts and their individual schools. These collaborative partnerships are a shared endeavor meant to focus dually on the improvement of student learning and development and on the preparation of teachers. The partners shall work together to determine the division of responsibilities among the various partnership stakeholders and the values and expectations of program development, implementation, assessment, and continuous improvement.

The purpose of this multi-manuscript co-written dissertation included two separate studies utilizing focus group methodology to highlight how key stakeholders in EPPs describe the benefits and barriers of CAEP Standard 2: Clinical Partnerships and Practice within the context of those stakeholders' institutions. A priori codes were used in both qualitative studies to see how stakeholders' descriptions aligned with Standard 2 guiding principles. Inductive codes were identified, which focused on barriers described in clinical partnerships. Results were presented in two different manuscripts from the two studies and indicate strong correlation

between stakeholders descriptions with both a priori and inductive codes. Based on the findings, suggestions for further research will be presented.

Keywords: clinical partnerships, clinical experiences, accreditation, educator preparation, co-writing

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If I have seen further than others, it is by standing on the shoulders of giants.

–Sir Isaac Newton

Thank you to my family for your resilience, patience, understanding, and love. Joy, you don't have to get the groceries, clean the house, entertain the kids, or hang out by yourself after the kids go to bed any longer. I am amazed at what you have done as a wife and mother these last six years while I spent time seeking this Ph.D. Beyond being a great wife and mother, you are the "boots on the ground" educator we need in our public schools. What you do as an educator is exactly what educator preparation programs hope all their students evolve into. To my kids Pierce and Payton, let's go play!

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DEDICATION

Dad, I dedicate this dissertation to you. You are my hero, my best friend, and the person I will always look up to. You are no longer with me on this Earth, but your legacy lives on. I will always do my best to be the husband, dad, hard-worker, and kind person you modeled to me. You are the epitome of someone who worked hard to turn every opportunity into something good. You once told me, "When you learn to work hard, then you will learn to love your work." Dad, I miss you every day, but I know you will be by my side every step I take.

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CHAPTER 1: INTRODUCTION

Teachers have the capacity to shape the minds and futures of many, and they do so at many critical life stages. Kindergarten teachers introduce young minds to the wonder of learning and to the basic tools of learning that students will use their entire lives. Middle School teachers have the opportunity of instilling a passion for academics in large groups of teens, whose minds are deeply focused on developmental issues and their complex social worlds. High school teachers are charged with teaching detailed intellectual content to large groups of near-adults whose lives are often tumultuous and multifaceted. College professors work with inspiring young adults in teaching them the nuances of highly technical content areas, while showing how limitless their life possibilities are. In combination across an individual's lifespan, it is an army of teachers who have ultimately shaped how that individual understands the world and his or her place in it. As Nelson Mandela (n.d.) said, "Education is the most powerful weapon which you can use to change the world." It stands to reason that if schools can make a difference in our world, and a significant portion of that difference is attributed to teachers (Darling-Hammond, 2006), then educator preparation programs (EPPs) have a great responsibility to prepare the best possible candidates to enter the PK-12 classroom. Effective teachers, beginning with effective teacher preparation, can change our society, and ultimately, fulfill Mandela's vision of a better world through education.

Purpose of this Dissertation

This dissertation is the collaborative work of two researchers who conducted two studies together using focus group methodology for each study. We set out originally to write six manuscripts focusing on the Council for the Accreditation of Educator Preparation (CAEP)

Standard 2: Clinical Partnerships and Practice which has three subcategories: (a) clinical

partnerships, (b) clinical experiences, and (c) clinical educators. Three manuscripts of the

original six are embedded in this dissertation, while the other three manuscripts are part of

Roth's (2017) dissertation *Clinical Partnerships in Action: Renewal and Innovation in Educator*

Preparation and Research. To gain a full perspective of our work, we recommend reading both

dissertations.

Institutional Context and Purpose of the Studies

The researchers of both studies focused on CAEP Standard 2: Clinical Partnerships and

Practice because in 2013 CAEP approved new accreditation standards. The inception of

Standard 2: Clinical Partnerships and Practice meant that EPPs hoping to gain national

accreditation status must meet the demands of what it means to provide teacher preparation in a

clinical setting. Clinical preparation stems from the belief that teacher candidates learn best

when trained in the school setting where theory blends seamlessly with practice and application.

Preparation programs ought to be grounded in the work of schools through closely linked

partnerships between the programs and school districts, which allows prospective teachers to

become more immediately engaged with expert educators and work in direct contact with PK-12

students (American Association of Colleges of Teacher Education [AACTE], 2012). The Report

of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student

Learning declared:

> 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 . . . and move to programs that are fully grounded in
> clinical practice and interwoven with academic content and professional courses.
> (National Council for Accreditation for Teacher Education [NCATE], 2010, p. ii)

Both researchers were already part of a university in northern Colorado known for its strong professional development school model, which structured their program deeply rooted in the local school districts. Clinical partnership and clinical experience had always been part of our professional roles as educators in both the PK-12 and university levels. Jennifer Roth is an assistant principal at a large high school in the local school district, has worked with the university as an adjunct instructor, placed teacher candidates for student teaching and practicum experiences, and was a representative on the EPP's recent CAEP accreditation process. I am a university instructor and advisor at the same university, and work directly with the other researcher with the university course I teach, which is housed at her high school. In addition, I have taught other courses throughout the teacher preparation program and have supervised teacher candidates. Our collective work and partnership at this university within its EPP is why we chosen to study Standard 2: Clinical Partnerships and Practice.

Significance of the Studies

We set out to use the descriptions of key stakeholders in both local and national EPPs to help unpack Standard 2: Clinical Partnerships and Practice, so EPPs can learn how they might embed clinical practice into their own programs. These studies provide help and answers for all EPPs since very little is written about current clinical practices with regard to the newly designed CAEP standards. As indicated by the large gap in the literature regarding a definitive clinical practice structure, and clinical practice being vaguely defined, teacher preparation has continually been under scrutiny for under-preparing candidates. The manuscripts in this dissertation, in conjunction with the manuscripts in Roth's (2017) dissertation, can help other EPPs think critically about both the benefits and barriers within their programs around the country.

Structure and Purpose of the Manuscripts Within This Dissertation

As mentioned earlier, these manuscripts are the products of two separate studies conducted by two researchers. The first study utilized three focus groups that contained key stakeholders of EPPs: school-based teacher educators (SBTEs), university-based teacher educators (UBTEs), and teacher candidates. Below are the focus group questions that were asked. The questions address both clinical partnerships and clinical experiences. The researcher of this dissertation utilized data from questions addressing clinical partnerships, while the other researcher utilized data from questions addressing clinical experiences.

Clinical Partnerships:

1. Within the context of CSU, what is your understanding of a clinical partnership?

2. What are the benefits of a clinical partnership?

3. What are the barriers that keep you from realizing those benefits?

Clinical Experiences:

1. Within the context of CSU, what is your understanding of a clinical experience?

2. What are the benefits of a clinical experience?

3. What are the barriers that keep you from realizing those benefits?

Chapter three in this dissertation is the article that was created from the clinical partnership focus groups questions.

The second study conducted by both researchers utilized focus groups and asked the same set of questions, but the participants spanned a much larger range of key stakeholders in EPPs. The participants were constructed from members of the Clinical Practice Commission (CPC) which was created by the American Association of Colleges for Teacher Education. CPC members were instructors, professors, deans, organizational leaders, PK-12 educators, and

superintendents in a variety of EPPs from across the nation, so their collective responses provided rich description of CAEP Standard 2. The two researchers of this study are members of the CPC, so structuring the focus groups was relatively easy since they were embedded into a planned meeting for the CPC in Washington, D.C. Two manuscripts were co-written, and created from data collected in this second study. Chapter four in this dissertation was half of the product of the analysis of that work which focused on the barriers described by CPC members with regard to each of their EPPs clinical partnerships and clinical experiences. It is also important to note that chapter four of this dissertation only addressed the third question which was, "What are the barriers of a clinical partnerships, and clinical experiences?" The other researcher (Roth, 2017) of this study holds the additional article in her dissertation.

The second chapter in this dissertation was co-written with its intended purpose to provide a historical context of both accreditation and EPPs. Some of the focal points of interest in this second chapter are as follows: (a) the history of teacher education in the US, (b) local, state, and federal roles in education and educator preparation, (c) state versus federal role in education and educator preparation, (d) history of accreditation for educator preparation programs, and (e) the current state of teacher education. This article is the basis for both dissertations, but it resides as the second chapter in my respective dissertation.

The introduction and conclusion chapters of this dissertation fulfill two separate needs. Chapter one introduces the reader of this dissertation with enough background to understand the structure of the work between the two researchers who co-wrote a combined six manuscripts; three of which reside in this dissertation. This introduction is vital in understanding that three additional manuscripts from the two studies identified earlier can be found in Roth's (2017)

dissertation. Additionally, the conclusion, chapter five, allows the reader to gain clarity of the key findings of the three manuscripts within this dissertation and recommendations for further research based on those finding.

Researcher's Perspective

I am a faculty member in an EPP at a large R-1 land-grant university in northern Colorado who prides itself with a deeply rooted professional development school model to train teacher candidates. I gained my initial teaching licensure after completing my undergraduate degree in Elementary Education at the University of Montana. I moved to Colorado to student teach, gained my provisional teaching license in Colorado, and sought to find teaching positions in the local district. I was fortunate to land my first teaching position at an elementary school in the same district where I student taught, as a sixth grade teacher. I taught at that respective school for three years, and was provided the opportunity to be part of the initial staff of a new elementary school in the same school district. As a fourth year teacher at a new school, I was fortunate to be offered an adjunct position at the local university to teach a portion of a class in their EPP that focused on literacy strategies. It was at that point that I began to see how a school district and university relationship can provide mutual benefits and simultaneous renewal for all involved.

Teaching both sixth grade and then fourth grade at the new school, teaching an educator preparation course, and hosting student teachers allowed me to refine my teaching skills, helped provide applicable teaching experience for practicing teachers, and stretched my own professional development in a variety of ways. Any elementary teacher, and all teachers for that matter, can tell you the need to be extremely proficient in classroom management, differentiation, developing relationships, and to utilize a plethora of teaching strategies that

engage students in thinking, collaborating, and critical thinking. I loved these elements of teaching, and I began to wonder how I might utilize my skill set in ways that could impact other teachers. Eight years into teaching, I was provided the opportunity to apply for a full-time instructor and advisor role at the university where I was currently teaching as an adjunct instructor. Although it was a difficult choice to leave the K-12 classroom, I was ready to stretch my own professional growth, and I decided to go for it.

Teaching at the college level and working with teacher candidates is a special job; one that I don't take for granted. I am continually reminded, on a daily basis, how important, and yet how complex, teaching really is. I see my students, through their development of becoming a competent teacher, go through a Professional Development School (PDS) model of teacher preparation embedded in schools, and it is obvious how important clinical partnerships and clinical experiences are. Learning to teach without real application in the classroom is no different than a pilot learning to fly in a simulator, or a doctor learning to conduct surgery with just a model or virtually. Learning to teach takes the act of teaching, which can only be accomplished in the context of a classroom.

After beginning my career at the university, the associate director was tasked with administering a new Ph.D. program, which would have a specialization in school leadership, and through several conversations to learn more about the focus of the program, I decided to apply. I was excited that the program would be a cohort model in which the students would take course work together as a collective group. Additionally, the students would be current principals, assistant principals, classroom teachers, and others in related educational fields. I knew working with other educational leaders would be a great opportunity to learn together.

The experience of teaching in PK-12 public schools, as well as being an instructor in an educator preparation program has profoundly influenced my research interest in the preparation of future educators. Teachers are the cornerstones of our democratic society, and it is my hope that the manuscripts in this dissertation can help other educators and EPPs understand the benefits everyone can receive in clinical practice and partnership between universities and local school districts which CAEP Standard 2 requires.

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CHAPTER 2: HISTORICAL PERSPECTIVE OF EDUCATOR PREPARATION AND

ACCREDITATION

Educator Preparation Programs (EPPs), in conjunction with national accreditation requirements and processes, are in the process of transformation. New standards are advancing excellence in educator preparation through evidence-based accreditation that assures quality and supports continuous improvement to strengthen PK-12 student learning. The goals that both EPPs and accreditation agencies seek are to raise the performance of teacher candidates as practitioners in the nation's PK-12 schools, and to raise standards for the evidence the field relies on to supports its claims of quality. This strategic movement in improving the development of educator preparation and accreditation effectiveness is a large task, but one that is needed for the renewal of the education profession. One important and critical change has resulted in the restructuring of EPP standards: a focus on clinical practice. To understand recent changes in educator preparation, including the changes in the role and process of accreditation and the spin toward clinical practice, a review of the historical context is imperative. There have been many evolutionary changes in the way EPPs and accreditation agencies have constructed their collective expectations, and the improvements of both organizations throughout their existence need to be understood. This article will unravel the complex and interwoven intricacies of accreditation and clinical educator preparation.

Background: Seeking Change for Renewal in EPPs and Clinical Practice

Over the past 30 years, researchers and practitioners have written extensively about the process of learning to teach and the activity of teaching in an attempt to define the knowledge

base of teaching.   Shulman (1987) addressed the need for teachers to be able to master subject

matter content knowledge and pedagogical knowledge. Even more importantly, Shulman

stressed:

> The knowledge base of teaching lies at the intersection of content and pedagogy, in the
> capacity of a teacher to transform the content knowledge he or she possesses into forms
> that are pedagogically powerful and yet adaptive to the variation in ability and
> background presented by the students. (p. 15)

Ball (2000) spoke of preparing teachers by bringing the study of content closer to

practice, so teachers could use subject matter knowledge to effectively impact student learning.

It is through practice that the teachers begin to unpack the complexities of sharing content "as

they mediate students' ideas, make choices about representations of content, modify curriculum

materials, and the like" (Ball, 2000, p. 245). Levine (1992) and Walters (1998) recommended a

restructuring of traditional teacher education programs to include a type of apprenticeship

program with teacher candidates placed within a school setting. These recommendations were

the onset of ideas in educator preparation that would lead to improvements in EPPs' assurance of

teacher candidate quality.

Impact of Quality Teaching on Student Learning

Improvements in student learning depend on substantial, large-scale changes in how

those of us in EPPs, prepare and support teachers. Ball and Forzani (2009) wisely noted that,

"With a system of [K-12] schooling that has never delivered high quality education to all

students, policy makers and educational leaders are calling for more complex and ambitious

goals to prepare youth for the demands of the 21st century" (p. 497). Teaching is a highly

intricate process and meeting the needs of all children is a massive undertaking that requires a

well-trained corps of competent, caring, professional educators. "One of the challenges faced by

efforts to gain professional status for teachers is that teaching is complex work that looks

deceptively simple" (Grossman, Hammerness, & McDonald, 2009, p. 273). The challenge of honing in on a set of specialized teaching practices at the heart of educator preparation remains a challenge; however, a driving force in deciding upon those practices is the resounding fact that student achievement is directly correlated with effective teachers.

Student Achievement and Teacher Effectiveness

The extent to which teacher quality impacts student learning cannot be overstated. Research has demonstrated that students learn more from effective teachers and that teacher quality is the most important in-school factor affecting student achievement and success (Cochran-Smith, 2006; Williams, 2000). One study found that "the difference in student performance in a single academic year from having a good as opposed to a bad teacher can be more than one full year of standardized achievement" (Hanushek, 1992, p. 87). A study (Nye, Kostantopoulos, & Hedges, 2004) measuring the effect size of teacher and school effectiveness found the difference in student achievement gains between being assigned a less effective teacher and being assigned a more effective teacher was roughly the equivalent of a student moving from the 50th percentile to about the 69th percentile in math and from the 50th to the 63rd percentile in reading. It is important to note that teacher effect size is larger in low socioeconomic status schools and is overall larger than school effects. This result has provocative implications for education reform movements that seek to change the structure of poorly performing schools.

Another study (Rivkin, Hanushek, & Kain, 2005) focusing on teacher quality showed that improving teacher quality and effectiveness had greater effects on students' reading and mathematics performance than reducing class size by ten students. Teachers in the top 20% of performance generate five to six more months of student learning each year than low-performing

teachers (Hahnel & Jackson, 2012). Additionally, evidence suggests that the impact of effective teaching endures beyond the classroom walls. A long-term study (Chetty, Friedman, & Rockoff, 2011) of 2.5 million children in grades third through eighth showed that students who were assigned to highly effective teachers were more likely to attend college, higher-ranked colleges, earn higher salaries, live in higher socioeconomic status neighborhoods, and save more for retirement. Much is known about how the quality in teachers and how they can make tremendous increases in student learning; however, with the amount of variance in teacher training across the country, how can EPPs leverage what is known about teaching to develop effective teaching practices that will ensure the likelihood of the transition from students to professional educators?

Variation Issues in Educator Preparation

The quality of educator preparation impacts teachers and students, and yet EPPs continue to operate in different ways. Although teacher preparation programs vary widely from university to university and even within schools of education, "There is considerable evidence that teacher education can be quite powerful and the influence of teacher expertise can be quite large" (Darling-Hammond, 2010, p. 39). Many studies have found that some teacher education programs have much more positive effects than others (Boyd et al., 2008), and certification is a significant predictor of student achievement (Louisiana Board of Regents, 2008). One study (Goldhaber, Liddle, & Theobald, 2013) found that students performed better on standardized tests when taught by a teacher from the highest-rated teacher preparation programs versus those from the lowest-rated teacher preparation programs.

While research highlights the positive effects of quality teacher preparation, a lack of agreement in what constitutes a quality teacher preparation program, and wide variability of how

new teachers are prepared, has led to inconsistent results and a lack of confidence in the U.S. teaching force. Teacher preparation providers, and teachers themselves, state that they are often not prepared for the realities of the classroom. The report, *Educating School Teachers*, found 62% of education school alumni were in agreement that "schools of education do not prepare their graduates to cope with classroom reality" (Levine, 2006). In a survey conducted by the American Federation of Teachers (2012), 82% of teachers new to the profession believed better coordination between teacher preparation programs and schools districts would improve teacher preparedness. Additionally, 77% of teachers believed the alignment of curricula with field experiences would improve teacher preparedness (American Federation of Teachers, 2012).

Developing a national consensus on what constitutes quality teacher preparation and quality field experiences has been a daunting endeavor. Both universities and PK-12 schools need to leverage a collective effort to effectively train teacher candidates. There is a gap between theory and practice and working together to develop a true clinical practice can help bridge the gap. In fact, Goodlad (1994), whose research focused on simultaneous renewal through clinical partnerships in teacher preparation, understood the importance of a collective effort from PK-12 and universities. Goodlad (1994) explained:

> There must be a continuous process of educational renewal in which colleges and universities, the traditional producers of teachers, join schools, the recipients of the products, as equal partners in the simultaneous renewal of school and the education of educators. (Goodlad, 1994, p. 2)

Goodlad's sentiments should be a reminder to all EPPs that a collective effort among school and university personnel joining in all aspects of designing and renewing the teacher education profession is critically important. When both PK-12 school stakeholders and university

stakeholders collaborate and work together, the discrepancy between teacher candidates understanding of effective teaching practice and how those practices unfold in the context of a classroom can be closer aligned.

