DISSERTATION

CLINICAL PARTNERSHIPS IN ACTION: RENEWAL AND INNOVATION IN EDUCATOR PREPARATION AND RESEARCH

Submitted by

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ABSTRACT

CLINICAL PARTNERSHIPS IN ACTION: RENEWAL AND INNOVATION IN EDUCATOR PREPARATION AND RESEARCH

With the advent of the Council for the Accreditation of Educator Preparation (CAEP) as the sole national accrediting organization for educator preparation programs (EPP) and the subsequent release of the five CAEP standards, an EPP desiring collegiate program accreditation must demonstrate the existence of a clinical partnership that serves the dual purpose of preparing quality teacher candidates and positively impacting the education of PK-12 students. To date, little has been written on the impact of these standards on clinical practice in educator preparation or on how EPPs are operationalizing the CAEP standards. This multi-manuscript, co-written dissertation studied the critical role of partnerships as defined by CAEP in the renewal and innovation of educator preparation and educational research. In two separate qualitative studies, the researchers used focus group methodology to collect clinical partnership stakeholders' descriptions of their understanding of rich clinical practice and the benefits of clinical partnerships as defined by CAEP Standard 2. These descriptions provided the data that were analyzed through a deductive and inductive coding process. It was found that stakeholders described clinical experiences as crucial to teacher candidates' development of knowledge, skills, and professional dispositions, and identified clinical experiences as the space where theory and practice intersect. Findings also showed that stakeholders identified collaboration, mutually beneficial, sustaining and generative, shared accountability, and positive impact as the key

components in a clinical partnership. Additionally, the role of partnerships in collaborative research and co-writing was examined and the researchers provided a rationale for the option of a co-authored dissertation.

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

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DEDICATION

This dissertation is dedicated to the memory of my grandmother, Agnes Geary Jamison, whose wisdom and love of learning has been a lifelong inspiration to me.

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CHAPTER 1: INTRODUCTION

The purpose of this qualitative study was to describe school and university partners' understanding of the current state of clinical practice in educator preparation at both a local and national level. University-based teacher educators (UBTE), school-based teacher educators (SBTE), and teacher candidates described their understanding of clinical partnerships and experiences as well as perceived associated benefits of and barriers to effective clinical practice in a series of focus group interviews. The researchers analyzed transcriptions of multiple focus groups through the lens of the Council for the Accreditation of Educator Preparation (CAEP) accreditation standards for clinical practice (Council for the Accreditation of Educator Preparation [CAEP], 2013). For the manuscripts presented in this dissertation, the researchers sought to answer the following research questions:

1. How do UBTEs, SBTEs, and teacher candidates describe the clinical experiences embedded in Colorado State University's Professional Development School (PDS) educator preparation program (EPP)?
2. How do the clinical experiences described by UBTEs, SBTEs, and teacher candidates align with the CAEP's accreditation Standard 2.3: Clinical Experiences?
3. How do key stakeholders in EPPs describe their understanding of and benefits related to clinical partnerships and experiences?
4. How do the stakeholders' descriptions of CAEP Standard 2: Clinical Partnerships and Practice align with current literature on clinical practice?

Beyond answering these four questions, the researchers, who engaged in collaborative research and co-authored two of the three manuscripts presented in this dissertation, described in

Chapter 4 the challenges inherent in the current dissertation options available to doctoral candidates and, based on a review of relevant literature and their personal experience with collaborative writing, presented their rationale for the option of a co-authored dissertation.

Dissertation Format

This dissertation is organized as a series of submission-ready manuscripts. Chapter one functions as an introduction to the study and provides an overview of the content of the subsequent manuscripts. Chapter two explores clinical practice, specifically clinical experiences embedded in one university's long-standing PDS. Chapter three, co-authored with Derek Decker, provides a national perspective on clinical practice as described by 21 UBTEs who represent nearly 20 EPPs across the United States. Chapter four, also co-authored with Decker, explores the process of dissertation writing with a specific focus on collaborative writing and co-authoring. Finally, Chapter five summarizes the results of the focus group analysis, discusses the implications of the study's findings, and makes recommendations for future research in clinical partnerships and experiences as well as the future of collaborative writing in the academy. Because of the collaborative method by which these manuscripts were researched and authored, complementary manuscripts to those presented in this dissertation are located in the dissertation titled *Acting as One: Voices in the Renewal of Clinical Partnerships in Educator Preparation and Research* (Decker, 2017).