Quality Teacher Preparation and the Gap Between Theory and Practice

Teacher preparation programs, along with PK-12 educators, need to take bold action and identify a state-of-the-art set of core practices that align with standards that would "elevate the professionalism of teaching and teacher education" (Ball & Forzani, 2009, p. 509). Unfortunately, most initiatives have focused on teacher recruitment and retention, including developing new pathways to teaching without fundamental renewal to the curriculum of professional education for teachers. Teacher educators believe that teamwork is a very important point in teacher education programs for connecting theory and practice (Guo & Pungur, 2008). This is because well-qualified staff (i.e., directors, coordinators, instructors, cooperating teachers, and teacher candidates) strengthen the linkage between theory and practice (Guo & Pungur, 2008). As Russell, McPherson, and Martin (2001) pointed out, cooperation among stakeholders is one of the common properties of an effective teacher education program.

Lampert (2010) proposed that different conceptualizations of practice have varying implications for what, how, and when teacher learning occurs and, thus, yields different learning results (p. 23). What, then, might a teacher education program look like with a focus on core, high-leverage practices? Perhaps more importantly, "What are effective approaches to building a viable unified teaching and teacher education profession, and how can we bridge the theoretical and practical worlds? (Wang, Spalding, Odell, Kleck, & Lin, 2010, p. 7).

The problem all teacher education programs face is there is not a universal set of criteria associated with high leverage practices that are seamlessly locked in the context of theory and

practice. Wang et al. (2010) expressed, "The complexity of teaching practice has been both the target and the source of two major streams of educational inquiry–the theory driven and the practice driven" (p. 3). However, the bigger question and focus needs to revolve around the idea of how EPPs can connect theory to practice and use practice as a context to advance the development of theory and knowledge, not whether those who are learning to teach need theory (Wang et al., 2010, p. 5).

The literature that has emerged since 2005 regarding clinical practice or practice-based teacher education programs focused less on where those practices are learned and more on identifying what the practices are. Within the context of clinical practice, or practice-based teacher education, is a growing consensus that identifying a set of practices to be taught to and enacted by novice teachers, and a set of common pedagogies used to share these practices with novice teachers, could help mitigate perennial issues that have plagued teacher education, specifically the theory-practice dichotomy (Lampert, 2010), and the problem of enacting a common language to promote the practice of teaching as a professional community (McDonald, Kazemi, & Schneider Kavanagh, 2013). Although, "reforms in teacher education and teaching are often based on what has not been working instead of what is working" (Wang et al., 2010, p. 10), clinical practice in teacher education remains the focal point in renewing educator preparation.

Clinical Practice: Bridging Theory and Practice

The concept of clinical practice is not new to the education field. In the wake of the report, *A Nation at Risk* (1983), the Carnegie Forum on Education and the Economy conducted in-depth research on the profession of teaching and teacher preparation to prepare the report, *A Nation Prepared: Teachers for the 21st Century* (1986). Included in the report was a multi-

pronged plan to restructure schools to better train teachers and to redefine teaching as a legitimate profession. Among the many strategies was a strident call for the development of clinical experiences and clinical partnerships between universities and P-12 schools (Carnegie Forum on Education and the Economy, 1986).

      Clinical experience. The Holmes Group, a consortium of deans of universities with teacher education programs, proposed five goals to reform teaching and teacher education, two of which spoke directly to clinical experiences and practices. The Holmes Group report emphasized the importance of reflective practical experience, describing it as providing teacher candidates with clinical experiences in a variety of settings and "rather than merely exposing prospective teachers to experienced teachers," the clinical experience should focus on "the systematic development of practice and experimentation" (as cited in Murray, 1986, p. 30). Clinical experiences and the teaching of practice in university-based preservice teacher education are receiving a significant amount of attention, and traditional ways of organizing both campus and field-based teacher education are being rethought (Zeichner, 2010). Consensus among some researchers indicates that clinical experiences should be central to teacher education (Ball & Forzani, 2009; Turney, Eltis, Towler, & Wright, 1985). Teacher education programs in the United States that have been shown to be more effective in supporting teacher candidates' or novice teachers' learning when having intentional and thoughtful coordination between university courses and field experiences (Darling-Hammond, 2006; Tatto, 1996).

      The incorporation of clinical experiences has been widely recommended as a way to create meaningful practice opportunities into teacher preparation programs (DeMonty, 2016). Clinical experiences permit blending of content and pedagogy in a reiterative and reflective

process through which teacher candidates can be partnered with master teachers to engage in hands-on training in both the university and public school classroom.

Clinical partnerships. Another proposed goal of the Holmes Group was to create partnerships between university faculty, public school teachers and administrators, and teacher candidates. Called Professional Development Schools, the Holmes Group envisioned these clinical partnerships "based on the principles of reciprocity, experimentation and diversity" to function much like teaching hospitals in the medical profession (as cited in Murray, p. 31). The concept of a clinical partnership was defined and elaborated upon by many educational researchers. In 1985, Goodlad, Sirotnik, and Soder founded the Center for Educational Renewal, and subsequently the Institute for Educational Inquiry in 1992, to promote and support the concept of educating educators and the simultaneous renewal for P-12 schools within the context of education in a democracy. Supported by the work of the National Network for Educational Renewal, these organizations launched the Agenda for Education in a Democracy. As outlined in *Teachers for Our Nation's Schools* (Goodlad, 1990) and *Educational Renewal: Better Teachers, Better Schools* (Goodlad, 1994), the Agenda for Education in a Democracy proposed a comprehensive four-part mission: (a) to ensure equal access to quality learning for all students, (b) to promote responsible stewardship of schools and universities, (c) to foster the continuous improvement of teaching and learning through a nurturing and challenging pedagogy, and (d) to provide students with the knowledge, skills, and dispositions to become fully engaged participants in a democratic society. This simultaneous renewal agenda was based on the foundational belief that "we will not have better schools without better teachers, but we will not have better teachers without better schools in which teachers can learn, practice and develop" (Goodlad, 1994, p. 326). At the core of simultaneous renewal is the belief of clinical

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partnerships between PK-12 schools and institutions of higher education. The idea was that

collaborative policies and practices within a clinical partnership would create opportunities for

teacher candidates, educators, and students to engage in theory-to-practice educational

experiences that were mutually beneficial to all parties.

Supporting Goodlad's agenda, Darling-Hammond (2006) elaborated on the idea that the

knowledge base of teaching is defined by the interaction between content knowledge, "the 'what'

of teacher education" (p. 4), and pedagogical skill, "the 'how' of teacher education" (p. 6).

Darling-Hammond (2006) envisioned a reformed model for university EPPs that would bring

together three critical components: (a) coherence and alignment of content within courses and

between courses and clinical experiences in the schools, (b) supervised clinical work that linked

theory to practice, and (c) proactive partnerships with schools serving diverse populations.

Levine (2006) identified four exemplary clinical partnership programs and their

commonalities:

> A coherent, integrated, comprehensive, and up-to-date curriculum, the field experience
> component of the curriculum is sustained, begins early, and provides immediate
> application of theory to real classroom situations, a close connection between the teacher
> education program and the schools in which students teach, including ongoing
> collaboration between academic and clinical faculties, and high graduation standards. (p.
> 81)

The online educational resource *Edutopia* identified 10 successful schools of education

whose programs are preparing students for the challenges of teaching. Call it field work, teacher

residency, or hands-on training, the common denominator in all of these programs is an

embedded multi-year clinical partnership between the university and the local public schools that

allows teacher candidates to engage first-hand in a variety of teaching experiences not unlike the

guided educational experience associated with a medical student (Edutopia, 2013).

Improving and Renewing Educator Preparation Through Accreditation

Over the past 150 years, the training and certifying of teachers has shifted from local control to state departments of education and institutions of higher education. Early in the history of the United States, local communities trained and certified their teachers. Sedlak and Schlossman (1986) described that individual communities selected their teachers, based mostly on the potential teacher's moral fiber as opposed to the demonstration of content or pedagogical skills. Teacher preparation began to be more formalized by the early 1800s with the proliferation of normal schools. Originating in France in the 16th century, normal schools were created to train high school graduates to be teachers, and by the 1840s, most teachers in the United States received their teaching certificates from local officials based on their performance on an examination (Sedlak & Scholssman, 1986). At first, these exams were short, oral tests focusing on the candidate's character and evolved into longer written exams that tested subject-matter knowledge with a few questions offered about pedagogy and child development. Over time, the practice of local officials appointing teachers faced opposition from the public, state administrators, and teachers who argued that the state needed centralized control over the field of teaching through state licensure to raise educational standards (Sedlak & Schlossman, 1986). State departments of education flourished during the first part of the 20th century, and teacher certification became increasingly centralized. Normal schools evolved into teachers colleges and eventually universities, and a consensus on the content of teacher preparation began to emerge. With teacher training taking place mostly in a university setting, the call for accreditation of those institutions increased accordingly. The accreditation movement in education arose as a result of attempts to monitor and enhance program quality (Tamir & Wilson, 2005).

National Accreditation of Educator Preparation Programs

Educational accreditation in the United States is a quality assurance process performed by external organizations who, while recognized by the U.S. Department of Education, function independently from the government. These accreditation agencies develop standards of quality, evaluate educational institutions or programs based on those standards, and grant accredited status if the standards are met ("Accreditation in the United States," n.d.). Since its inception, the process of accreditation has helped to assure "a well-prepared and qualified workforce" ("About accreditation," n.d.) and has aspired to improve the quality of teacher education.

National Council for the Accreditation of Teacher Education. In 1954, the National Council for Accreditation of Teacher Education (NCATE) was founded as a national non-profit accrediting body by a coalition of powerful education organizations whose aim was to "professionalize teaching by establishing national standards for accreditation" (Vergari & Hess, 2002, p. 49). NCATE claimed a dual mission of "accountability and improvement in education preparation" (National Council for Accreditation of Teacher Education [NCATE], 2014) by engaging EPPs in an accreditation process where institutions are held accountable to meet and maintain rigorous standards established by NCATE. Institutions hoping to become nationally accredited, or reaccredited, must demonstrate their program's quality by demonstrating the capacity to meet established standards.

The NCATE accreditation process has not been free of criticism, however. The value of the NCATE accreditation has been called into question for a variety of reasons that include: (a) a focus more on an EPP's features and funding rather than the outcomes of its program; although, by 2002, NCATE required candidate demonstration of learning outcomes (Bullough, Robert, Clark, & Patterson, 2003); (b) the prescriptiveness of NCATE's accreditation standards; (c) the

exorbitant costs associated with the accreditation process; and, (d) lack of participation in the accreditation process by many well-respected teacher preparation programs (Bullough et al., 2003; Dill, 2000; Vergari & Hess, 2002).

Nonetheless, as the sole national accreditor for teacher preparation programs, NCATE was influential in setting a national standard for quality teacher preparation. The organization consistently re-worked and upgraded definitions of what good educator preparation programs looked like, developed initiatives with regional accreditors to coordinate requests for data, and engaged in research to establish benchmarks of superior performance (Vergari & Hess, 2002). By 2002, NCATE boasted a constituent membership of 33 organizations including the two national teacher unions, teacher education organizations like the American Association of Colleges for Teacher Education, policy organizations like the Council of Chief State School Officers, and numerous specialized professional associations like the National Council of Teachers of Mathematics and the American Educational Research Association. By 2010, 656 institutions were accredited and 70 were candidates for accreditation. NCATE developed close partnerships with states to "integrate national professional standards and state standards in order to upgrade the quality of teacher preparation in the United States" (NCATE, 2014).

In 2010, NCATE released the report, *Transforming Teacher Education Through Clinical Practice: A National Strategy To Prepare Effective Teachers*, a 40 page research and policy document outlining the transformation of educator preparation through the integration of a clinically based model. The report outlined 10 design principles for clinical teacher preparation and a recommendation for steps to bring the new model to scale. The report addressed the role of accreditation in the transformative processes and explained:

> In addition to ensuring more rigorous monitoring and enforcement for program approval and accreditation, NCATE will pursue an agenda to promote the Panel recommendations.

This will include raising the bar for accreditation; expanding membership and visiting teams to include a higher proportion of major research universities and selective colleges; standard setting to support transformation of preparation programs; capacity building that will involve both states and the profession; and promoting research, development and dissemination of prototypes and scaleup strategies. These activities are intended to inform and strengthen the role of accreditation in supporting the transformation of the education of teachers to a clinically based, partnership supported approach. (NCATE, 2010)

Teacher Education Accreditation Council. In 1997, the Teacher Education Accreditation Council (TEAC) was founded as an alternative accreditor for EPPs and as an alternative to NCATE. Its mission was to improve academic degree programs for professional educators, those who teach and lead in schools PK-12. Initially promoting its accreditation process as a better fit for smaller colleges, TEAC promised to focus less on inputs and program features and more on outcomes and a school's own capacity to set standards and monitor the program's quality (Dill, 1999) based on three quality principles: evidence of candidate learning, evidence of faculty learning and inquiry, and evidence of institutional commitment and capacity for program quality (Teacher Education Accreditation Council [TEAC], 2014a). In fact, TEAC affirmed:

> The common purpose of teacher education programs . . . is to prepare competent, caring, and qualified educators. The faculty members seeking TEAC accreditation of their program are required to affirm this straightforward goal as the goal of their program. The TEAC quality principles are the means by which the faculty makes the case that its professional education program has succeeded in preparing competent, caring, and qualified professional educators. (2014a)

The steps of the TEAC accreditation process included the EPP's preparation of an inquiry brief to present evidence that it produces graduates who are competent, caring and qualified to teach, an on-site audit process by which a team of TEAC auditors examine and verify the reliability and validity of the inquiry brief's claims, and the accreditation decision (Teacher Education Accreditation Council [TEAC], 2014b). TEAC's process has been criticized for its

lack of pre-defined standards (Darling-Hammond, 2000), but was viewed by many EPPs as an affordable, rigorous process to replace NCATE.

   Council for the Accreditation of Educator Preparation. In 2009, NCATE's and TEAC's Boards of Directors appointed representatives to begin the process of combining the two accrediting organizations into one agency. In 2010, the Design Team report, which recommended the formation of the new accrediting body, was accepted by both TEAC and NCATE boards and the first meeting of the newly formed Council for the Accreditation of Educator Preparation (CAEP) Board of Directors was held shortly thereafter. CAEP's goal was to create a "unified and rigorous accreditation system that would elevate educator preparation to the new level of excellence that the public and its policymakers expect" (NCATE, 2010, p. 12). The new accreditation system would demand excellence and produce educators who raised PK-12 student achievement (Council for the Accreditation of Educator Providers [CAEP], 2013). In July 2013, CAEP became fully operational as the sole accrediting agency for educator preparation providers and in August of the same year, the CAEP Board of Directors approved new accreditation standards developed by their Commission on Standards and Performance Reporting.

   This new generation of accreditation standards and performance measures were based in large part on the National Research Council report (2010) that identified content knowledge, clinical experience, and teacher candidate quality as the three aspects of teacher preparation most likely to have the strongest effect on raising PK-12 student achievement (National Research Council, 2010). These three aspects, as well as quality assurance, continuous improvement, public accountability and transparency, formed the basis for the new CAEP Standards. Table 2.1 describes the five standards EPPs must demonstrate in order to receive CAEP accreditation.

Table 2.1
CAEP Accreditation Standards

Standard	Definition
Standard 1: Content and Pedagogical Knowledge	The provider ensures that candidates develop a deep understanding of the critical concepts and principles of their discipline and, by completion, are able to use discipline-specific practices flexibly to advance the learning of all students toward attainment of college- and career-readiness standards.
Standard 2: Clinical Partnerships and Practice	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 PK-12 students' learning and development.
Standard 3: Candidate Quality, Recruitment, and Selectivity	The provider demonstrates that the quality of candidates is a continuing and purposeful part of its responsibility from recruitment, at admission, through the progression of courses and clinical experiences, and to decisions that completers are prepared to teach effectively and are recommended for certification. The provider demonstrates that development of candidate quality is the goal of educator preparation in all phases of the program. This process is ultimately determined by a program's meeting of Standard 4.
Standard 4: Program Impact	The provider demonstrates the impact of its completers on PK-12 student learning and development, classroom instruction, and schools, and the satisfaction of its completers with the relevance and effectiveness of their preparation.
Standard 5: Provider Quality Assurance and Continuous Improvement	The provider maintains a quality assurance system comprised of valid data from multiple measures, including evidence of candidates' and completers' positive impact on PK-12 student learning and development. The provider supports continuous improvement that is sustained and evidence-based, and that evaluates the effectiveness of its completers. The provider uses the results of inquiry and data collection to establish priorities, enhance program elements and capacity, and test innovations to improve completers' impact on PK-12 student learning and development.

Note. Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013).

Although the CAEP Standards were approved and released in 2013, they were not fully implemented until 2016. To ease the transition to CAEP as the sole accreditor, EPPs already approved by NCATE, TEAC, or in the midst of an accreditation cycle with either NCATE or TEAC, were allowed to continue with their accreditation pathway that required adherence to prior standards. However, beginning in 2016, those so-called "legacy standards" (CAEP, 2016) were no longer used, and all EPPs seeking new or renewed national accreditation status would be required to measure program quality using the five CAEP Standards.

Professional Impact of CAEP Standard 2

As discussed earlier in this chapter, variations in EPPs, a lack of a common professional language, and disparate accreditation processes have led to a fractured approach to teacher preparation. The literature on educator preparation presented here has repeatedly highlighted that the gap between theory and practice negatively impacts the quality of teachers, and clinical practice has been identified as the critical component to bring together theory and practice in authentic educational settings to improve the quality of teacher preparation. The CAEP standards represent a unified voice in accreditation, elevating the importance of clinical experiences by clearly defining clinical partnerships and practice and making them a requirement for accreditation. CAEP Standard 2: Clinical Partnerships and Practice is divided into three subcategories: Partnerships for Clinical Preparation, Clinical Educators, and Clinical Experiences, and requires EPPs to show evidence of effective clinical preparation that incorporates meaningful and productive partnerships with PK-12 schools, school districts, and the community. By positioning clinical practice at the center of teacher preparation, the CAEP standards, particularly Standard 2, provide a unified vision for educating future teachers and set the stage for the renewal of teacher preparation.

Table 2.2
Standard 2: Clinical Partnerships and Practice Subcategories

Standard 2: Subcategories	Definition
Partnerships for Clinical Preparation	Partners co-construct mutually beneficial PK-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.
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 PK-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.
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 on the learning and development of all PK-12 students.

Note. Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013).

Conclusion

The nation cannot have exceptional PK-12 schools without effective educator preparation programs who equip teacher candidates with pedagogical knowledge to improve the quality of education the nation's children deserve. Renewing schools and renewing teacher education must proceed simultaneously, and schools and universities must work together to plan and deliver the content of teacher education classes. The time is exceptionally ripe with educational reforms in teacher preparation, and there is not a more logical time to focus on immediate action for renewed and improved teacher preparation than now. In spite of the impact of external actors and policies that have served to impede the advancement of teacher preparation, actions within the profession, such as the CAEP accreditation standards, have made positive strides toward advancing the development of clinical educator preparation practice, including clinically-based school university partnerships and experiences.

Teaching requires highly complex skill-sets and a refined knowledge base created over-time through rigorous practice-based experiences in schools. There are many promising, and yet disparate, approaches around the country with great ranges in knowledge and skills to candidate preparation. Goodlad (1990) maintained that while there is a "potentially relevant and powerful" knowledge base for teaching, it has not been codified and rendered useful, and it is generally inaccessible to practitioners. The lack of consensus regarding what constitutes effective teacher preparation practices, along with a myriad of contradictory measures to assess new teacher candidate effectiveness, has caused the education profession to be marginalized, mocked, and certainly questioned. Ambiguity of expectations has continued to stall the transformation of teacher preparation, including establishing itself as a profession.

Yet, with all the complexities associated with educator preparation, and effectively preparing teacher candidates, now is the time to make it extremely clear that teacher preparation and educating youth is not just another fractured and broken profession. Rather, it is the one and only profession that affects all others, and we, the education profession should be looking to renewal rather than reform. For years, EPPs have struggled with defining the specific skills and knowledge teacher candidates need to know and be able to do. Because of new CAEP standards that blend theory with practice in clinical school-based settings, EPPs are in a position to describe the skills, high-leverage practices, and knowledge that all teacher candidates must demonstrate. Fully embedded in the PK-12 classroom, clinical practice is a model to prepare high quality teachers with a pedagogical skill set that provides articulated benefits for every stakeholder in the partnership (NCATE, 2010).

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CHAPTER 3: CLINICAL PARTNERSHIPS IN ACTION:

VOICES FROM AN ACCREDITED PROFESSIONAL DEVELOPMENT SCHOOL

In 2013, the National Council for Accreditation of Teacher Education (NCATE) and the

Teacher Education Accreditation Council (TEAC) became the new unified accrediting body for

educator preparation, the Council for the Accreditation of Educator Preparation (CAEP). CAEP

conveyed their purpose clearly in that they wanted to create a "unified and rigorous accreditation

system that would elevate educator preparation to the new level of excellence that the public and

its policymakers expect" (National Council for Accreditation for Teacher Education [NCATE],

2010, p. 12). The new accreditation system would demand excellence and produce educators

who raise PK-12 student achievement (Council for the Accreditation of Educator Preparation

[CAEP], 2013). CAEP's first initiative was the creation of the CAEP Commission on Standards

and Performance Reporting, and charged it with transforming the preparation of teachers. The

first step the commission on standards and performance conducted was to release a set of path-

breaking standards and recommendations around accreditation processes for educator

preparation programs (EPP). Table 3.1 describes the five new standards EPPs must adhere to,

and show evidence of, in order to receive national accreditation.

Table 3.1
CAEP Accreditation Standards and Definitions

Standard	Definition
Standard 1: Content and Pedagogical Knowledge	The provider ensures that candidates develop a deep understanding of the critical concepts and principles of their discipline and, by completion, are able to use discipline-specific practices flexibly to advance the learning of all students toward attainment of college- and career-readiness standards.

Standard 2: Clinical Partnerships and Practice	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 PK-12 students' learning and development.
Standard 3: Candidate Quality, Recruitment, and Selectivity	The provider demonstrates the quality of candidates is a continuing and purposeful part of its responsibility from recruitment, at admission, through the progression of courses and clinical experiences, and to decisions that completers are prepared to teach effectively and are recommended for certification. The provider demonstrates that development of candidate quality is the goal of educator preparation in all phases of the program. This process is determined by a program's meeting of Standard 4.
Standard 4: Program Impact	The provider demonstrates the impact of its completers on PK-12 student learning and development, classroom instruction, and schools, and the satisfaction of its completers with the effectiveness of their preparation.
Standard 5: Provider Quality Assurance and Continuous Improvement	The provider maintains a quality assurance system comprised of valid data from multiple measures, including evidence of candidates' and completers' positive impact on PK-12 student learning and development. The provider supports continuous improvement that is sustained and evidence-based, and that evaluates the effectiveness of its completers. The provider uses the results of inquiry and data collection to establish priorities, enhance program elements and capacity, and test innovations to improve completers' impact on PK-12 student learning and development.

Note. Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013).

Standards serve as the basis for any accreditor's reviews. The leading accreditation consultant for CAEP, Ewell (2012), distinguished aspirational standards, which described a kind of ideal program or characteristic, from more prescriptive standards, which are grounded in research-based knowledge. Whether aspirational or prescriptive, it is expected of EPPs to provide clear evidence of the degree to which standards are met. Further, an important fact to note in regard to the rationale for new standards, 51% of all providers, which includes both alternative and collegiate sponsors, and 41% of Institutions of Higher Education (IHE),

collegiate only, are not accredited (CAEP, 2013). Some, but not all, of the unaccredited

programs are arguably too weak to be accredited. If each of the 50 states turn to CAEP to play a

role in their quality assurance system, CAEP may help raise the overall quality of preparation

programs in the education field in a way that NCATE and TEAC have not been able to do.

Background and Purpose

The introduction to this article articulated why all providers, both collegiate and

alternative accreditation, need to be extremely intentional with how the new standards show clear

evidence of clinical practice. This study will focus on Standard 2: Clinical Partnerships and

Practice due to being a new addition to accrediting standards. Unpacking Standard 2: Clinical

Practice and Partnerships may help institutions going through accreditation processes think

intentional of the specific ways a clinically rich partnership can be demonstrated. A

comprehensive review of all the standards is beyond the scope of this study; however, it is also

important to note that Standard 2 is divided into three subcategories: (a) Partnerships for Clinical

Preparation, (b) Clinical Educators, and (c) Clinical Experiences. The three subcategories and

their definitions for Standard 2 are listed in Table 3.2.

Table 3.2
Standard 2: Clinical Partnerships and Practice Subcategories

Partnerships for Clinical Preparation	Partners co-construct mutually beneficial PK-12 school and community arrangements 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.

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 PK-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.
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 on the learning and development of all PK-12 students.

Note. Adapted from "CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation" (CAEP, 2013).

The purpose of this study was to describe the perspectives of key stakeholders of CSU's PDS clinical partnership, using Standard 2: Clinical Partnerships and Practice as the lens. In addition, the researcher wanted to understand how the key stakeholders' descriptions of clinical partnerships aligned with the Clinical Practice Design Team's (CPDT) claims of the variety of benefits in a clinically rich partnership. Goodlad's (1988) concept of simultaneous renewal expressed that everyone who participates in the partnership receives benefit from the relationship, which involves a commitment from both the university and partnership schools to renew their practices. The literature review is divided into five sections describing key

stakeholders who benefit from simultaneous renewal in a clinical partnership: PK-12 students,

teacher candidates, school-based teacher educators (SBTEs), educator preparation programs

(EPPs), and the education profession as a whole.

Review of Literature

Goodlad has been actively involved in research on school and teacher education reform

since 1970 and has emphasized the importance of simultaneous renewal (Goodlad, 1983, 1986,

1988, 1990, 1992, 1993, 1994, 1999, 2000, 2002, 2003; Goodlad, Soder, & Sirotnik, 1990).

Goodlad, a pioneer for simultaneous renewal in teacher preparation programs, has persuasively

discussed the necessity of a blended approach to renewal within the context of school-university

partnerships:

> [What comes first, good schools or good teacher education programs? The answer is that both must come together. There are not now the thousands of good schools needed for the internships of tens of thousands of future teachers. The long-term solution— unfortunately, there is no quick one—is to renew the two together.] *[sic]* There must be a continuous process of educational renewal in which colleges and universities, the traditional producers of teachers, join schools, the recipients of the products, as equal partners in the simultaneous renewal of school and the education of educators. (Goodlad, 1994, p. 2)

Goodlad's description identifies the reason why all key stakeholders of a clinically rich

partnership need to come together and collaborate as a unified entity for the purpose of

simultaneous renewal for everyone involved.

In the late 1980s, Goodlad combined his work of 29 teacher preparation programs, and

the work in his 1984 study of schools, to arrive at his theory of simultaneous renewal. Since

then, the National Network for Educational Renewal (NNER) adopted the theory of

simultaneous renewal as its underlying philosophy. In conjunction with Goodlad and NNER,

Clark, Foster, and Bromely (2006) expanded the idea of renewal. They postulated that praxis,

the blending of theory and practice, is crucial to the renewal of education with a clear connection

between theory and practice across a variety of diverse settings. To effectively structure a clinical partnership based on the praxis of theory and practice where all stakeholders benefit from the partnership, the benefits of each stakeholder have to become both realized and internalized (Clark et al., 2006).

Goodlad's work on clinical partnerships emphasizes the benefits for PK-12 students, and co-teaching has been recognized as a model of instruction that benefits teacher candidates, school-based teacher educators (SBTE), as well as PK-12 students. Co-teaching during student teaching has been given increased attention among researchers and teacher educators (Bacharach, Heck, & Dank, 2004; Heck et al., 2006; Perl, Maughmer, & McQueen, 1999). Bacharach et al. (2004) defined co-teaching as two teachers—a school-based teacher educator (SBTE) and a teacher candidate—working together with groups of students, and sharing the planning, organization, delivery, and assessment of instruction, as well as the physical space.

Recent studies have shown the positive effects of co-teaching and the many benefits it provides. An example of the effects of co-teaching comes from a study conducted by Bacharach et al. (2004) at St. Cloud State University (Minnesota) and their utilization of a co-teaching model with their clinical partnerships. Over a span of four years, St. Cloud researchers found significant gains in reading and math proficiency using a state assessment, and Woodcock-Johnson III test data, between students in co-taught classes and students with only one licensed teacher. St. Cloud researchers found that 75% of special education students in a co-taught classroom were proficient on the state assessment compared to 53% of special education students not taught in a co-taught classroom (Bacharach et al, 2004). Co-teaching makes sense at an intuitive and logical level with regard to positively benefiting PK-12 students. From an instructional perspective, when the curricular capabilities of two or more educators are pooled

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with the understanding about learning needs for children, the result should be appropriately differentiated instruction for each student. Student achievement will increase when learning needs are met.

Another group within a clinical partnership who mutually benefit is teacher candidates. For the purpose of this section, a professional development school (PDS) model will be the basis of the type of preparation discussed. The PDS partnership is the model that CSU's Center for Educator Preparation (CEP) program has instilled as the structure of a PDS and has been suggested by accrediting bodies as highly effective in a clinically rich partnership. The NCATE (2010) stated:

> The PDS is a learning-centered community that supports the integrated learning and development of PK-12 students, teacher candidates, and PDS partners through inquiry-based practice. PDS partners share a common vision of teaching and learning grounded in research and practitioner knowledge. They believe that adults and children learn best in the context of practice. Learning supported by this community results in changes and improvement in individual practice and in the policies and practices of the partnering institutions. (p. 9)

The impact of PDS models on teacher candidates is well documented and supports the position that teacher candidates at PDS schools achieve higher than interns assigned to non-PDS schools (Castle, Fox, & Souder, 2006; Darling-Hammond, 2007; Levine, 2002; Snyder, 1999). Teacher candidates have an opportunity to practice and stretch content knowledge, skills, and dispositions gained from the teacher preparation curriculum. Teitel (2003) explained that teacher candidates maintain a high degree of collaboration with SBTEs, connecting content to pedagogy through practice and specific subject area training. Teacher candidates learn a great deal because of on-site education, in which they are allowed the opportunity to discuss issues with school faculty, participate in school meetings, and become part of the culture of the school. The teacher candidates, who address many subject areas and take many classes all based at one site, benefit

because they see the changes in students across the varied subject areas (Duffield, 2005).

Teacher candidates have indicated their overall best educational experiences are those that are

field based (Levine, 2002). Clark (1999) described teacher candidates as better able to elicit

student learning when they participated in a PDS model. They were more familiar with effective

strategies, were hired more often, and were more reflective in their practice; thus, these outcomes

of a PDS model support and reiterate the benefits to teacher candidates.

In a clinically rich partnership, SBTEs are the third mutually benefitting group. Clinical

partnerships provide opportunities for SBTEs to facilitate learning in ways not possible when

compared to teaching with one educator in the room. For example, a teacher is able to instruct

one group of students while the teacher candidate guides a small group, a lab, a demonstration,

or a simulation. Additionally, Bacharach and Heck (2012) found in a study on the benefits to the

SBTE that when a co-teaching model is instilled, several positive outcomes were supported.

SBTEs ($n = 279$) indicated in a focus group setting that, "Co-teaching led to the ability to reach

more students, particularly those with high needs" (Bacharach & Heck, 2012, p. 14). One

teacher explained that the students in her classroom loved the attention they received by having

an additional teacher. Hosting a teacher candidate in the same classroom provides opportunities

to extend, review, repeat, and individualize lessons to meet student needs. Working together in a

co-taught classroom offerws benefits to all individuals involved.

A fourth group in a clinically rich partnership who mutually benefit is the EPP because

the programs gain initially through the structure of the actual partnership. Moreover, EPPs get to

work with schools to provide an effective preparation structure by creating the clinical aspect of

the experiences. Without the actual classroom experience the partnerships inherently create,

EPPs would not be able to meet the requirements of Standard 2, which requires a structure suited

for a clinical practice. A clinical partnership benefits the EPP and provides opportunities for

teacher candidates to "develop the ability to see beyond one's own perspective, [and] to put

oneself in the shoes of the learner and to understand the meaning of that experience in terms of

learning" (Darling-Hammond, 2000, p. 170). Darling-Hammond's statement is accomplished by

both the EPP and partnership sites working together collectively. In addition, by partnering with

school districts, EPPs improve their programs by continually refining needs, and EPPs reflecting

on the program's strengths, weaknesses, opportunities, and threats. Based on the needs and

focus of the school district, EPPs can adjust their teacher preparation programs, address college

course revisions to address state-wide implementation of common core state standards, and

prepare teacher candidates to meet the unique challenges of teaching in diverse settings with

diverse learners.

In a clinically rich and mutually benefitting partnership, the final key stakeholder is the

education profession as a whole. PK-12 and higher education, when engaged in clinical

partnerships, are viewed as a continuum of instruction and growth rather than two separate

entities. It is imperative that all stakeholders within an educational clinical partnership work

together to meet the realities faced in the classrooms of today. Darling-Hammond (2006)

explained:

> The realities of what it takes to teach in U.S. schools such that all children truly have an opportunity to learn are nearly overwhelming. In the classrooms most beginning teachers will enter, at least 25% of students live in poverty and many of them lack basic food, shelter, and health care; from 10% to 20% have identified learning differences; 15% speak a language other than English as their primary language (many more in urban settings); and about 40% are members of racial/ethnic "minority" groups, many of them recent immigrants from countries with different educational systems and cultural traditions. (p. 302)

For the education professional to benefit as a whole, teacher preparation programs need

to prepare their students to enter the field ready. Teacher preparation programs have been under

fire by federal education departments because of the variety of pathways allowed to become a teacher; teacher preparation requirements vary greatly. However, effective teacher preparation can both enhance the teacher's initial effectiveness and increase the likelihood of staying on the job long enough to become experienced and more effective, because teachers' effectiveness improves significantly after the third year of experience (Boyd, Lankford, Loeb, Rockoff, & Wyckoff, 2007; Clotfelfter, Ladd, & Vigdor, 2006).

Darling-Hammond (2010) noted that about 30% of new public school teachers leave the profession during their first five years of teaching, and attrition rates are much lower for teachers with greater initial preparation. A nationwide study by the National Center for Education Statistics found, for example, that among recent college graduates who entered teaching, 49% of uncertified entrants left the profession within five years: More than triple the 14% of certified entrants who left in this period of time (National Center for Education Statistics [NCES], 2000). An analysis of the Schools and Staffing Surveys showed that new teachers who lacked student teaching and teacher education coursework left teaching in their first year at rates double those who had student teaching and coursework (National Commission on Teaching & America's Future, 2003).

Teacher preparation programs held accountable by stringent yet attainable expectations will continue to place great teachers in the classroom. Strong teacher preparation programs increase initial teacher effectiveness; consequently, effective teachers can make a difference in the lives of their students, which benefits education as a whole.

Methods

Due to the exploratory nature of this pilot multiple case study and the desire to determine perspectives, experiences, and across-case themes, focus group methodology was selected. At

the simplest level, a focus group is an informal discussion among a group of selected individuals about a particular topic (Wilkinson, 2004). Focus groups have been shown to be a powerful investigative tool to facilitate collection of rich data (Denzin & Lincoln, 2005; Patton, 2002).

Design and Participants

Since the goal of the study was to hear perspectives from key stakeholders in CSU's PDS partnership system, three focus groups were created using convenience sampling. Additionally, one group ($n = 14$) consisted of university-based teacher educators (UBTEs) from Colorado State University's CEP. A second group ($n = 9$) were teacher candidates at one high school located in Larimer County. The third group ($n = 9$) involved SBTEs at the same school in the same district as the teacher candidates. Demographic data from participants were not obtained because the information was not needed for the goals of this study.

Procedure

The focus group for the CSU UBTEs took place in the School of Education on the CSU campus. A second focus group took place at the high school where the SBTEs and teacher candidates were located.

Two researchers collectively conducted the in-person, semi structured, one-hour focus group sessions. After consenting to participate in the study, including agreeing to be audio-recorded, participants were provided a brief written synopsis of the focus group. Additionally, the researchers presented an introduction that explained the purpose and rationale of the project and included a brief discussion of how clinical partnerships and clinical experiences would be addressed separately for audio transcription purposes. After the introduction, three focus group questions were presented as follows:

Clinical Partnerships:

1. Within the context of CSU, what is your understanding of a clinical partnership?

2. What are the benefits of a clinical partnership?

3. What are the barriers that keep you from realizing those benefits?

Clinical Experiences:

1. Within the context of CSU, what is your understanding of a clinical experience?

2. What are the benefits of a clinical experience?

3. What are the barriers that keep you from realizing those benefits?

Only the responses to questions pertaining to clinical partnerships will be used in this paper. A second report will address the second set of questions associated with clinical experiences separately.

Analysis

The researchers used a 3-step process to identify emerging themes and to support the validity of the analysis. After each focus group recordings were transcribed, both researchers met and reviewed the transcriptions to ensure the discussions described fit the partnership or experience subcategory. Although the researchers asked separate questions regarding partnerships and experiences, there were overlaps of some descriptions of these categories by the participants. Initial adjustments were made to categorize the transcriptions based on the definition and goals of each subcategory.