Researcher's Perspective

My career in education began in 1985, with an emergency license to teach French at a middle school and high school in a public district in rural, south central Pennsylvania. Fresh out of college and without any teaching preparation, I learned the basics of pedagogy through trial and error and would not have continued in the profession were it not for the mentorship of

tremendous colleagues and inspiring students who instilled a deep-rooted passion for the power of public education in me. Since that inauspicious beginning, I have been privileged to teach in multiple states and abroad, in middle schools, high schools, community colleges, and universities. Upon completion of a master's in education, I moved out of the classroom and into administration, working as a dean of students and then assistant principal at a large, comprehensive high school. My work is still all about teaching and learning. Whether evaluating a teacher, disciplining a student, preparing professional development, or instructing teacher candidates, treating people with respect and dignity and working in partnership with all stakeholders remain the guideposts by which I engage in my profession.

Partnerships took on an enhanced meaning when I was asked to serve as the co-instructor for a teacher preparation course held on-site at the high school where I work. This opportunity allowed me the chance to co-teach with a university instructor and gave me an insider's view into power of a PDS to prepare quality teachers. The recurring theme of partnerships has also been a part of my doctoral education experience when, through a series of unique circumstances, my colleague, Decker and I began a collaborative research project that would eventually transform into a co-written, multiple manuscript dissertation. Decker and I were members of the first cohort of doctoral students to participate in CSU's Ph.D. program in Educational Leadership and were invited by our advisor to research the operationalization of CAEP accreditation standards for clinical practice in educator preparation. Our partnership involved collaborative research, collective data analysis, and extensive co-authoring with the goal of presenting a single co-authored dissertation. Sadly, two months prior to our anticipated dissertation defense date, the school of education and the graduate school mandated that we split our work into two separate dissertations.

Nonetheless, our experience in public education and our respective roles associated with clinical practice and partnerships has provided the foundation for both researchers, individually and collectively, to describe clinical practice at both the local and national level. Our "boundary-spanning, border-crossing positions" (Ikpeze, Broikou, Hildenbrand, & Gladstone-Brown, 2012, p. 276) at PK-12 sites and in university classrooms break down the traditional silos in teacher preparation and support a vibrant partnership between the local university and school districts. Both researchers have instructed university courses at school sites and on campus. We place, observe, and evaluate teacher candidates. We serve on state and national accreditation committees. Through effective communication and collaboration, we sustain important relationships with key stakeholders including school-based and university-based educators and administrators.

At the national level, I have served as a CAEP commissioner. Both researchers have presented at numerous national conferences on partnerships in educator preparation and are members of AACTE's Clinical Practice Commission (CPC) whose goal is to codify clinical practice for accredited teacher preparation programs. The breadth and depth of these research and practical experiences has guided the researchers' passion and commitment to better understand and implement effective clinical practice partnerships.

Definitions of Key Terms

For the purposes of this study, several key terms are used to describe the stakeholders associated with clinical practice in teacher preparation. Because of the variability of terms used and the lack of a unified lexicon, the terms, definitions in the context of this study, and synonyms used in the field of education are provided. The researchers assert that the consistent and

widespread use of these terms could allow for better communication among educators and help to standardize the lexicon for the profession of education and will, therefore, consistently use the following terms within the context of this dissertation.

Table 1.1
Key Terms with Definitions and Synonymous Terms

Term	Definition	Synonymous Terms
Education preparation program (EPP)	University-based program to prepare teacher candidates for the profession of education	-teacher preparation program
School-based teacher educator (SBTE)	Educator who works primarily with teacher candidates in a school or school district setting	-university/school-based liaison -school/site facilitator/coordinator -cooperating/mentor/collaborating teacher -district/teacher/school liaison
Teacher candidate	Student admitted to an educator preparation program	-fieldwork student -practicum student -teacher intern -student teacher
University-based teacher educator (UBTE)	Educator who works primarily with teacher candidates in a college or university setting	-university professor/faculty member -clinical faculty member/clinical educator -university/clinical supervisor/coach -university liaison/facilitator/coordinator

Note. Adapted from *A Pivot toward clinical practice, its lexicon, and the renewal of the profession of teaching* (American Association of Colleges for Teacher Education [AACTE], 2017).

Research Context

The manuscripts presented in this dissertation endeavor to describe clinical practice and its associated benefits and barriers from the perspective of an individual EPP at one university and a broad national perspective gathered from educators at universities across the United States.

The focus groups whose transcriptions provided the data analyzed for Chapter 2 represented school and university partners in CSU's PDS educator preparation program and included university supervisors, professors and directors, school-based teachers, and teacher candidates. The Center for Educator Preparation at Colorado State University maintains a mature PDS with a history of producing quality educators for more than two decades. PDS represent one model of clinical practice that brings together PK-12 and university partners in collaborative theory-to-practice educational experiences to improve the quality of teacher preparation and positively impact PK-12 student achievement (Boyd, Grossman, Lankford, Loeb, & Wyckoff, 2009; Castle, Fox, & Souder, 2006; Goodlad, 1990; 1994; Sandholtz & Wasserman, 2001). As doctoral students in CSU's School of Education as well as active participants in the school and university PDS partnership, the researchers were able to leverage their relationships with stakeholders to encourage participation in the focus groups.

The focus groups whose transcriptions provided the data analyzed for Chapter 3 were comprised of 21 university-based teacher educators with a strong background in and commitment to clinical practice and represented diverse EPPs across the United States. The national focus group participants are members of the CPC, sponsored by the AACTE, responsible for drafting and publishing a white paper designed to operationalize clinical practice as the essential component of teacher preparation. Because the researchers of this study are also members of the CPC, they were in attendance at a CPC writing summit in June, 2016, and were provided the opportunity to bring together these expert voices in a series of focus group interviews.

Significance of the Study

The necessity for teacher candidates to apply theories of education and pedagogy in practical, authentic experiences in PK-12 classrooms has long been recognized as an essential component to quality teacher preparation. From Dewey's "centers of pedagogy" (Dewey, 1906) to Goodlad's call for teacher preparation programs to provide hands-on experiences in exemplary schools (Goodlad, 1990; 1994), researchers have consistently advocated for clinical practice to be central to any educator preparation program (Ball & Forzani, 2009; Boyd et al, 2009; Castle, Fox & Fuhrman, 2009; Castle et al., 2006; Darling-Hammond, 2006; Goodlad, 1990; 1994; Sandholtz & Wasserman, 2001; Shulman, 1987; Zeichner, 2010; Zimpher & Howey, 2013). National Council for Accreditation of Teacher Education's (NCATE) Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning (2010) reinvigorated the call for clinical practice stating "to prepare effective teachers for 21st century classrooms, teacher education . . . must move to programs that are fully grounded in clinical practice and interwoven with academic content and professional courses" (National Council for Accreditation of Teacher Education [NCATE], 2010, p. ii). CAEP calls for higher education providers to design and engage in high quality clinical practice. In fact, CAEP's accreditation process mandates that in order for an EPP to receive national accreditation, it must demonstrate its alignment with the five CAEP standards, including Standard 2: Clinical Practice that outlines specific requirements for the formation of clinical partnerships, the selection of clinical educators, and the design of clinical experiences. Given this context, there is an urgent need to understand, implement, and sustain high quality clinical practice.

Yet currently, little has been written concerning the impact of CAEP standards on clinical practice. The focus group participants in this study represent a unique and collective voice of

university and school-based educators and teacher candidates, who participate in quality clinical partnerships across the United States and are able to articulate the inherent benefits and barriers. By bringing these voices together and analyzing their understandings through the lens of the CAEP standards, the researchers hope to unpack the standards to add to the collective understanding of quality clinical practice as it serves to improve educator quality and student achievement, and provides a means by which renewal of the profession can take place. By bringing together representatives of over twenty EPPs, the researchers created bridges between pockets of excellence to build a community of professional practice in education. In describing quality clinical practice using the language of the CAEP standards and incorporating key terms for clinical educators recommended by AACTE's Clinical Practice Commission, the researchers encourage the use of a unified lexicon for the profession of education. The findings of this study promise to add to the body of knowledge concerning clinical practice, highlight the value of placing clinical practice at the center of educator preparation, and positively impact local and national policy that supports these efforts.