Next, researchers used NVivo to code and identify common themes in the three cases. The NVivo analysis revealed to the researcher that the themes focusing on partnerships that initially emerged related to the guiding principles of Standard 2: Clinical Partnerships and Practice. The guiding principles included *collaborative*, *mutually beneficial*, *positive impact*,

sustaining and generative, and *shared accountability*. The researcher decided to use the guiding

principles as *a priori* themes for coding purposes after validating the findings with the second

researcher. In doing so, the researchers independently identified common phrases across all

cases to produce a cross-case list of text for each of their subcategories (partnerships and

experiences) that linked with the a priori themes.

Finally, both researchers met to discuss the coding and the relationships that were

determined to match the a priori codes. The researchers determined which phrases and text

could be combined or expanded to test for consistency of usage of words. Data were not

recorded on the extent of agreement of themes and text allocation between researchers, but to a

large degree, differences in the data were attributed to semantics or level of specificity. The

differences were resolved by placing the themes and text in context, or listening to the initial

audio recordings to determine how the theme was described. With the final list of combined

themes, the researchers verified importance by how essential that theme was to the overall

discussion by each case which included how frequently the theme emerged. The final list of a

priori themes for clinical partnership are identified and defined below in Table 3.3.

Table 3.3
Themes with Definitions

Theme	Definition
Collaboration	School/community/district and university partnerships are developed with all stakeholders involved.
Mutually Beneficial	School/community/district and university partnerships provide mutual benefits for all stakeholders.
Positive Impact	School/community/district and university partnerships impact the learning of PK-16 students and support the work of the partnership faculties and the organization.

Sustaining and Generative	School/community/district and university partnerships take a long-term perspective and put in place systems, policies, etc., which will support improvements for all stakeholders.
Shared Accountability	School/community/district and university partnerships establish mutually agreed-upon expectations which are assessed, and all stakeholders share accountability for such expectations.

Note. Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013).

Findings

Qualitative analysis yielded five a priori themes shared across the three cases. Along with describing the relationship between the perspectives and experiences of each stakeholder in conjunction with a priori themes, quotes from participants reflected the key characteristics of clinically rich partnerships. These a priori themes were referenced in an unpublished CAEP article titled, "Framework for the Development of Clinical Partnership Practice," written by the Clinical Partnership Design Team (Clinical Partnership Design Team [CPDT], 2015).

Thematic Codes

Theme 1: Collaboration. The first theme that was described by focus group participants focused on the importance of collaboration within a clinical partnership. As participants described the collaboration inherent within a partnership, several variations on the importance of collaboration emerged.

University faculty have encountered many situations where collaboration was vital for the clinical partnership when change occurred. A UBTE stated:

> Because not only does education change continually, we need to change our practices and our theories to keep up with what's going on in education as well. And that takes effort. I think a lot of people don't think about the effort that it takes to collaborate with the building principal, or with a superintendent, to see what's going on in the district, to see what's going on with policy and practice, and to make sure we're up on things too and so it's that continuous effort.

It is important to note how a UBTE participant mentioned the importance of collaborating with district administration, so all stakeholders know and understand changes in both policy and practice. This statement supports the key characteristic of mutually beneficial partnerships: "The partnership as a whole benefits from collaborative efforts, as they require frequent communication and relationship-building around common, shared goals," (CPDT, 2015, p. 16). Because of systematic communications in a clinical partnership regarding what teacher practices teacher candidates needs to demonstrate, districts are confident that instruction by teacher candidates is high quality, because EPPs and the school districts are co-creating current practices and policies. When all stakeholders are working collaboratively, then current and relevant learning for the benefit of both teacher candidates and PK-12 students can take place.

Further, districts benefit from hiring who they train and are assured that they are hiring teachers familiar with district policies, procedures, and initiatives. Through collaborative practices between the district and university, districts can gain a clear understanding of who they decide to hire since both institutions are co-creating the practices teacher candidates will develop within the partnership. Ultimately, the practices that are built between both institutions should filter into the collaborative practices between the teacher candidate and SBTE. Bridging the experiences from SBTEs and the new teaching ideas from the teacher candidate can create a strong synergy of collaboration.

One SBTE mentioned the importance of collaboration by stating:

[Teacher candidates] have new ideas. They have new perspectives on things that maybe we haven't thought of before, and I think there's a lot we can collaborate about so we are learning from each other. So, I think it's a learning experience both ways.

In a collaborative partnership, both SBTEs and teacher candidates "are empowered, share skills, expertise, and strategies, and experience immediate, reciprocal response, action, and

conversation" (CPDT, 2015, p. 18). Learning how to effectively collaborate, as well as

collaborating to learn, between teacher candidates and SBTEs stakeholders is imperative for an

effective partnership.

Teacher candidates discussed the importance of collaboration in the classroom. Their

perspective was centered on what they were gaining and understanding from their SBTE. The

teacher candidate mentioned:

> We'd spend many, many, many *(laughing)* hours every week planning and collaborating
> and figuring out the best method for each week [and] for each day due to the differences
> of students in each class. It's just the matter of communication between the two members
> of this partnership, because for me this has really worked out. Collaboration, I feel, is
> really, really key.

This teacher candidate described how much was learned about effective lesson delivery meeting

the needs of all students. The importance of metacognition, or thinking about thinking, behind a

master teacher's planning is highlighted. This teacher candidate learned how much thinking

goes into planning an entire unit, not just a single lesson. The collaboration between SBTEs and

teacher candidates supports the key characteristic of mutually beneficial partnerships "by

completing their preparation within a partnership, teacher candidates experience authentic

classroom environments, and are immersed in an integrated co-teaching model" (CPDT, 2015, p.

18).

Theme 2: Mutually beneficial. Theme 2 focused on the mutual benefits for key

stakeholders within a clinical partnership. As participants described mutual benefits of a clinical

partnership, several assertions emerged. UBTEs provided an interesting perspective on the idea

of a partnership being mutually beneficial. One participant felt that the only way a partnership

can be mutually beneficial is by setting a common mission from the beginning. The UBTE

participant stated:

I think a necessary component is that all partners–university, administrators, teachers–come together focusing on a mutual concern or mission. There has to be some cause for that partnership to be created and to be sustained. I know we come together to improve teacher training, but we also come together to renew schools. Those are ongoing forces that keep the partnership going, because we need each other. And so, we learn from each other.

The example provided by the UBTE supports the ideas of how a partnership benefits in a clinical partnership when a shared mission is clear. The CPDT (2015) recommended that a clinical partnership should "share a single high-level goal: preparing teachers who will be effective in their own classrooms from day one (p. 16).

Teacher candidates also commented on how a clinical partnership provides mutual benefit to all stakeholders. They realized how a partnership can develop a pipeline for training the type of teachers expected in classrooms. A teacher candidate mentioned:

I see it as joint. I see it as the public schools are interested in having good teachers. They have a vested interest in helping CSU develop those, so they're interested in working with CSU to have us come in and learn the way that it's supposed to look, or at least how they operate within their own individual schools. So, that's kind of how I see the CSU/public school relationship/partnership there.

Another teacher candidate responded to the prior statement regarding the mutual benefit of training processes for the purpose of future hires. The teacher candidate declared, "CSU gets to give us experience in the classroom, and the school district gets first pick of teachers finishing their program from a really highly accredited university."

The teacher candidate understands the mutual benefit of when the stakeholders of clinical partnerships create systems of effective collaboration and co-create knowledge and skills used in training teacher candidates; the teacher candidates are more likely to be hired. The two prior responses from teacher candidates support the CPDT description of a partnership's mutually beneficial characteristics. The teacher candidates touched on the ideas of "assured candidate quality" (CPDT, 2015, p. 17) because the districts and EPP work so closely together. The claim

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that school districts get to "host and get to know teacher candidates, and thus can make an informed choice regarding who fits best in their schools" (CPDT, 2015, p. 17) was also identified. The school district, in return, has the chance to "hire graduates that enter the school system already having been active, engaged participants in the school community" (CPDT, 2015, p. 17).

The SBTEs spoke to the benefit of hosting students who already had experience with and touched on the principle of mutually beneficial practices within a clinical partnership. One participant stated:

> It's very mutual in many ways. PSD benefits in that if you have teacher candidates that are in your building, you already know how good of a teacher they are if you're looking to hire them: What role did they play within their school, and how involved were they? You'd be able to evaluate them. With the partnership with CSU, I think it's pretty important, because that's our university that's right in our backyard. We get the opportunity to grow our own.

The SBTEs recognized the mutual benefits of a clinical partnership, because this practice allowed an extended trial period to see how well teacher candidates progressed while having the teacher candidates in their building. SBTEs viewed the experience as an opportunity for an extended experiential interview to distinguish if their teacher candidate had what it took to teach at their school. The district sites truly benefit by "host[ing] and get[ting] to know teacher candidates, and thus can make an informed choice regarding who fits best in their schools" (CPDT, 2015, p. 17).

Theme 3: Positive impact. Clinical partnerships need to demonstrate a positive impact on PK-20 student success at all levels. As participants described the positive impacts inherent to a partnership, several variants of positive impact emerged. UBTEs primarily discussed the positive impact that teacher candidates make on individual schools and their students. One UBTE described a specific observation of one of her teacher candidates working with two high

school students. The UBTE stated:

> In a time of limited resources in schools, the benefits of that experience, of having our students out there . . . I walked into the media center yesterday, and there's a student of mine working with two high school students that had been absent for days in their science class, and they needed help. When you have 30-38 students in a classroom, you don't have that time. Having more hands-on-deck is a huge benefit for students, as well as districts and classroom teachers.

The importance of student-to-teacher ratio and class size is highlighted in a clinical partnership, and directly impact PK-12 students. Reducing class size to increase student achievement is an approach that has been tried, debated, and analyzed for several decades. The premise seems logical that with fewer students to teach, teachers can motivate better performance from each of them. By partnering with EPPs, "school districts get low-cost instructional support who can offer students more differentiated instruction than they would receive from an in-service teacher alone" (CPDT, 2015, p. 17). The PK-12 students can receive one-on-one support, the teacher candidate gets practice with teaching skills and techniques with smaller groups, and the school district gains a cost-effective option for additional personnel to help with instruction.

Teacher candidates also commented on the perceived positive impact for PK-12 students in a clinical partnership. A teacher candidate believed that the PK-12 students were more open to a younger perspective. Participants felt the high school students seemed more apt to create relationships with the teacher candidates, which in turn, allowed the teacher candidates to be more effective in the classroom. One teacher candidate mentioned the importance of building positive relationships with their students as a way to positively impact PK-12 students:

> [they] really want the relationship with any positive influence in their lives, no matter who it is. And I think the fact that we are student teachers, they can relate to us sometimes more than the teacher. I don't know how it would necessarily be if my teacher was teaching it. I'm assuming it would still be the same environment, but they–I feel like I've built strong relationships with every student in the classroom. I know [the] home life [of] almost every student in my classroom and I love that. I feel that since I have developed these relationships, I can make a positive difference for these kids.

Building relationships that allow a safe learning environment is a core teaching practice within

EPPs and can directly influence how teacher candidates are received in the classroom. By

completing preparation within a partnership, teacher candidates receive additional benefits such

as developing sustained relationships and rapport with SBTEs and PK-12 students (CPDT, 2015,

p. 19). Teacher candidates take part in making a positive impact on students, and they see and

experience first-hand the importance of relationship building, which can positively impact the

learning of the PK-12 students.

SBTEs discussed the positive impact they both create and receive from hosting teacher

candidates. The SBTEs discussed several examples of positive impact that teacher candidate

receive and shared, "I think one positive benefit would just be the networking—you're in the

school that you, hopefully, want to teach in, and you're learning the faculty, the staff, and how

they operate."

Another SBTE replied:

> The kids connect with different adults all the time. Some kids just adored them (teacher
> candidates), and they just connected with them in a way that I just couldn't. Kids are
> always looking for role models. The more adults you have . . . the more the better, I
> think.

When there are more adult educators in the classroom, PK-12 students benefit from added

support with a lower teacher to student ratio, which allows for more differentiated instruction.

The SBTE and teacher candidate can benefit by joining perspectives and teaching talents in a

given lesson. More creative ideas and time spent collaborating with elements such as lesson

design and management can benefit the SBTE with fresh ideas, and benefit the teacher candidate

from the experienced thinking of the SBTE. Due to the close relationship created with such

interactions, and "by completing their preparation within a partnership, candidates are more

likely to be hired by the district as they enter with dispositions of a year 2 or year 3 teacher" (p.

19). Further, the SBTEs perceptions of the benefit of having a teacher candidate alludes to the benefits for both the PK-12 students as well as the teacher candidates. The PK-12 students get to work with more than one adult in the classroom who may have different personality dispositions. The teacher candidates experience authentic classroom environments and may "becom[e] skillful, creative teachers capable of assuming full responsibility for learning activities of the students" (CPDT, 2015, p. 19).

Theme 4: Sustaining and generative. Both internal and external changes take place in a clinical partnership. Leadership, policy, and procedures seem to evolve constantly. Because relationships among all stakeholders within a clinical partnership are imperative to sustaining and generating new ideas, structures have to be in place that will sustain and continue to generate renewal beyond the many inevitable changes. Most internal changes are associated with newly hired personnel. For example, superintendents, principals, SBTEs, and UBTEs are constantly changing positions. Systems and protocols need to be in place to sustain the partnership and to generate progress in positive ways. As participants described aspects of how CSU's teacher licensure program is sustaining and generative, several important points-of-view emerged.

The conversation from UBTEs focused on the structure needed to sustain such a complex partnership. There has to be a strong foundation for the clinical partnership to be sustained and to generate renewal. A UBTE stated:

> I look at the clinical partnership piece as that beginning piece, and bringing in all of those that are impacted so that you can create the model and the structure, so that you have benefit to everyone involved–you have sustainability, you have accountability, but it's all in the structure and that all has to happen before day one when you start. Everything has to be done before you start in order to have a successful, sustaining partnership.

The idea that the partnership is a benefit to the education field as a whole parallels the claim that, "All partners share common pedagogical and philosophical frameworks, and

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implement a collaborative pedagogical model" (CPDT, 2015, p. 16). For the partnership to

sustain itself and to evolve into a stronger entity, all partners have to work together from the

beginning; however, like the UBTE stated, a clear structure needs to be created by all

stakeholders. As all voices are heard, and mutually agreed upon structures and practices are co-

created, then generative changes can make the entire partnership stronger and meaningful for all

involved.

Teacher candidates discussed the importance of sustainability within a clinical

partnership. A teacher candidate talked about how the pedagogy, skills, and strategies was

exactly what the school and district wanted. It is logical to think that when both district and

university stakeholders collaborate, and create teaching practices that are relevant to teacher

development, then the preparation of teacher candidates will continue to be sustained and

generate renewal in positive ways. The teacher candidate referenced the importance of

sustaining a partnership, with the result being better preparation for teacher candidates:

> PSD seems very impressed with what I have to offer from what I learned from CEP, but I
> am putting a lot of reliance on CEP. I think that's just because they have done such a
> fabulous job with sustaining a partnership with PSD and knowing what PSD wants and
> queuing up these partnerships really, really well. I don't know if that's similar to you
> guys of putting faith in CEP and that they know what they're talking about, because I
> have been using CEP lesson templates; I have been using what CEP asks me to do with
> pretty much for a lot of things, and they have all been very helpful with student teaching.

CSU implements content, skills, pedagogy, strategies, and practices into teacher candidate

preparation that are current within the local districts. The result demonstrates the high level of

competence, skills, and knowledge CSU teacher candidates possess at the end of their student

teaching semester. The teacher candidate's claim was the product of what an EPP and district

can create collectively by working together. EPP's mutual goal of collaborating in a clinical

partnership with school districts "enhances continuous improvement by adjusting instruction

based on the latest research-based strategies shared by the EPP, and by communicating, sharing, and integrating a theoretical framework related to practice. (CPDT, 2015, p. 18)

SBTEs discussed the idea of the partnership being sustaining and generative by explaining the love of the new structure of co-teaching embedded in the program:

> I feel something that has sustained my dedication to accept student teachers is the idea that I don't have to give up my classroom. I think when I get my student teacher, it's very much a cooperative thing where my student teacher and I work together and we—there is some stuff we teamed up together, and that was a really good experience for me—being able to. We're in the middle of the class, "Hey, what do you think about whatever?" I asked her a question, and she did the same thing with me, and back and forth like a dialogue. It was very beneficial for us and for the kids, I think also.

Co-teaching allows the SBTE to maintain control of the classroom while working alongside the teacher candidate. The SBTE's example maintains that having certain models in place, like co-teaching, will both sustain and generate SBTE's willingness to host teacher candidate. In a collaborative partnership, both "SBTEs and teacher candidates share skills, expertise, and strategies, and develop sustained relationships and rapport with each other" (CPDT, 2015, p. 18). Transitioning from the traditional student teaching model, where full responsibility of the classroom is handed over to the teacher candidate over time, to a co-teaching model where the teacher candidate and SBTE share all the responsibilities, has been an option for districts and universities to sustain a partnership. Co-teaching allows teacher candidates to learn from the guidance of SBTEs without giving up their classrooms, which provides a sustainable training structure for the school, district, and university.

Theme 5: Shared accountability. In clinical partnerships, accountability should be both shared and mutually created. As participants described the responsibility among partners, several important points-of-view regarding shared accountability in a clinical partnership emerged:

Clinical partnerships are really a place of excellence. It raises the standard for everybody. So you come in without the ego, but boy, vulnerable enough to be okay with not being right all the time, and also learning, and all those things that come with it. But then like, I'm held extremely accountable if I'm in that building to really know what's going on. Right? It raises accountability for me. It raises accountability from the teachers who are in practice, because they may have to be on top of whatever their expectation is. So then the students, then ultimately it's raising accountability for them. So I think all of that is part of that piece, and we've really seen that. It also opens dialogue for the principals to come in if it's not happening.

The UBTEs offered insight of how important the experience in a PK-12 classroom is in self-accountability. For both teacher candidates, and SBTEs, working with others to provide the best instruction possible for students can elevate standards. The essence of accountability inherently raises the standards set for personal benefit, and it increases the standard others set for themselves. The tendency to work harder as an individual to elevate the team as a collective whole is a definite product of a clinical partnership. CPDT (2015) noted, "EPP faculty benefit from the 'real world' knowledge of cooperating teachers when it comes to unpacking the intricacies of the current education reform" (p. 18). For EPP faculty to implement relevant pedagogical practices as requested by the local school districts, they have to hold themselves accountable for continuing their professional development to keep up with the pace of change and renewal. Accountability itself can become the catalyst for renewal.

A teacher candidate touched on the idea of shared accountability by stating:

I think accountability comes into play with the experience. I like that there is someone who kind of pushes you and like makes you step out of your comfort zone, indefinitely. I feel for most of my supervisors and teachers are always like, "Let's teach one more lesson and see what you can do." And so, this always pushing me to that next limit or even my supervisor just challenging me–just always having that extra challenge–I think it's definitely brought me to be more successful.