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CHAPTER 2: CLINICAL EXPERIENCES IN ACTION: VOICES FROM AN ACCREDITED PROFESSIONAL DEVELOPMENT SCHOOL

In its report *Preparing Teachers: Building Evidence for Sound Policy* (2010), the National Research Council challenged educator preparation programs in universities across the nation to develop, implement, and improve clinical partnerships and practices to facilitate field and clinical experiences that are instrumental in the development of effective educators. This report concluded that clinical experiences were essential to quality teacher preparation but that limited research did not provide findings to indicate what specific experiences were most likely to result in developing beginning teachers. This study briefly traces the history of the development of clinical practices, specifically the Professional Development School (PDS) model and examines the role of national accreditation in development of clinical practices. Additionally, the study explicates clinical experiences at Colorado State University's (CSU) PDS educator preparation program as understood by the members of the clinical partnership, and analyzes the alignment of current Council for the Accreditation of Educator Preparation (CAEP) standard for clinical partnerships and practice with current model in place at CSU. The findings presented in this study will add to the body of research that supports the critical importance of clinical experiences to the development of quality beginning teachers.

Review of Literature

Improving Teacher Effectiveness Through Quality Educator Preparation

In 1983, *A Nation at Risk: The Imperative for Education Reform* criticized educator preparation programs for establishing low standards for potential candidates and maintaining a curriculum that focused too heavily on methods classes at the expense of coursework in content

areas (National Commission on Excellence in Education, p. 74). Since that time, there has been a strident demand to improve teacher quality. Williams (2000) emphasized "the single most important factor related to student learning is teacher quality. This has particular relevance for our urban and rural areas, where schools . . . are often asked to do more to compensate for the paucity of outside-of-school educational support systems" (p. 57). Cochran-Smith (2006) reported "teacher quality is one of the most, if not the most, significant factor in students' achievement and educational improvement" (p. 106).

To address teacher quality, national reform has focused on how best to improve educator preparation programs. The criticism of educator preparation programs has ranged from "weak accreditation policies and practices, and historic disinterest in teacher preparation on the part of major research universities" (Murray, 1986) to disconnected faculty, lack of training to work with diverse students, low admission standards for students into school of education program, lack of quality control, and lack of agreement about educator preparation curriculum (Levine, 2006). Traditional student teaching, typically a 16-week practicum working in an actual classroom in the final semester of baccalaureate program coursework, has been found to provide inadequate time in the classroom and offer few opportunities to translate theory to practice, resulting in graduates generally feeling ill-prepared to face the challenges of being in their own classroom (Sandholtz & Wasserman, 2001). In response to these deficiencies, many educator preparation programs (EPPs) have been redesigned to incorporate clinical practice through partnerships with local PK-12 school districts.

Educator Preparation and Clinical Partnerships and Practice

Modeled after the clinical experiences of medical students in teaching hospitals, clinical practice in educator preparation involves carefully scaffolded learning to provide teacher

candidates with concrete ways to connect theory to practice. Simulated classroom experiences (e.g., videoed lessons for discussion and role-play) are embedded in university coursework. Similar to medical rotations, instructional rounds provide the opportunity for teacher candidates to engage in supervised observations in actual classrooms followed by group analysis and discussion between the student observers and the teacher education faculty (Zimpher & Howey, 2013). The implementation of clinical partnerships between universities and PK-12 public schools has been widely recommended as a way to create meaningful practice opportunities into teacher preparation programs (Carnegie Forum on Education and the Economy, 1986; Darling-Hammond, 2006; Goodlad, 1990; 1994; Murray, 1986). Clinical experiences permit the blending of content and pedagogy in reiterative and reflective processes as teacher candidates partner with master teachers to engage in hands-on training in both the university and school classroom.