When a system is in place to ensure teacher candidate's placements are with high quality and effective teachers, then shared accountability that promotes professional growth can be an outcome. When a SBTE and a teacher candidate work together with the planning, management,

and culture/climate building of the classroom, a sense of accountability is maintained. SBTEs

get to work with candidates who are freshly immersed in best practices, thus refreshing their own

practice (CPDT, 2015, p. 18), and shared accountability of working together ultimately impacts

the growth and learning of the PK-12 students in the classroom.

SBTEs discussed their personal views of the inherent accountability of assurance that the

teacher candidate is ready for the field. The SBTE described the responsibility of personally

owning the accountability of the preparation of their teacher candidate by sharing:

> I think, probably from my experience, I don't know if I did very well in the classroom
> when I first started teaching, but I stuck with it, and I've learned, and I tried to pick
> things up. When I host a student teacher, I feel part of that honesty and accountability is
> on me.   If I'm qualified to teach my students content, I'm qualified to teach this student
> teacher how to teach and give them those skills. So, if they're really struggling, I'm
> teaching them, too. Sometimes I see it that way, like how one of my students went to law
> school, but I think if she decided to be a teacher, she'd be a really good one. I feel like
> she is prepared to be a teacher. If my student teachers aren't prepared, I think part of
> that's on me. The accountability is partly on my shoulders.

All stakeholders in a clinical partnership "share in the development of the next generation

of teachers" (CPDT, 2015, p. 16). When SBTEs view their commitment to working with their

teacher candidate as an opportunity to make sure their student is ready for the field, a shared

accountability is created, which ensures student success.

Conclusions

Reflection on Research Questions

The first question of this study explored the perspectives of specific key stakeholders of

CSU's PDS clinical partnership model, using Standard 2: Clinical Partnerships and Practice as

the framework. The five principles of a clinical practice, which include collaboration, mutual

benefit, positive impact, sustainable and generative, and shared accountability were identified

within three focus groups. Characteristics of mutually beneficial partnerships, as identified by

the CPDT, were supported within the discussions that emerged from the focus groups and were

utilized as the a priori themes in this study. The a priori themes recognized by focus group

members along with the CPDT claims are explained below. Table 3.4 identifies the a priori

themes, including their definitions, sources who mentioned them, and number of times each

theme was mentioned.

Table 3.4
A Priori Themes with Sources and Number of References

Theme[ab]	Definition	Sources (UBTE, SBTE, TC)[c]	No. of times referenced by each source
1. Collaboration	School/community/district and EPPs are developed with all stakeholders involved.	UBTE SBTE TC	9 7 4
2. Mutually Beneficial	School/community/district and EPP partnerships provide mutual benefits for all stakeholders.	UBTE SBTE TC	11 6 6
3. Positive Impact	School/community/district and EPP partnerships impact the learning of PK-20 students and support the work of clinical educators.	UBTE SBTE TC	7 5 5
4. Sustaining and Generative	School/community/district and EPP partnerships take a long-term perspective and put in place systems, policies, etc., which will support improvements for all stakeholders.	UBTE SBTE TC	7 5 4
5. Shared Accountability	School/community/district and EPP partnerships establish mutually agreed-upon expectations which are assessed, and all stakeholders share accountability for such expectations.	UBTE SBTE TC	8 7 3

Note. [a]Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013); [b]Adapted from "Framework for the Development of Clinical Partnership Practice." Manuscript in preparation by CPDT; [c] Sources reflect focus groups. University Based Teacher Educator (UBTE), School Based Teacher Educator (SBTE), Teacher Candidate (TC).

Collaboration was identified by all three focus groups with a collective total of 20 references, with UBTEs referencing collaboration nine times. Collaboration has been defined as when the school, community, district, and university partnerships are developed with all stakeholders involved. Fullan and Hargreaves (1991) warned educators that there is a ceiling effect to how much we can learn if we keep to ourselves. All educators must work together to achieve collective purpose of learning for all and create structures to promote a collaborative culture. This collaborative culture is what makes a clinical partnership in teacher preparation thrive. A strong, consistent collaboration and regular communication between university and PK-12 SBTEs and administrators supports the continuous program improvement process and provides a network of support for teacher candidates.

Mutual benefit, another a priori code described by all focus group participants, was referenced the most with 23 references total, and with UBTEs referencing this theme the most out of the three focus groups with 11 references. CPDT (2015), emphasized the importance of collaboration within a clinical partnership and explained, "Once collaboration has been embedded into the culture of the clinical partnership, then stakeholders can begin to share ideas and resources that align with a common mission" (p. 16). Mutual investment, or buy-in, can be facilitated via the creation of "a comprehensive mission that is broader in its outreach and scope than the mission of any partner and that furthers the education profession and its responsibility to advance equity within schools and to the broader community" (National Association for Professional Development Schools, 2008, p. 9). To realize these mutual aims, partners will need to sit across the table from one another and engage in open, honest, and occasionally difficult conversations.

The critical measure of educator effectiveness is the ability to demonstrate a positive impact on student learning. The theme of positive impact was referenced by all focus groups for a total of 17 references, and with UBTEs referencing positive impact the most of the three focus groups. The CPDT (2015) suggested that students' academic achievement and chances for success in life are greatly enhanced by having been taught by well-prepared, certified school teachers. Fully certified teachers are more effective in raising student achievement than inadequately prepared teachers, including those still in training in alternative programs (National Council for Accreditation of Teacher Education [NCATE], 2014). Numerous research studies report positive effects on the achievement of students whose teachers were prepared at collegiate-based educator preparation programs. Positively impacting PK-12 students needs to be the ultimate goal in education and certainly in the training of teacher candidates.

Sustainable and generative was another important a priori theme in this study, and was referenced 16 different times. This theme was referenced the least frequent by all three focus groups. However, sustainability and generative structures are central to clinically rich partnerships. Clinically rich partnerships require rethinking and identifying new practices that school- and university-based teacher educators use within the clinical context to develop teacher candidates' professional knowledge. Another important step to sustain and generate in a clinical partnership is to explore the resources, opportunities, and challenges of the community where the public schools are located and considering how the higher education institution and school could best work with the community.

Shared accountability suggests the notion that all partners share responsibility for growing the partnership, and all partners view themselves as both learners and teachers. Shared accountability was referenced by all three focus groups for a total of eighteen references.

Expectations for honest communication and meaningful collaboration are openly articulated. The expertise brought to discussion by partners is respected and valued, and the well-being of all participants is considered vital. Moreover, each partner recognizes the rules, regulations, and limitations that govern decision-making practices in the two parallel systems of PK-12 schools and the university.

It is important to note that UBTEs referenced the themes with the most frequency. SBTEs referenced the themes with the second highest frequency, followed by teacher candidates with the least references. It is not clear as to the purpose for this pattern, but the researchers thought it was an interesting outcome of the frequencies of references to the themes of the focus groups, and might be of benefit to future research efforts.

Further Research

This study has revealed some possibilities and ideas for further research. Additional research could explore different groups of teacher candidate, SBTEs, and UBTEs to see if new themes would be represented. Research could be expanded to include the barriers that keep the benefits from being realized by the key stakeholders. By addressing the barriers identified by key stakeholders, educator preparation programs could improve in key areas, which would help to strengthen partnerships and help the partnership arrive at a description of the experiences of the key stakeholders. Another research project could include a comparison of local perspective to an expansive perspective, which could include other institutions with a similar model for teacher preparation.

Conclusion

As EPP stakeholders re-envision clinically-based teacher preparation, we recognize that clinical partnerships play an extremely important role in PK-20 student learning. The

implementation of PK-12 and university partnerships is imperative in a clinical practice and is specifically identified in the CAEP accreditation standards. CAEP's (2013) Standard 2: Clinical Partnerships and Practice stated "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" (p. 8).

The development of strong, vibrant, mutually beneficial PK-20 partnerships serves to promote shared responsibility for the preparation of teachers, provides a context to empower and better serve complex learning environments for both candidates and PK-12 students, and ensures professional accountability for candidate effectiveness, which in turn, empowers teachers to meet the diverse needs of children in our schools. It truly does take all key stakeholders in a clinical partnership to prepare educators to be ready to enter the 21st-century classroom. All stakeholders need to feel the desire to share responsibility for preparing our next generation of teachers. Through effective collaboration, realized mutual benefit, shared accountability, structures that provide sustainability and generate renewal, the education profession can continue to renew and grow, which ultimately will impact our PK-12 students and society.

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CHAPTER 4: OVERCOMING BARRIERS TO CLINICAL PARTNERSHIPS: LEVERAGING

UNITED NATIONAL VOICES

Efforts to prepare teacher candidates are often impeded by barriers in society, policy, universities, and PK-12 schools. Although many positive moves toward the renewal of teacher preparation have taken place within teacher preparation, the sheer number of barriers often squelches the development of collaborative systems among the entities that play large roles in the development of future teachers. Historically, educational politics coupled with societal beliefs, universities which house teacher preparation programs, and PK-12 public schools have continued to operate in their respective silos. As an education profession, educators at all levels, including individuals who create state and federal policy, must work collaboratively to challenge the status quo of isolated silos in teacher preparation and find ways that will lead to genuine learning about teaching and the development and articulation of professional practice in teaching about teaching. The renewal of teacher preparation requires all key stakeholders to engage in collaboration to turn barriers into opportunities that strengthen clinical practice for educators and the students they teach.

An understanding of the difference between school renewal and school reform in regard to teacher preparation must be established. School renewal refers to "the commitment to repeatedly revisit a system or structure in order to respond to changing needs as part of a dynamic, reciprocal relationship" (Clinical Practice Commission [CPC], 2016, p. 6). School reform, on the other hand, assumes that something is broken and needs to be fixed. Goodlad, Mantle-Bromley, and Goodlad (2004) explained the difference between school reform and school renewal in stating:

Whereas school reform attempts to include in daily educational fare something that presumably was not there before, 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)

Elaborating on Goodland et al. (2004) characteristics of reform and renewal, Gatti (2016) explained "the field has split into "defend" or "reform" camps and argued for a third camp of "transformation." Gatti (2016) suggested "defenders contend that the system of traditional, university-based teacher preparation is not broken, and reformers argue that traditional, university-based teacher preparation has simply failed and should be replaced" (p. 14). Transformers, or stakeholders who seek urgency in school renewal, "see the need for substantive transformation in the current system of education, but do not support 'blowing up' the current system of education and replacing it with deregulated market economy" (Zeichner & Pena-Sandoval, 2015, p. 15).

The starting point for the renewal, instead of reform, of the education profession must be done in conjunction and collaboration with all key stakeholders of teacher preparation, and the roles, clinical experiences, and school-university partnerships it encompasses must be the most rigorous, ethical, and professional educators can imagine to overcome barriers. By definition, a stakeholder is an individual or group with an interest in the success of an organization in fulfilling its mission by delivering intended results and maintaining the viability of its products, services and outcomes over time (McCann & Paine, 2009, p. 4). Further, a stakeholder is "anyone who is involved in the welfare and success of a school and its students, including administrators, teachers, staff, students, parents, community members, school board members, city councilors, and state representatives" (Saxena, 2014, para. 1). Berry (2009), founder and president of the Center for Teaching Quality, stated:

It's time for policymakers and education leaders, including teachers, to strike agreement on a balanced approach to closing student achievement gaps . . . an agreement that recognizes the tight correlation among school leadership, working conditions, and teacher effectiveness. (p. iii)

Teacher preparation cannot be bound to an over-abundance of barriers and existing assumptions or obligated by the status quo any longer.

The researchers of this study assert that the renewal of teacher preparation begins by blurring the boundaries of governance between the higher-education system that prepares teachers and the PK-12 system where teachers work, so that teacher educators can respond to the needs in PK-12 schools. The governance of teacher preparation cannot be isolated from the needs of the PK-12 systems, nor tucked into institutions of higher education that may not be responsive to calls for renewal to public education. If institutions that prepare teachers work closely with institutions that will ultimately hire those teachers, everyone in the system will be better served, and barriers that create roadblocks in the renewal of teacher preparation will diminish.

Purpose of Research

Scholars, researchers, practitioners, and policymakers are concerned about the effectiveness of programs that help prepare teachers. Increasingly, universities and school districts share responsibility for teacher and student learning. Sharing responsibility demands that both institutions work to develop closer relationships through ongoing engagement, dialogue, and negotiation, yet many barriers arise from the complex work done in university-school partnerships. When two educational institutions work together to meet both state and federal demands, there are simultaneous efforts to maintain, reproduce, negotiate, and transcend institutional boundaries and barriers (Daniels, Edwards, Engeström, Gallagher, & Ludvigsen, 2010). That is, when engaging in partnership collaboration, schools and universities challenge

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each other's expertise, practices, policies, and social arrangements, which can create conflicts and tensions. Solutions and support for resolution of any barrier, framed appropriately by the college, and developed in tandem with public school personnel, will have a far-reaching impact on the college and its partnership sites.

The purpose of this study is to describe barriers in teacher preparation programs that may slow, or halt, the renewal of teacher preparation. The barriers that will be discussed in this study are defined as those obstacles stemming from organizational attributes of federal and state policy, university structures, and PK-12 schools and school systems. Barriers can be policies, procedures, or situations that systematically disadvantage certain groups of people.

This study begins with a review of literature focusing on why barriers in teacher preparation exist. Hargreaves and Fullan's (2012) ideas described a transformation of teacher preparation by allowing time and space to leverage key stakeholders' skills and talents through purposeful collaboration to ultimately make sound decisions. Next, the intricacies and complexities of teaching are identified, so there can be a collective understanding for all key stakeholders as to why teacher preparation matters. We, the authors, will also unpack two pathways of teacher preparation a teacher candidate can pursue (e.g., traditional and alternative pathways) which will identify why a multitude of pathways can be a cause for confusion and yield barriers. Finally, a description of the findings from focus group data collected from PK-12 and university stakeholders that discuss specific barriers within the context of their local partnership that impact the renewal of teacher preparation will be presented. The following research questions guided the data analysis identified in the methods, findings, and discussion sections of this article:

Research Questions:

1. How do practitioners in educator preparation programs (EPPs) describe barriers in clinical partnerships and practice?

2. How does current literature identify ways to help educator preparation programs turn barriers into opportunities for renewal?

Review of the Literature

Professional Capital: An Answer to a Divided Profession

Fullan and Hargreaves (2012) described professional capital as made up of three categories of capital: (a) human capital, (b) social capital, and (c) decisional capital (p. 3). Human capital in teaching is about having and developing the required knowledge and skills of teaching. Fullan and Hargreaves (2012) explained:

> [Human capital]is about knowing your subject and knowing how to teach it, knowing children and understanding how they learn, understanding the diverse cultural and family circumstances that your students come from, being familiar with and able to sift and sort the science of successful and innovative practice, and having the emotional capabilities to empathize with diverse groups of children and also adults in and around a school. (p. 89)

Research has shown that quality teaching matters to student learning. Teacher quality has been identified as the most important school-based factor in student achievement (McCaffrey, Lockwood, Koretz, & Hamilton, 2003; Rivkin, Hanushek, & Kain, 2000; Rowan, Correnti, & Miller, 2002; Wright, Horn, & Sanders, 1997). Teachers are one source of human capital of a school, and the more investment in our teacher capital, the more teachers will improve their useful outputs over long periods of time. Although a focus on human capital is extremely important, improvement in human capital cannot increase by focusing on it in isolation. Teaching is not solely comprised of skills and knowledge of teaching pedagogy confined to the

four walls of a classroom. A teacher's knowledge and skills combined with a culture of collaboration is the most effective way for teachers to learn and grow.

Building human capital is an individual endeavor undertaken by each teacher. Social capital, in comparison, is not a characteristic of the individual teacher but instead resides in the relationships among teachers, between teachers and principals, and even between teachers, parents and other key individuals in the community. Social capital refers to "how the quantity and quality of interactions and social relationship among people affects their access to knowledge and information" (Hargreaves & Fullan, 2012, p. 90). A study by Leana (2011) sampled 130 elementary schools in New York to determine mathematics achievement over the course of one year and found that schools with high social capital showed positive student achievement outcomes. Schools with strong social and human capital together did even better.

Even with strong human and social capital, there is still a large decisional element that educators must develop and practice. Decisional capital is "the capital that professionals acquire and accumulate through structured and unstructured experience, practice, and reflection" (Hargreaves & Fullan, 2012, p. 93). This type of capital allows educators to make wise judgements in circumstances where there is no fixed rule or piece of evidence to guide them. Decisional capital is refined when operationalized through interaction with colleagues. Hargreaves and Fullan (2012) stated:

> High-yield strategies become more precise and more embedded when they are developed and deployed in teams that are constantly refining and interpreting them. At the same time, poor judgements and ineffective practices get discarded along the way. And when clear evidence is lacking or conflicting, accumulated collective experience carries much more weight than idiosyncratic experience or little experience at all. (p. 124)

Human capital, social capital, and decisional capital emphasizes the rationale for strong teacher preparation that develops the necessary knowledge and skills, pathways to collaborate,

and the frame of mind that the best decisions are made in collaboration with others. Professional capital is a cornerstone that defines and brings together the critical elements of what it takes to create high quality and high performance in the education profession. Professional capital is "what you know and can do individually, with whom you know it and do it collectively, and how long you have known it and done it and deliberately gotten better at doing it over time" (Hargreaves & Fullan, 2012, p. 102).

The body of literature focused on elevating teacher preparation is rich with promising ideas, practices, and theories that have already permeated many preparation programs. However, the ideas, practices, and theories are often enacted in selected educator preparation programs without bringing all key stakeholders to the table, which causes disconnects, a lack of understanding, and certainly an absence of direction. Leveraging professional capital could be pivotal for the future of the teaching profession to eliminate the silo-effect or status quo barriers. Seeking professional capital would bring stakeholders from PK-20 settings, including political stakeholders, together with their skills and knowledge, to collaborate with each other, and make decisions that ultimately affect the children in schools.

Complexities of Teaching: A Barrier in Disguise

Grossman, Hammerness, and McDonald (2009) stated that "teaching is complex work that looks deceptively simple" (pg. 273). Fullan and Hargreaves (2012) stated:

> If you want to change teaching, you have to understand it, and very often appreciate it. You have to understand the teachers who are responsible for the teaching–what motivates them and makes them tick. And you have to understand how to find not just a few young teachers for a few years, but how to keep the best of them until they reach their peak, how to circulate professional capital from one generation to the next, and how to recognize and re-energize the older teachers we already have. (p. 42)

Being a teacher is not a simple process, and a lack of understanding pertaining to the intricacies of becoming a skilled teacher can cause barriers between those who teach and those

who do not. Those who do not teach may believe in the value of experienced teachers who have

mastered their craft, yet think teaching is simply a matter of walking into a classroom and

delivering a lesson to students. There is a complex cycle to teaching that takes place both inside

and outside the classroom, before, during, and after the lessons are delivered. A baseball pitcher

with an amazing curveball, for example, does not inherently know what goes into perfecting that

type of pitch. Perfecting this pitch would involve seeing examples of how to grip the ball, bodily

movement and arm swing through the process of the pitch, learning to self-correct when done

correctly and incorrectly, watching demonstrations, and then practicing under close supervision

with detailed coaching aimed at improvement. The example is no different for teacher

candidates learning how to teach. Practice must be at the core of teacher preparation, which

entails close and detailed attention to the work of teaching (Ball & Forzani, 2009, p. 497). Ball

and Forzani (2009) defined the work of teaching as the core tasks that teachers must execute to

help students learn, and they provided specific examples of the core tasks that include activities

carried on both inside and beyond the classroom (p. 497). According to Ball and Forzani, some

tasks include:

> leading a discussion of solutions to a mathematics problem, probing students' answers,
> reviewing material for a science test, listening to and assessing students' oral reading,
> explaining an interpretation of a poem, talking with parents, evaluating students' papers,
> planning, and creating and maintaining an orderly and supportive environment for
> learning. (2009, p. 497)

Further, "teaching is one of the most common, and also one of the most complicated,

human activities" (Ball & Forzani, 2010, p. 40) despite the prevailing view of teaching as

"requiring little more than patience, basic content knowledge, and liking children" (Ball &

Forzani, 2010, p. 40). The skills involved in teaching do not come naturally (Jackson, 1986;

Murray, 1989). Ball and Forzani (2010) contended that teaching is complex and unnatural work,

and provided three examples to support their claim. First, teaching requires specialized

knowledge that involves unpacking content in ways that make it accessible and learnable by

others. Second, teaching is unnatural because teachers must see information, ideas, and details

from the perspectives of others, and many of the students may learn in ways that are different

from how the teacher learns. Moreover, teachers must analyze learning tasks with which they

are fluent into teachable units to effectively teach all students. Finally, teaching seldom involves

working with one student, but requires that teachers design and manage classroom environments

that must enable a broad range of students to learn (Ball & Forzani, 2010). Thus, learning to use

teaching practices in classrooms is intricate work, requiring teacher education programs that are

carefully designed in ways that help teacher candidates learn to skillfully utilize teaching

practices. Effective teaching is both complex and unnatural, but it can be taught in teacher

preparation programs. In fact, pedagogy, defined as "the art, science or profession of teaching"

(Merriam Webster's Learner's Dictionary, n.d., para. 1) is a central component of the content of

teacher preparation programs.

Darling-Hammond (2006) mentioned that many prospective teachers come into the

profession thinking little education and preparation is needed, but "most learn quickly that

teaching is much more difficult than they thought, and they either desperately seek out additional

training . . . or leave in despair" (p. 12). Developing and learning the practice of teaching and the

intricacies and complexities of the vocation are strengths of clinically rich teacher preparation

programs, and studies have consistently found,

> With little knowledge of learning or child development to guide them, teachers who lack
> preparation rely more on rote methods of learning; are more autocratic in the ways they
> manage their classrooms; are less skilled at managing complex forms of instruction
> aimed at deeper understanding; are less capable of identifying children's learning styles
> and needs; and are less likely to see it as their job to do so, blaming students when their
> teaching is not successful (Darling-Hammond, 2003, p. 17)

How We Prepare Future Educators: A Barrier in Belief

This is a critical time for teacher education in the United States. The college and

university systems of teacher preparation that has prepared most U.S. teachers for over the last

fifty years has been declared to be a failure by many policymakers and the mainstream media

(Fraser, 2007). According to Zeichner, Payne, and Brayko (2014),

> [society is] on a course to dismantle the college and university system of teacher
> education and replace it with a host of entrepreneurial programs that will worsen rather
> than ameliorate the opportunity and learning gaps that continue to plague our public
> schools. (p. 122)

Boyd, Grossman, Lankford, Loeb, and Wyckoff (2006) declared that there are many

ways to enter into the teaching field but few ways to evaluate the effectiveness of the variety of

entry methods. With many pathways to teaching, along with numerous models in which to

prepare teacher candidates, and lack of agreement on what should be taught in preparation, what

pathways have proven successful, and what models prepare teachers to improve outcomes for the

students they teach? This lack of clarity continues to stammer the education profession and

creates significant barriers between proponents of traditional and alternative teacher preparation.

Pathways and Models to Teaching: A Philosophical Barrier

Perhaps no single issue creates more heated discussion and debate in the education field

than the one which focuses on the credibility of alternative teacher preparation programs in

comparison to programs that prepare teachers via the traditional route in schools of education.

Teachers can come through a wide variety of teacher preparation programs run by universities,

school districts, and nonprofits. All programs are categorized as either alternative or traditional.

Kee (2012) noted the "differences among traditional [university-based], fast-track [alternative]

and residency [alternative] programs highlighted two issues central to current debates in teacher

education" (p. 24). The first issue focused on the timing of when initial teacher preparation

should occur (i.e., teacher training before or during full-time teaching). The other issue focused

on the content of preparation, and what teacher candidates need to know, understand, and be able

to do. The value of traditional, or alternative teacher preparation, remains a highly debated issue.

Does the type of pathway determine better prepared teacher candidates, or is it more important to

focus on the constructed experiences, and practice-based characteristics of the pathway?

Traditional pathway. Traditional teaching certification encompasses a variety of

different methods of obtaining a teaching certificate through a university. Traditional teaching

certification can be obtained through a university undergraduate program, a university post-

baccalaureate program, or through certification earned in another state. The traditional route

requires prospective teachers to complete an undergraduate or graduate teacher education

program prior to becoming certified to teach. It has been suggested that the current university-

based system has been best suited to prepare teachers for the classroom (Lit, Nager, & Snyder,

2010), because field-based aspects of these programs allow for teacher candidates to experience

more challenges before entering the teaching profession. Generally speaking, "field experiences

are defined as a variety of early and systematic P-12 classroom-based opportunities in which

teacher candidates may observe, assist, tutor, instruct, and conduct research" (Capraro, Capraro,

& Helfeldt, 2010, p. 131). One key component to traditional teacher certification programs is

that field-based experiences are mixed with content courses at the university, which bridge the

gap between theory and practice. The idea that field-based experience is the best practice and

preparation for future teachers is a common belief among education experts. The importance

field experiences play in teacher preparation has been stressed for decades (Capraro et al., 2010).

Field experiences have been recognized inclusions of traditional teacher preparation programs;

although, assumptions should not be made that all field experiences will help bridge the theory

and practice gap and that merely requiring more field experience is necessarily better (Allsopp, DeMarie, Alvarez-McHatton, & Doone, 2006; Korthagen, Loughran, & Russell, 2006; Zeichner, 2002).

   The professional development school model.   One traditional model of preparation that has been successful in assuring quality field experiences, and successfully blending theory with practice, is the professional development school (PDS) model. The PDS model has gained traction due to "the position that interns at PDS schools achieve higher than do interns assigned to non-PDS schools" (Castle, Fox, & Souder, 2006; Darling-Hammond, 2007; Levine, 2002; Snyder, 1999). The PDS is a model where teacher candidates spend much of their time and preparation in a PK-12 school, and the affiliation between a university and PK-12 schools far outweighs preparation that is not (Wong & Glass, 2005). Castle et al. (2006) reported that a PDS produces "beginning teachers who are more competent in some aspects of instruction, management, and assessment, and are more integrated and student-centered in their thinking about planning, assessment, instruction, management, and reflection" (p. 78).

   Alternative pathway. While every state provides some form of alternative certification, these programs vary significantly. Because of the variety, "what is classified as an alternative program in one state may look more like a traditional program in another state, and vice versa" (Woods, 2016, p. 2). Alternative certification programs were developed to alleviate teacher shortages by fast-tracking people into the world of teaching through expedited programs that often place prospective teachers into the classroom with little to no real classroom training (Heinen & Scribner, 2009). Darling-Hammond (1990) defined alternative certification programs as shorter-term programs providing less pedagogical coursework, subject-matter coursework, or extended practicum experience (p. 137). Marchant (1990) noted that "it was not a lack of

content expertise, but a lack of ability to teach the subject effectively that should be the focus of

teacher education reform, and teaching expertise should be developed over time and through

reflective practice" (p. 11). In general, the original intent of these programs was to provide a

quicker path into the teaching profession to address the demands of teacher shortages in certain

areas of the U.S.

Woods (2016) noted "alternative programs allow individuals who have already obtained

a bachelor's degree to bypass the time and expense involved in attaining a teaching degree or

completing a graduate program" (p. 2). Completion of alternative certification programs

typically results in a standard teaching certificate or an alternative or provisional certificate.

Providers of alternative certification can be colleges of education, nonprofit and for profit

organizations, or school districts. These programs often focus more on quick training protocols

in pedagogy to fast-track new teachers into the classroom. Participants frequently begin working

in the classroom while completing their coursework, sometimes from the very beginning of the

program, rather than in the last year of a traditional program. Some programs allow candidates

to earn a teacher's salary or stipend while completing the program, making them more appealing

to a mid-career professional than a traditional path. However, while alternative certification

programs can offer quicker paths to teaching, "in some cases the required coursework and

program length are the same as traditional paths" (Woods, 2016, p. 3). One such program is

known as teacher residency.

Teacher residency model. The National Center for Teacher Residencies (n.d., para. 1)

defined their programs as:

> district-serving teacher education programs that pair a rigorous full-year classroom
> apprenticeship with masters-level education content. Building on the medical residency
> model, teacher preparation programs provide residents with both the underlying theory of

effective teaching and a year-long, in-school "residency" in which they practice and hone their skills and knowledge alongside an effective teacher-mentor in a high-need classroom.

While not always classified as alternative certification programs, "residency programs often target individuals who have already completed degrees in other subjects and provide them with an alternative path to teacher certification or a graduate degree" (Woods, 2016, p. 4). The original residencies, and the dozens founded since, "are all built on the same understanding that the best preparation for a teaching career is rich clinical experience" (Guha, Hyler, & Darling-Hammond, 2016, p. 3). However, just as the case for traditional preparation, not all residency programs are considered high quality, and not all are alike. Alternate routes can be heavily school-based, and provide clinical experiences with relatively small doses of academics. In contrast, university programs can be heavily academic, and provide too little school-based clinical experience.

There is little evidence to show which kind of program produces the most successful teachers. Some research shows that teacher residency program graduates may not be any more effective in their first year than teachers trained in traditional programs. While the debate continues over how best to recruit and prepare teachers, researchers have documented that there is more variation within current traditional, university-based and alternative pathway programs than between them. This means "quality teacher preparation programs are not about place (i.e. university-based or alternative institutions), but about embodying the characteristics of effective teacher development, and teacher practices" (Boyd et al, 2006; Humphrey, Wechsler, & Hough, 2005).

Methods

The researchers used a descriptive thematic analysis to frame their investigation of barriers to clinical partnerships and experiences in teacher preparation. The researchers collected data through a series of three focus group interviews. This method was selected as most advantageous due to the limited time available to the researchers to collect the information and the social nature of group conversation that provides an opportunity for collegial interactions among participants (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). The researchers requested and received approval from their university's Institutional Review Board prior to conducting the focus groups.

Participants

All interviewees in the focus groups were members of American Association of Colleges for Teacher Education's (AACTE) Clinical Practice Commission (CPC) and active participants in clinical partnerships across the country. The CPC originally convened in June of 2015 with the goals of creating a common lexicon to discuss teaching and teacher preparation and championing clinical partnerships and practice as the way to prepare new teachers and professionalize the profession of teaching. Nearly all PK-12 and university stakeholders in a typical teacher preparation clinical partnership, as well as national groups associated with educator preparation, are represented in the 40-member CPC. The range of CPC participants is reflected in Table 4.1 below.

Table 4.1
CPC Key Stakeholders and Educator Agencies, Associations, Networks, or Departments Represented

Title, Agency, Association, Network, or Department
American Association of Colleges of Teacher Education (AACTE)
Assistant Professor of Elementary Education
Associate Dean of College of Education

Associate Director of Teacher Education
Associate Professor of Secondary Education
Association of Teacher Education (ATE)
Coordinator of Field Experiences
Dean, School of Education
Director of Clinical Partnerships and Practice
Executive Director, Center of Pedagogy
National Association for Professional Development Schools (NAPDS)
National Board for Professional Teaching Standards (NBPTS)
National Network for Educational Renewal (NNER)
PK-12 Superintendent
PK-12 Teacher

The focus groups were conducted during the AACTE CPC Summit held on June 13 and 14, 2016 in Washington, DC. Several weeks in advance of the summit, the researchers sent an email to the CPC members inviting them to participate in the focus group and sharing the topics that would be addressed in the focus groups' conversations. Focus group questions were presented as follows:

1. Regarding clinical partnerships within your context, what is your understanding of a clinical partnership?

2. What are the benefits of a clinical partnership?

3. What are the barriers of a clinical partnership that keep you from realizing the benefits?

4. Regarding clinical experiences within your context, what is your understanding of a clinical experience?

5. What are the benefits of a clinical experience?

6. What are the barriers of a clinical experience that keep you from realizing the benefits?

The focus groups were self-constructed with twenty-one volunteers from the CPC. Focus group 1 was comprised of 10 participants, focus group 2 included seven participants, and focus group 3 included four participants. The interviews for focus group 1 and 2 took place in person.

The focus group 1 interview was held on June 13, 2016. The focus group 2 interview was held on June 14, 2016. The focus group 3 interview was conducted via a phone conference call on June 21, 2016.

Procedure

The researchers co-facilitated semi-structured 60 minute interviews either in person or on the phone. Prior to each focus group session, all participants signed a consent form and were provided access to the interview questions. After a brief introduction concerning the research project, the researchers prompted the participants to respond to the questions concerning clinical partnerships for the first 30 minutes of the session and the questions regarding clinical experiences during the second 30 minutes. The focus group participants' responses were audio-recorded with Microsoft Lifecam software and subsequently submitted to a transcription service that provided verbatim transcription of the focus group responses.

Analysis

Before conducting the focus group interviews, the researchers had identified *a priori* codes based on CAEP's Standard 2 that defines required components of clinical partnerships and experiences; however, no codes had been identified to organize the participant responses to the questions about barriers to clinical partnerships and experiences. After receiving the transcriptions, the researchers individually listened to the audio recordings and compared them to the transcriptions, making any necessary corrections and verifying the accuracy of the transcriptions. The researchers then met to devise a plan for the "preliminary exploratory analysis" (Creswell, 2008, p. 250) to gain a general understanding of the data and establish a broad organizational framework. To establish intercoder reliability, the researchers selected random samples from each focus group to code individually and then met to compare how the

samples were coded. While there were minor discrepancies in interpretation, they were quickly resolved through discussion. Overall, the researchers demonstrated a very high level of intercoder reliability.

Over the course of five meetings, the researchers individually, and then collectively, organized the data from the focus groups into either the clinical partnership and clinical experiences coding matrix established with the a priori codes, or into a broad category called *barriers*. It is the barriers data that are described and analyzed in this paper. Because no prior coding framework existed, the researchers engaged in an inductive coding process to "make sense out of text data, [by] divid[ing] it into text segments, label[ing] the segments with codes, examin[ing] codes for overlap and redundancy, and collaps[ing] these codes into broad themes" (Creswell, 2008, p. 251). The researchers' initial analysis resulted in 19 pages of text divided into 75 segments and labeled with 22 different codes. Through examinations and conversations about the data, the researchers reorganized the data into 17 codes. After several more iterations of the organizing scheme, the researchers succeeded in collapsing the codes into five overarching themes with associated codes and sub-codes. Table 4.2 illustrates the organizing themes with codes and sub-codes, as well as the sources of specific data, (i.e., Focus Group 1, 2, or 3), and the number of times a code or sub-code was referenced.

Table 4.2
Barriers Codes With Sources and Number of References

Theme	Focus Group (1, 2, 3)	No. of times referenced
1. Complexity of teacher education-total	2	1
2. Policy barriers-total	1, 2, 3	22
a. Program design barriers	1	1
1. Financial barriers for teacher candidates	1, 2, 3	6

2. Compensation barriers for SBTEs and UBTEs	1, 2, 3	8
b. Tenure track and promotion policy barriers		
1. Researcher vs. practitioner	1, 2	4
2. Fear	1, 2	2
3. Hierarchy	2	1
3. Logistical barriers-total	1, 2	11
a. Time	1	1
b. Physical space	1	1
c. Placement		
1. Teacher candidates	1, 2	3
2. Mentors for teacher candidates	1, 2	3
3. Sufficient quality placements	2	3
4. Barriers within clinical partnerships-total	1, 2, 3	24
a. Lack of shared understanding	1	2
b. Lack of shared values	1, 2	4
c. Lack of curriculum alignment	1, 2	3
d. Leadership barriers		
1. Sustainability	1	2
2. Supporting the vision of the partnership	2, 3	4
3. Bureaucracy and red tape	2	3
e. Communication barriers	1, 2	
1. Communication across the partnership	1, 2	2
2. Participation of all stakeholders		
a. Community and parent voice	1, 2	2
b. School-based educator voice	1	2
5. Barriers as impetus for renewal and improvement-total	1	1

Findings

Upon completion of the coding process, five overarching themes emerged: *complexity of teacher education*, *policy barriers*, *logistical barriers*, *barriers within clinical partnerships*, and *barriers as impetus for renewal and improvement*. The number of times a theme was referenced varied greatly from a single reference for complexity of teacher education and barriers as impetus for renewal and change, to 22 references for program design barriers, and 24 references for barriers within clinical partnerships. Three themes (policy barriers, logistical barriers, and barriers within clinical partnerships) were further dissected into sub-codes, reflecting the complexity of the identified barriers. There were differences in the number of references and

sub-code of the emerging themes, and not all themes were referenced by each focus group. The researchers attributed this to the organic progression and flow of the conversation in the individual focus groups. The researchers did not attempt to attach a hierarchy of importance or relevance to the number of references and instead, chose to analyze all themes that emerged from the focus group data. Quotes (e.g., assigning a label to a section of data) of focus group participants were incorporated into the findings and served to bring the participants' voices to life as they described in their own words the barriers to effective teacher preparation and clinical partnerships that they have experienced. Four out of the five emerging themes, which will be presented in the Findings section, were intentionally organized to progress from barriers that broadly impact the field of teacher preparation to barriers that directly impact implementing and sustaining clinical partnerships. The barriers as impetus for renewal and change theme will be used in the Conclusion section to provide closure to this article.

Complexity of Teacher Education

The theme complexity of teacher education, though referenced only once, has been identified as a root cause for many of the challenges that have historically faced the profession of teaching and teacher education. Grossman, Hammerness and McDonald (2009) suggested that "one of the challenges faced by efforts to gain professional status for teachers is that teaching is complex work that looks deceptively simple" (p. 273). Lampert (2010) highlighted the complexities of learning classroom teaching, stating that the "multiple kinds of problems arise in establishing and maintaining relationships with students and subject matter, and the work that must be done to solve them is socially and intellectually complex" (p. 22). Ball and Forzani (2009) stated that "despite the familiarity of teaching, many key aspects of this deliberate

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practice are unnatural; making the transition to becoming a professional requires learning to do things that are not common in daily life and that most competent adults cannot do well" (p. 499).