One model of clinical practice that has gained significant traction is the PDS, which is:

> specially structured school in which Educator Preparation Provider (EPP) and P[K]-12 school clinical educators collaborate to (1) provide practicum, field experience, clinical practice, and internship experiences; (2) support and the professional development of the EPP and P[K]-12 school clinical educators; (3) support and enable inquiry directed at the improvement of practice; and (4) support and enhance P[K]-12 student achievement. (Council for the Accreditation of Educator Preparation [CAEP], 2015b)

With more than 600 PDSs implemented in the US during the 1990s (Abdal-Haqq, 1998), these "clinical field sites [allow] school and university partners [to] focus together on improving teacher education and the professional development of practicing teachers as well as increasing student achievement and conducting research" (Castle, Fox, & Souder, 2006, p. 65). The collaborative practices of PDSs create opportunities for teacher candidates, educators, and students to participate in simultaneous renewal, critical theory-to-practice educational experiences that are mutually beneficial to all parties (Goodlad, 1990; 1994).

Research on the Effectiveness of Clinical Practices to Improve Teacher Preparation

Studies comparing teacher candidates trained in programs that emphasize clinical practices such as PDSs to EPPs with the traditional semester-long student teaching experience have demonstrated a variety of advantages and benefits: increased efficacy and confidence, more positive attitudes toward the teaching profession, better preparation for the realities of teaching, deeper knowledge of content, pedagogy, and assessment, lower attrition rates, and better developed team and leadership skills (Sandholtz & Wasserman, 2001). Castle, Fox and Fuhrman (2009) found that those trained in a PDS program versus a traditional program had more positive results regarding emerging beliefs, attitudes, dispositions and skills necessary to be effective educators. In particular, PDS teacher preparation produced "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" (Castle, et al., 2009, p. 78). Boyd, Grossman, Lankford, Loeb, and Wyckoff (2009) suggested that educator preparation centered on the practice of teaching, for example, a strongly supervised student teaching experience or a clinical capstone project, produced more effective first-year teachers than traditionally prepared teachers as measured by their student achievement gains. In a study comparing student achievement in two elementary schools, one with an embedded PDS and one without, Castle, Arends and Rockwood (2008) found that more students in the school with a PDS program moved to mastery level and out of intervention level on state standardized testing than students in the non-PDS school.

Clinical Partnerships and National Accreditation

National teacher organizations, alliances, and accrediting bodies have supported the calls to reform and invigorated EPPs by clearly defining clinical partnerships and by recommending

more uniform and consistent implementation of clinical partnerships and practices. In its report "Reforming Teacher Education: The Critical Clinical Component" (2010), the American Association of Colleges for Teacher Education (AACTE) asserted "the skilled application of theory to benefit a student is developed through learning situated in practice, interacting with real children of various cultural backgrounds and developmental levels, under the guidance of experienced mentors" (p. 6). The National Council for the Accreditation of Teacher Education (NCATE) produced a report, *Transforming Teacher Education through Clinical Practice: A National Strategy to Prepare Effective Teachers* (2010), calling for the overhaul of the teacher education programs in the United States by interweaving academic, pedagogical, and professional content into the clinical practice experiences of teacher candidates.

NCATE and the Teacher Education Accreditation Council (TEAC) consolidated into CAEP in 2013 and became the sole accrediting mechanism for EPPs across the United States. For an EPP to be accredited through CAEP, evidence must be presented for five clearly articulated standards: (a) Content and Pedagogical Knowledge, (b) Clinical Partnerships and Practice, (c) Candidate Quality, Recruitment, and Selectivity, (d) Program Impact, and (e) Provider Quality Assurance and Continuous Improvement (CAEP, 2013).

The CAEP Standard 2: Clinical Partnerships and Practice is divided into three sub-standards: Partnerships for Clinical Preparation, Clinical Educators, and Clinical Experiences (CAEP, 2013). Each sub-standard is described in detail in Table 2.1.

Table 2.1
C*AEP Standard 2: Clinical Partnerships and Practice Descriptions*

	Title	Description
Standard 2.1	Partnerships for Clinical Preparation	Partners co-construct mutually beneficial P-12 arrangements for clinical preparation and share responsibility for candidate preparation. Partners establish mutually agreed upon expectations for candidate entry, preparation and exit; ensure a linking

		of theory and practice; maintain coherence across clinical and academic preparation; share accountability of candidate outcomes.
Standard 2.2	Clinical Educators	Partners co-select, prepare, and evaluate high-quality clinical educators who demonstrate positive impact on candidates' development and P-12 student learning and development. Partners use multiple indicators to establish/refine criteria for selection, professional development, evaluation, improvement, and retention of clinical educators.
Standard 2.3	Clinical Experiences	Provider and partners design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate effectiveness and positive impact on student learning. Experiences have multiple assessments to demonstrate candidates' development of knowledge, skills, and professional dispositions associated with a positive impact on learning and development of P-12 students.