One focus group participant identified learning teaching as a complex activity and spoke about the challenge of preparing a diverse pool of teacher candidates, with a wide range of prior experiences and assumptions, and the need to systematize their learning to produce effective educators in spite of all the variables:

> The barriers of learning to teach: It's very individualized. So, every person comes to it differently and it's very contextualized. It has to do with your classroom. It's very hard to make a system that [will] prepare every single candidate to be at the top of their game. . . . I think that's the fundamental challenge for our professions. How do we?–and I think it's a really admirable goal, and I think the field is moving to every single person who comes through is going to be an effective educator from the get-go. But how do we do it given how variable all these experiences [are] . . . ? The individuals who come into the profession vary so much in their style and personalities, and the clinical educator that they're paired with, and their university supervisor.

Policy Barriers

The theme of policy barriers was referenced a total of 22 times by the three focus groups. Two sub-codes emerged from this theme: *teacher preparation program design barriers*, and *tenure track and promotion policy barriers*. Policies are the principles and rules that organizations create or adopt to achieve long-term goals. Policies influence and guide decisions and actions of an organization and ensure that those decisions and actions translate into outcomes that are compatible with the goals of the governing body of the organization (Business Dictionary, n.d.). The profession of teaching and the endeavor of preparing teachers have been buffeted historically by policies emanating from an array of organizations whose governing bodies have opposing and contradictory goals. "Teachers have been embattled by politicians, philanthropists, intellectuals, business leaders, social scientists, activists on both the Right and Left, parents, and even one another" (Goldstein, 2014, p. 5). From the federal to the state and

local governments within public schools and across institutions of higher education, people with little understanding of the complexities of teaching are making decisions and implementing policies that may impede the effective preparation of teachers and teaching profession, often without the input of the experts in the field. One participant explained:

> I think another barrier is this sort of cultural paternalism and lack of professional agency at the individual level. And that resides in multiple places. I think it resides in the reform policies of late, but also it equally resides in collective bargaining. And so I think to get at a sense of professional responsibility for all the clinical educators involved with the partnerships is challenged by that pervasive paternalism throughout that educational system.

Teacher preparation program design barriers. The program design barriers sub-code, was referenced 14 times by all three focus groups and reflected financial and other compensation barriers specific to implementing and maintaining a clinical partnership model.

Financial barriers for teacher candidates. The financial burden on potential teacher candidates was discussed at length, and in particular, the impact of a year-long internship or residency program. While appreciating the advantages of a year-long internship, one participant acknowledged that his university also had to offer the more traditional semester-long student teaching:

> The [teacher candidates] can do a year-long [internship] if they want to, or they can do the traditional route. We'd love to say you all have to do the year-long. But to ask someone to go without a job for a year, without being paid for what you're doing at interning, that's unreasonable.

In discussing the onerous financial burden for teacher candidates, another participant added, "In no other field do they go into an internship and not get paid. You're asked not to work, and don't get paid." In response, several teacher preparation programs that pay a stipend for internships were mentioned. However, one participant stated:

> [the year-long internship] pays a stipend, but it's barely livable. It's not like they can survive on that money, so I think another area to work on is certainly that our students, in

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order to engage in high quality, clinically centered experiences, have to be able to have other supports in place or take out massive loans.

One participant expressed concern about how non-traditional students are able to engage in clinical experiences. The participant reflected on another program design barrier by explaining that adult students, known as non-traditional students, often have other limitations during the day, like a full time job. The participant explained, "So they take the class at night. How are they getting their clinical experiences at a level that would be sufficient?"

In response, a full professor suggested:

There almost needs to be modifications to a residency model that allow for even a day, a week or something, right? Where they can start to scaffold and build in that clinical experience. They can plan for the end one and hopefully– but the end one shouldn't necessarily be as long . . . if you're doing that buildup. But yeah, it's definitely a preventer. Unless we can create paid internships, paid student teaching arrangements.

Compensation and funding barriers for teacher educators and programs. Focus group participants identified the lack of adequate compensation for SBTEs, particularly in light of the language in CAEP Standard 2 that describes the expectation that clinical partnerships should be mutually beneficial. One participant described this barrier:

I think of the burden that we put on our classroom teachers. We talk about the great reciprocal benefits, and at the same time, we're really asking a lot of our classroom teachers to do this mentoring piece . . . without a whole lot of training or compensation.

Another participant described the lack of recognition for SBTEs who are stakeholders in a clinical partnership by comparing it to other professions:

You know in the profession [of education], it's just expected for you to donate your time and money out of the goodness of your heart. That never flies in the business world. It's something the businessmen and others outside of education can't fathom. Why would you do more work for no recognition, no extra pay. For decades, these teachers have been doing it.

Focus group participants acknowledged that clinical partnerships are expensive and identified numerous barriers associated with adequate and consistent funding to support and

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maintain the partnership model. One participant identified the reduction of financial resources for public and private institutions as a barrier by stating:

> If there is a cut in resources, the partnership stuff will probably [get scaled back], if your institution's really threatened then you're going to scale back. Because you have to really be able to justify why you're working with these other folks, and why you're investing in that school and spending so much time with them.

Another participant identified the difficulty of funding a growing partnership with limited resources by stating, "As partnerships grow, how can we expect that to happen without an investment in time and money? We can't expect people to do it on their backs."

Tenure track and promotion policy barriers. Establishing and sustaining effective clinical partnerships as the centerpiece to teacher preparation demands the deconstruction of the traditional university and PK-12 silos to promote cross-collaboration of all stakeholders and support teacher educators who bridge both worlds (Zeichner, 2010). By definition, the teacher educators' focus is the practice of teaching to support teacher candidates. Supporting the practice of teaching requires these educators to be in the field, on site in multiple PK-12 settings:

> [In fact,] a variety of different types of hybrid teacher educator positions exist today across the nation . . . . [These are] positions where clinical faculty work to build partnerships with local schools that focus on preservice teacher education . . . and positions where clinical faculty are based primarily in a [PK-12] school where they make placements for teacher candidates and supervise their school experiences. (Zeichner, 2010, p. 94)

However, typical university policies that govern tenure and promotion prioritize research over practice leading to the 'publish or perish' mentality, marginalizing UBTEs' commitment to being practitioners in their field, and limiting UBTEs motivation to fully invest in a clinical partnership model.

The sub-code, tenure track and promotion policy barriers, was referenced eight times by two focus groups and addressed a range of concerns and unintended consequences stemming from university tenure and promotion policies. One participant, an associate professor, described

the need to flatten the hierarchy often present in the relationship between university instructors

and PK-12 teachers, a hierarchy that manifests itself by valuing research and theory over practice

and for which university professors are often criticized due to their lack of practical clinical

experience. The participant said:

> I tell my professors: Leave your PhD at the door. You're not any better than those teachers. They're out there on the front lines. You don't come in and start like a general, commanding them what to do. You're there to work with and learn. I've even said to my colleagues: Get up and go out and talk to teachers. How many of you have gone to see the school that you're getting [teacher candidates] ready to go into?

> Some described the fear of going back into the field because they had been isolated in the

university silo for so many years. One participant, an associate professor in a vibrant clinical

partnership, said:

> Being in a large urban university, which I went to because of the vision of the partnerships, one of the greatest barriers revolves around fixed versus dynamic thinking. Our faculty, many of them sit and agree, but don't want to go to the field and/or are fearful of going to the field, because they're so far removed.

> Other professors described their frustration with the university's tenure and promotion

policies that disadvantage the educator whose time in the field developing and sustaining strong

clinical partnerships is not valued to the same extent as publishing and research. One participant

stated:

> Another [barrier] is faculty going into the [PK-12] schools, but it's not looked at as a primary part of their tenure promotion. And so, unless they just have a love of it and they'll do it on their own, the faculty really might not be motivated to go out into the [PK-12] schools. Why would they? It doesn't really help them.

The participants expressed an overwhelming desire to restructure university faculty load

requirements to reward the fieldwork of educator roles essential to a true clinical partnership

model.

Logistical Barriers

The *English Oxford Living Dictionaries* (2016) defines logistics as, "the detailed organization and implementation of a complex operation." As stated earlier, a clinical partnership is an expensive model; it is also a logistically complicated model with many moving parts, both human and resource-based. An effective clinical partnership as defined by CAEP's Standard 2 is:

> [a] co-constructed mutually beneficial P-12 school and community arrangement . . . [that] establish[es] mutually agreeable expectations for candidate entry, preparation, and exit; ensure[s] that theory and practice are linked; maintain[s] coherence across clinical and academic components of preparation; and share[s] accountability for the candidate. (Council for the Accreditation of Education Programs [CAEP] , 2013, p. 14)

An effective partnership with high-quality clinical practice must provide teacher candidates with 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" as well as university-based and school-based clinical educators who "demonstrate a positive impact on candidates' development and P-12 student learning and development" (CAEP, 2013, p. 14). Such an endeavor requires philosophical and financial commitment from both PK-12 and university entities and involves a shared responsibility for decision-making, planning, and evaluating to negotiate the logistics of meeting the needs of all stakeholders and working across multiple systems. The time required by all stakeholders to implement and sustain a clinical partnership was described as a "huge obstacle" by one participant. Another participant identified the logistical barrier of finding physical space for instruction in partnership schools.

Placement barriers. Issues with teacher candidate placement in partnership schools emerged repeatedly and were referenced nine times during the focus group interviews. Three

sub-codes made up the references in placement barriers and centered on the notion of quality, specifically quality teacher candidates, quality clinical educators, and sufficient quality placements. Regarding quality teacher candidates, participants acknowledged that not all teacher candidates are equally ready to go into PK-12 classrooms for their clinical experience, in particular the year-long internship or semester-long student teaching. Participants expressed concern about a sense of entitlement on the part of teacher candidates, that because they had already spent three years in an education program, their participation in an extended clinical experience was a given. Participants spoke of a need for strong leadership to keep less-than-quality teacher candidates out of the classroom and/or provide additional support for them prior to or throughout their extended clinical experience as a way to strengthen the education profession. One UBTE stated:

> We're pushing [teacher candidates] along because there's a perception of entitlement. It requires strong leadership to say, "No, that's not okay." Because it's not ultimately good for the profession, [let alone] the [PK-12] pupils who are going to be on the receiving end of an under-prepared educator of this entire process.

Complementary to the need for quality teacher candidates is the need for quality clinical educators. Clinical educators include "all EPP- and P[K]-12-school-based individuals, including classroom teachers, who assess, support, and develop a candidate's knowledge, skills, or professional dispositions at some stage in the clinical experiences" (CAEP, 2013, p. 14). Research highlights the crucial role that clinical educators, both UBTEs and SBTEs, play in the preparation of teacher candidates (Grossman, 2010; Ronfeldt, 2012). However, historically, those assigned or volunteer for the role of clinical educator have struggled to bridge the disconnect between university and PK-12-based teacher preparation due to a variety of reasons, including a lack of preparation for school-based teachers to be an effective mentor and little incentives for university staff to engage in quality field supervision (Zeichner, 2010). Several

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focus group participants expressed concern regarding the quality of SBTEs. One participant

stated, "Every practicing teacher isn't dispositionally ready to be a strong mentor of a preservice

teacher." Another participant lamented the lack of training for PK-12 teachers who mentor

teacher candidates, stating:

> The task of mentoring and coaching someone is something some of us have spent our entire [doctoral] programs learning to do. I just didn't grow up one day and know how to do this. I've worked really hard to learn the skills of helping to support teacher candidate development. That's a completely different skillset than I used as a classroom teacher. And where do people learn that? Where do people learn how to be good, university or school-based teacher educators? And that is a whole piece that I think we pay so little attention to.

Another participant expressed concern about the lack of relevant, current experience on

the part of the university educators who are often hired to provide field supervision for teacher

candidates. The participant said:

> We hire people who are either retired or adjuncts to go out and do [the supervision of teacher candidates]. Not our tenured, expert faculty; they just teach full-time. So there's that disconnect . . . some of them have 30 to 40 years experience, but they haven't been in the classroom in a long, long time.

Securing sufficient quality field placements for teacher candidates to engage in clinical

experiences was also a topic of discussion among the focus group participants. They expressed

the challenge of attempting to be selective in the placement process to find the best mentor

teachers to meet the individual needs of teacher candidates while at the same time needing to

find placements for all the candidates, sometimes with less than quality mentors. Other

participants discussed the impact of legislative policies (i.e., increased standardized testing and

teacher evaluation tied to student performance) on teachers' willingness to support and mentor

teacher candidates due to the fear of lowered student test scores due to a novice teacher in their

classroom that could result in a negative evaluation and a deleterious effect on their tenure status.

One participant, a field experience coordinator, stated:

There's been such a climative change in the last five years with standards and all of the national pieces that have been coming down, that we often find it difficult to have people volunteer to host teachers. They're not feeling comfortable . . . and so it's part of the partnership to work with them to help them understand that it's a learning process for everybody, and it's going to go through cycles, and it's okay.

Barriers Within Clinical Partnerships

Once established a clinical partnership is sustained and expanded only through a significant investment of time and energy on the part of all stakeholders. Like any partnership in the public or private sector, expectations and common understandings must be revisited on a regular basis. External and internal changes in personnel, finances, and resources can impact the partnership's ability to sustain and grow. Mechanisms must be in place to ensure that the partnership's vision is shared among all stakeholders who are engaged in self-evaluation and reflective practices. The American Association for Colleges of Teacher Education's (AACTE) CPC confirmed:,

It takes hard work to establish a clinical partnership, and equally hard work to sustain one. Existing relationships need to be nurtured, and roles clarified as new members are added. Communication channels may need to expand as the partnership grows to include a wider array of stakeholders. Resources and goals may need to be revisited in light of changing policy contexts. Data will need to be collected and analyzed to inform continuous improvement. Without continued investment, partnerships cannot deepen and grow. (AACTE, 2016, p. 42)

Focus group participants described a variety of barriers that occur when even one of the partnership cornerstones of communication, collaboration and relationship-building, among stakeholders is neglected. The theme of barriers within clinical partnerships was referenced 24 times by the three focus groups and was further divided into five sub-codes: *lack of shared understanding, lack of shared values, lack of curriculum alignment, leadership barriers,* and *communication barriers*.

Lack of shared understanding. The lack of clarity around models of teacher preparation can lead to a lack of shared understanding among stakeholders about the

characteristics of a true clinical partnership. One focus group participant stated, "I think that one

of the barriers is that lack of cohesion of what a good clinical model is. I think there's massive

interpretations to that." A teacher preparation program with embedded field experiences does

not automatically indicate that a clinical partnership has been realized. A clinical relationship

between a teacher preparation program and PK-12 schools that provide placement opportunities

for teacher candidates is often the starting point for the development of a true partnership that is

defined by "co-constructed, mutually beneficial arrangements," "mutually agreeable expectations

for teacher candidates," and "shared accountability for candidate outcomes" (CAEP, 2013, p.

14). Failure to understand and implement these expectations with fidelity can impede the

complete operationalization of a clinical partnership. As one participant stated, "If you don't take

the time to build the relationship and figure those pieces out first, then it becomes a huge barrier

to really getting to higher levels and deeper levels of a partnership."

      Lack of shared values. Successful, sustainable clinical partnerships are built upon a

foundation of shared values and common goals that are co-constructed by and mutually

beneficial to all stakeholders. One focus group participant described this mutual beneficence by

saying:

> There is a potentially productive space if all the interests can align . . . . If you have a
> researcher who's interested, [for example], in develop[ing] professional development
> modules on a long, ongoing, deep relationship sort of way to get that delivered, then the
> researcher's getting what he or she needs, the school's getting something that matters to
> them, and the relationship can really deepen from that, but it takes a long time to grope
> your way toward, "Where is the intersection for us in terms of skill sets and interest and
> needs?"

      A lack of shared goals and values creates a barrier to the integrity of a partnership. One

participant stated, "When the goals are not mutual, then it's not going to work for everybody, and

the point is that it needs to work for everybody." Another participant warned that the lack of

alignment in the value system between the PK-12 and university environment "can impede the ability to find that sort of center of the Venn diagram that we're talking about here."

Lack of curricular alignment. CAEP's definition of a clinical partnership requires coherence between the theoretical and clinical components of teacher preparation; however, participants noted a frequent lack of curricular alignment among PK-12 and university classrooms, among university instructors in different academic units, and even among different instructors within a school of education. One participant stated:

> The disconnect between the accreditation person, the clinical person, and the faculty who are teaching the content and pedagogy could also be a barrier if they're not aligned or on the same page, which can create situations for the students.

This lack of curricular alignment was seen as having a detrimental impact of the success of teacher candidates and the health of the clinical partnership. "On-going professional development that works together . . . so we're all on the same page" was suggested by a participant, as a way to provide more curricular coherence among the courses and the clinical educators.

Leadership barriers. Collaboration between a PK-12 school system and a teacher preparation program relies heavily on the relationship of the leaders in those systems, namely school superintendents, school principals, directors of educator preparation programs, and deans of schools of education. Administrative leaders must understand the value of clinical partnership and be committed to supporting its tenets. Focus group participants expressed concern that often those in leadership positions were not committed to supporting and defending the vision of a clinical partnership. One participant, an assistant professor of elementary education, stated:

> I think the big [barrier] is getting administration to understand the nature of PDS work in terms of things like load, and time, and getting recognition, and honoring that work both from a teaching perspective and a university faculty member perspective. I think it's a huge barrier.

Another participant added, "We need leaders who get what this work should look like. CAEP standards aren't enough."

The high turnover rates among school and university leaders whose roles are critical to successful clinical partnerships were identified as another barrier. The average tenure of a school superintendent in 2014 was between 3 and 4 years (Chingos, Whitehurst, & Lindquist, 2014; Will, 2014). Available data on school principal retention rates suggested that approximately 50% of new principals remain in the same position after five years (Viadero, 2009). University deans in North America averaged five years in the same job (Bradshaw, 2015). This ever-changing leadership landscape presents a particular challenge to the relationship-driven nature of a clinical partnership. Coburn, Penuel, and Geil (2013) discussed the difficulties partnerships face when leadership changes, citing the need to form new relationships and rebuilt trust while maintaining focus on partnership work. Participants described the challenges of sustaining a partnership in spite of changes in key leadership positions. Expressing concern about partnerships built more on people rather than a sustainable structure, one participant said:

> [One barrier is] the whole sustainability piece when you have key personalities who are really leading this relationship move, be promoted, changed or, you know, turnover. Often times the structure is not there to keep going. It's like starting over every time you get a new dean or new clinical person.

Participants also communicated a frustration with district versus university leadership priorities that can impact the ability to implement innovations and policy changes in a timely fashion. This tension stems in part from the challenge to bridge the "different cultural worlds of researchers and practitioners" (Coburn et al., 2013, p. 14). Tasked with the responsibility of meeting current students' needs, district leaders demand implementation of immediate solutions;

where, research driven by university leaders moves more slowly. One PK-12 superintendent explained:

> We want to get the program started now or within the school year, or at the start of the next school year; not do a feasibility study. And, when you have people that say, "Well, it went up and it's sitting at the vice chancellor's desk," it's tough.

Communication Barriers. Central to a successful partnership is the commitment to mutualism, or "sustained interaction" (Coburn et al., 2013, p. 3) that creates mutual benefits for all stakeholders. To assure a mutually beneficial relationship, all partners must have an equal voice. Focus group participants identified a lack of communication as a barrier within a partnership. One participant stated, "I think the lack of communication, or consistent communication within the partnership, can be a barrier just because needs change, elements change." Associated with communication as a barrier, another participant expressed concern that not all voices in the profession carried the same weight due to perceived status or hierarchy. The participant asserted:

> That is a key point of impediment in communicating across the profession, when a member of the profession has to wonder, "Is this a real role, or am I the token teacher?" [We must assure] that every voice is an active actor, has key responsibilities, and doesn't question their role in the work that's being done.

While potentially time-consuming, consistent, open communication among stakeholders whose voices are equally respected and valued is essential to maintain meaningful, successful partnerships.

Discussion

The researchers identified five overarching themes (i.e., complexity of teacher education, policy barriers, logistical barriers, barriers within clinical partnerships, and barriers as impetus for renewal and improvement) that subsumed the variety of complex and interconnected barriers impacting clinical partnerships and practice as described by the focus group participants. While

challenging to unpack, due to the inherent complexities in a partnership spanning university and

public school systems and impacted by local, state and national policies, accreditation standards

and legislation, ultimately these barriers fell into two categories: internal and external.

Internal Barriers

The themes logistical barriers and barriers within clinical partnerships reflected internal

barriers, and in other words, impediments to creating new partnerships and maintaining existing

clinical partnerships. Focus group participants reported concerns with the quality of teacher

candidates, as well as UBTEs and SBTEs, a lack of shared vision, values, and understanding

among stakeholders, including those in leadership positions, a need for better curricular

alignment, and breakdowns in communication among stakeholders. It is interesting to note that

many of the barriers identified by the focus group participants reflected gaps between a particular

partnership's actual implementation and the ideal clinical partnership as described by CAEP

Standard 2. When viewed as an aspirational blueprint for effective clinical partnerships and

quality clinical practice implemented with fidelity, CAEP accreditation standards can help

stakeholders overcome many of the barriers they identified. In accordance with CAEP Standard

2.1, a partnership is co-constructed by its stakeholders to be mutually beneficial to its

stakeholders and ensures "effective partnerships and high quality clinical practice are central to

preparation" (CAEP, 2013, p.14). Making sure that all stakeholders' voices are represented

equitably in the co-construction of the partnership, and that the vision of all stakeholders aligns

with the tenets of effective partnerships as described by CAEP, the partnership can help

overcome barriers such as a lack of shared vision, values, and understandings. Standard 2.1

requires partnerships to:

> 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. (CAEP, 2013, p.14)

A partnership implemented in accordance with these descriptors reduces concerns about candidate quality because the stakeholders have mutually agreed upon expectations and shared accountability for teacher candidates. The barrier, lack of curricular alignment, is also addressed through Standard 2.1 and expectation that theory and practice are intentionally linked through a curricular coherence between the clinical and academic components of the partnership.

Standard 2.2 addresses expectations for quality clinical educators (UBTEs and SBTEs) stating, "Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators, both provider- and school-based" (CAEP, 2013, p.14). This is likely the most challenging aspect of effective clinical partnerships because historically there has been little preparation specific to the supervision and mentoring of teacher candidates, little compensation, financial or otherwise for clinical educators, and little value placed on their critical role in preparing teachers. Often supervisors of teacher candidates and other UBTEs have been selected based on convenience and availability, rather than the pedagogical skills and content knowledge necessary to effectively coach and develop new teachers within the context of the PK-12 system. Likewise, SBTEs, including mentor teachers with whom teacher candidates work closely during their clinical experiences, have received little to no pedagogical training on effective coaching, receive nominal, if any compensation, are often selected out of necessity to place a teacher candidate rather than their ability to influence candidate growth, and are rarely evaluated. Steps need to be taken to actively address these gaps. The AACTE (2016) suggested:

> [UBTEs and SBTEs] must understand the school and university curriculum as well as possess a supervision pedagogy that strengthens candidate learning in the field. When clinical experiences become central to candidate preparation, supervision will require universities and their school partners to rethink how supervision is resourced as well as how supervision is recognized as an important form of teaching. (p. 41)

Effective collaboration, open, structured, and regular communication, and healthy

professional relationships among all stakeholders are paramount to overcoming the barriers

inherent in a complex, boundary-spanning system and realizing the full benefits of a clinical

partnership as envisioned by CAEP Standard 2.

External Barriers

The themes complexity of teacher education and policy barriers reflected external

barriers, described by focus group participants as beyond the sphere of influence held by

partnership stakeholders, and therefore, more daunting to address and overcome. Focus group

participants reported grave concerns about the design of teacher preparation programs that create

financial barriers for teacher candidates and barriers to adequate compensation of SBTEs and

UBTEs. Participants also identified outdated university tenure and promotion policies that

disincentivize UBTEs from fully investing in a clinical partnership, as well as a lack of

commitment from districts, universities, and state policy makers to fund a clinical partnership.

These barriers are deeply ingrained in policy at the district, university, state, and national levels

and will require stakeholders in clinical partnerships across many districts, universities, state and

national agencies to come together to create a groundswell of collective influence. Relying on

haphazardous attempts to renew the education profession with a cacophony of contradictory

messages can no longer be relied upon to assert the level of influence needed for change. A

common language is necessary to forge common understandings about clinical partnerships

across multiple settings. Armed with unified lexicon, the stakeholders in the education

profession will be able to assert the value of clinical practice to teacher preparation and

overcome barriers imposed from outside the profession. "A unified professional structure with a

shared understanding of clinical practice" (AACTE, 2016, p. 4) will provide the framework to overcome many external barriers impacting the realization of clinical partnerships.

Conclusion: Barriers as Impetus for Renewal and Change

A clinical partnership as defined by CAEP Standard 2 represents what Wenger (2011) described as a community of practice composed of "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (p. 1). As stakeholders in a clinical partnership work collaboratively to improve the education profession, it is natural that barriers emerge and existing structures and policies need to be revisited and renegotiated. One focus group participant described the identified barriers as an impetus for improvement:

> We need to see those barriers as opportunities for growth and change. Actually having the courageous conversations that we tend to shirk or shrink away from because we're afraid that it might upset the partnership itself or the experiences that our faculty and our students are having in both settings, and yet sometimes those barriers can force us to become a little bit more creative in how we think about clinical partnership because the concept in and of itself also needs its boundaries to be pushed a little bit more.

This iterative and dynamic process of evaluation, reflection, and adjustment can only take place in a community where the norms of communication, collaboration, and relationship-building have been established, and where courageous and bold actions are celebrated. As referenced in the review of literature in this manuscript, professional capital with an investment in collaboration has a fundamental connection to transforming teaching. Fullan and Hargreaves (2012) reiterated the importance of collaboration:

> Teachers and teacher leaders, along with system leaders who want to build an effective and highly charged profession, need to seize this crucial moment, confront the core problems, present and develop clear alternatives, and turn those alternatives into an energizing reality. (p. xv)

What the education professions needs is a committed effort from all educational stakeholders to implement professional capital across the system to break down the walls of isolation, and renew

teaching into a more collaborative and collegial profession that spans PK-12 schools, universities that prepare teacher candidates, and local, state, and federal policy makers. Professional capital is a collective and transparent responsibility "one in which governments and teacher unions or federations must set aside their differences and start to lead the way together" (p. xiv-xv).

The renewal of teacher preparation and the collective work it will take to get there rests in the hands of each key stakeholder within teacher preparation working together in shared accountability. The researchers of this manuscript posit that if professional capital were at the forefront of all involved in teacher preparation, then it would allow educator stakeholders space to work toward a common mission, improve practice, increase student achievement, and move toward PK-20 educational renewal. The power of professional capital is about collective responsibility, not individual autonomy (Fullan & Hargreaves, 2012), and leveraging that collective potential has the likelihood to strengthen the profession of teaching by placing clinical practice at the center of teacher preparation where it needs to be.

Nine years ago, The Blue Ribbon Panel Report (NCATE, 2010) set forth a comprehensive series of recommendations that would lead to necessary changes in policy, practice, and the culture and norms of preparation programs and school districts. One of the recommendations suggested the moral imperative to "remove barriers to preparation program/district collaboration and provide incentives for meeting district needs" (NCATE, 2010, p. 22). The report was a call to action to all education stakeholders, yet the collaborations between PK-12 schools, universities that prepare teacher candidates, and state/federal policy makers continue to be stifled with barriers that prevent the renewal of the education profession. What could happen when school-based educators, university-based educators, community entities, and policy makers collaborated with each other in consistent ways, focused on the

benefits of professional capital, and worked together in the renewal of teacher preparation?

Perhaps barriers could then become the impetus for a renewed education profession, where all

share in the accountability, and renewal of the future of education.

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CHAPTER 5: CONCLUSION

The chapters preceding this section presented three articles that stemmed from two separate studies conducted by two researchers. The articles residing in this particular dissertation only represent half of the total written work. Another researcher engaged in the collective research work ranging from initial ideas of research possibilities, to data analysis, and finally co-writing. Reference Roth's (2017) dissertation titled *Clinical partnerships in action: Renewal and innovation in educator preparation* to gain clarity in the scope of the collaborative work, and to reference three separate manuscripts not part of this dissertation that were created from the two studies mentioned earlier.

This concluding chapter will focus on discussing four overarching ideas from each individual manuscript. The overarching ideas will include: (a) national accreditation, (b) clinical practice, (c) clinical partnerships, and, (d) barriers as impetus for change. Additionally, suggestions for future research will be described based on the overarching ideas. A question will be asked at the end of each overarching idea section below and will be used to suggest future research opportunities.

Key Findings

National Accreditation Standards can be a Catalyst for Change

Chapter 2 of this dissertation focused on providing a historical context between national accreditation standards, and the current state of educator preparation. The intersection of standards and educator preparation is a pertinent topic for stakeholders engaged in the preparation of teacher candidates, and "It is now widely agreed that teachers are among the most, if not the most, significant factors in children's learning and the linchpins in educational reforms of all kinds" (American Educational Research Association [AERA], 2009, p. 1). Any educator,

or educator stakeholder, will agree on the importance of teachers and teacher quality; however, there has been much discourse and disagreement as to the most effective ways to recruit, train, and retain these critical professionals (AERA, 2009). Professional accreditation standards embody the consensus of the field on what is important in teacher preparation today, and standards are supported by more than half of the 1,300 educator preparation programs (EPP) in the U.S looking to national accreditation standards as one way to provide evidence of the rigor and quality of their programs (Hasbun & Rudolph, 2016). Educator accreditation is a seal of approval that assures quality in educator preparation. Accreditation makes sure that educator programs prepare new teachers to know their subjects, their students, and have the clinical training that allows them to enter the classroom ready to teach effectively (Council for the Accreditation of Educator Preparation [CAEP], 2015). However, according to Levine (2006), a major concern exists because accreditation and the standards therein do not guarantee program quality. After controlling for teacher longevity, Levine (2006) found results indicated no statistically significant difference in student achievement, regardless if teachers graduated from an accredited institution. What, then, is missing in accreditation processes, including the standards that drive the accreditation review, that could help EPPs guarantee program quality and teacher effectiveness?

Clinical Practice is the Call to Action

Chapter 3 of this dissertation was the result of a study that brought together three groups of EPP stakeholders: UBTEs, SBTEs, and teacher candidates. Focus groups were conducted and participants were asked to describe what they believe a clinical partnership in educator preparation is, and the benefits as a result of clinical partnerships. These questions were derived from a new CAEP standard. CAEP Standard 2: Clinical Partnerships and Practice is a standard that needs evidence of effectiveness from preparation programs seeking national accreditation.

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Teaching is a profession of practice, and teacher education must focus on preparing expert practitioners who know their students, their subject-area content, and pedagogy in much the way that a family doctor must master the knowledge base of medicine as well as be able to understand patients and their symptoms to deliver a course of treatment that can achieve the best possible outcome. Effective practitioners learn these abilities through professional study and by mastering their profession's knowledge base, skills, and dispositions of practice. The Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning (2010) proclaimed:

> Mastery and fluency [of teaching] comes, in large part, through robust opportunities to develop as practitioners via expertly mentored experiences in the field and through pedagogically designed approximations of practices such as case studies and simulations that allow candidates to study and observe practice and test their skills in controlled situations. (p. 27)

Clinical practice in teacher education will give aspiring teachers the opportunity to integrate theory with practice, to develop and test classroom management and pedagogical skills, to specify their use of evidence in making professional decisions about practice, and to understand and integrate standards. Working as a partnership, UBTEs and SBTEs can leverage clinical practice can help aspiring candidates respond to the challenge of teaching with integrity in the face of increasingly high standards. The portion of preparation that is practiced and demonstrated in real schools with real students helps ensure that candidates will be ready for the students with whom they will work and the schools in which they will teach. Transforming teacher education by placing clinical practice and preparation at its center can elevate the preparation of our country's educators. If clinical practice is the gateway to effective teacher preparation, then what specific practices should be specifically taught and practiced in the context of PK-12 schools in EPPs?

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Barriers in Clinical Preparation as Impetus for Change

Chapter 4 in this dissertation highlighted the barriers that members of AACTE's Clinical Practice Commission (CPC) have experienced in their contexts at their universities and PK-12 schools. Several internal and external barriers were described by the CPC members and ranged from resource barriers, to policy barriers, to barriers within the tenure and promotion realm of universities. Preparation requires the intersection and close collaborative work of universities, PK-12 schools, and state and federal agencies. There are many complex and dynamic processes that need to function in unison to make clinical preparation a common practice in educator preparation. Bogenrieder and van Baalen (2007) describe how people, when working simultaneously in different organizational groups, have to "consider the interference between their multiple participations to be able to pursue each one and be accepted in this multiple membership by others in the respective groups" (p. 583). Multiple entities (i.e., universities, PK-12 schools, and state/federal departments) are needed to move the education professional in a positive transformation.

Teacher preparation programs working alone cannot accomplish this transformation. Preparation programs, school districts, teachers and their representatives, and state and federal policymakers need to accept the common goal of preparing effective teachers because improved student success cannot be achieved without everyone's full participation. They must form new strategic partnerships to share in the responsibility of preparing teachers in radically different ways. All teacher preparation programs and districts have to start thinking about teacher preparation as a responsibility they share and work together. Only when preparation programs become deeply engaged with PK-12 schools will clinical preparation become truly robust and be able to support the development of teacher candidates and learn what schools really need.

Conversely, only through much closer cooperation with preparation programs will districts be able to hire new teachers who are better prepared to be effective in their schools. Through clinical partnerships, preparation programs will be able to integrate course work, theory, and pedagogy with practitioner knowledge, and begin to leverage all stakeholder voices in an effort to overcome barriers together. An interesting question to study could be asking what barriers are identified by local stakeholders, and how do they correlate with the findings in this manuscript?

Clinical Partnerships as a Shared Responsibility

This last overarching theme represented was an outcome of each of the articles in this dissertation. Clinical partnerships assume the expectations that everyone involved in the development of teacher candidates must assume responsibility for their successes. This type of approach to teacher training allows for all stakeholders to simultaneous renewal. Goodlad, for a quarter of century, has promoted the simultaneous renewal of teacher preparation, which assumes that when teacher training is embedded in PK-12 schools, everyone receives mutual benefits, which in turn, renews the professional development of all involved. Clark, Foster, and Mantle-Bromley (2006) spoke to this agenda as follows:

> There must be a clear connection between theory and practice. Those who develop theory and those who practice in the field must work closely together. Across a variety of settings and among different kinds of institutions – urban, rural; research-extensive, four-year liberal arts; northeastern, southern and western – we have discovered congruency among boundary–spanning positions in school/university partnership work. (p.22)

This rationale for clinical partnerships contends that initial teacher preparation and continuing teacher education, especially as embedded in the school site and within the instructional day, are the primary drivers of continuing school renewal. Praxis, or the blending of theory and practice, is critical to the renewal of both teacher preparation and the act of schooling. Theory both informs and is derived from practice, and the roles of professors and teachers can often be

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blended in a variety of boundary-spanning positions. Teacher preparation should be more

clinically driven, and not merely a capstone experience separated from academic preparation.

How, then, can universities and the PK-12 schools that help prepare teacher candidates, work

together in more productive ways that will sustain and generate the development of teacher

candidates?

Future Research

The first question posed under the initial overarching theme above asked: What, then, is

missing in accreditation processes, including the standards that drive the accreditation review,

that could help EPPs guarantee program quality and teacher effectiveness? This question was

asked because much of the literature focusing on accreditation and standards talk about the actual

process of going through the accreditation cycle. However, very little has been written about

how the CAEP standards can provide a foundation for the creation of practice-based teacher

education. A study that would interview UBTEs, SBTEs, and teacher candidates to find what

specific teaching practices matter to each stakeholder could be used to correlate findings with

research regarding the use of core practices or high-leverage practices. This type of

documentation could be highlighted during a program's national accreditation cycle in how the

standards were utilized to demonstrate program quality.

Finding the type of teaching practices that both universities and PK-12 schools value also

aligns with the second question posed under the second overarching theme above which asked:

If clinical practice is the gateway to effective teacher preparation, then what specific practices

should be specifically taught and practiced in the context of PK-12 schools in EPPs? The first

step toward identifying core practices in teacher preparation is to gather data from all

stakeholders to see what practices are valued. At that time, it would be valuable to find the

overlaps, as well as the gaps in the core practices identified. Sharing this information with stakeholder groups and gaining their input, or change of perspective after seeing the similarities and difference could be valuable in making sure all voices are heard and recognized. This directly aligns with the belief of shared accountability and simultaneous renewal mentioned throughout the three manuscripts.

The third question posed under the third overarching theme asked: What might be the barriers identified by local stakeholders, and how do they correlate with the findings in this manuscript? This is an interesting question, and one that could reveal a great amount of feedback to stakeholders in the different institutions (i.e., the university or PK-12 schools). Sometimes perspectives in education can be skewed toward a certain belief when the only perspective that is familiar is the perspective of your classroom, school, or university. UBTEs often times spend a majority of their time on the university campus. Likewise, most SBTEs spend a majority of their time at PK-12 sites. An EPP could gain a great deal of information by surveying stakeholders and asking about both benefits and barriers on a consistent basis. The information received from the surveys could allow concrete conversations among stakeholders in efforts to continually improve the program as a whole. Additionally, this information could address the fourth and final question which asked, how can universities, and the PK-12 schools that help prepare teacher candidates, working together in more productive ways that will sustain and generate the development of teacher candidates? When systems of communication and collaboration are routinely practiced, then EPPs will continue to renew and improve the partnerships, and the effort to act as one cohesive entity will generate mutual benefits for all stakeholders.

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