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

CAEP's inclusion of clinical partnerships and practices for a university EPP to receive national accreditation renders the development of this component of teacher preparation programs an urgent priority for universities and colleges.

Description of Colorado State University's PDS

At CSU, the Center for Educator Preparation (CEP) uses a PDS model as a framework for the undergraduate, post-bachelor, and graduate teacher licensure programs. Crafted over two decades of on-going research and collaboration, the effective elements of a PDS, including the preparation of new teachers, development of faculty, improvement of practice and focus on PK-12 student achievement are evident in the structure of CSU's program ("Professional development schools and partnerships," 2015). The CSU CEP maintains strong partnerships with thirty elementary, middle, and high schools in three area public school districts by implementing a PDS model with upwards of 600 teacher candidates. Engaging in clinical

experiences in public schools each semester, these teacher candidates are supported by approximately 100 local school-based educators who serve in variety of partnership roles as mentors, cooperating teachers and site instructors, and approximately 25 university-based educators who are involved in the clinical instruction of teacher candidates.

The undergraduate teacher licensure program is structured into four semester-long phases. Each phase includes one or two courses that embed clinical experience ranging from eight hours (in Phase 1) to a fifteen-week, full-time student teaching practicum (in Phase 4) on-site at a middle or high school in one of the three surrounding districts. In total, teacher candidates complete the teacher preparation program with 800 hours of clinical experience ("Model of the teacher licensure program," 2012). Table 2 illustrates the coursework and field work associated with the four phases of the PDS Educator Licensure Program at CSU.

Table 2.2
Courses in Phases of PDS Educator Licensure Program at Colorado State University

Phase I	Phase II	Phase III	Phase IV
"Schooling in the United State" (field experience in PK-12 school)	"Instruction I: Individualization, Management" (taught on-site at public middle school; includes classroom field experience)	"Instruction II: Standards, Assessment" (taught on-site at public high school; includes classroom field experience)	"Student Teaching" (15-16 weeks of full-time field experience on-site in school setting)
"Literacy and the Learner" (field experience in PK-12 school)	"Practicum: Instruction I" (field experiences aligned with Instruction I)	"Practicum: Instruction II" (field experiences aligned with Instruction II)	

Note. Adapted from "Model of the teacher licensure program" (2012).

CSU was awarded national accreditation from TEAC in 2009. In July 2013, TEAC consolidated with NCATE to form CAEP, the sole national accrediting body in the United States. In January 2015, CSU underwent the accreditation process through CAEP; however,

TEAC standards were still applied. Looking forward, CSU will need to meet the CAEP standards that were fully implemented in 2016 for the next accreditation cycle. For this reason, it is imperative to understand how CSU's current clinical partnerships and practices align with the CAEP standards delineated in Table 2.1.

Current Study

As illustrated in Table 2.1, CAEP's Standard 2: Clinical Partnerships and Practice has into three sub-sections: Partnerships for Clinical Practice, Clinical Educators, and Clinical Experiences. Given the scope of Standard 2 and time constraints for data collection and analysis, the researchers chose to focus on Standard 2.1: Clinical Partnerships and Standard 2.3: Clinical Experiences.

The purpose of this study was to describe the clinical partnerships and clinical experiences embedded in CSU's EPP as perceived and understood by the three key stakeholder groups, CEP faculty, school-based educators, and teacher candidates through the lens of the CAEP accreditation standards for Clinical Partnerships and Practice (CAEP, 2013). This research was approved by the Institutional Review Board of Colorado State University.

Methods

The design of this research is a descriptive case study. The case was defined as the system of CSU's PDS and the interaction of its key stakeholders, the university-based educators, the school-based educators in the partnership schools, and the teacher candidates. This case was selected because of its intrinsic interest to the researchers as they sought to understand and describe the experiences of the key stakeholders in the PDS program. Additionally, the researchers had access to program participants because of their respective roles as a CSU instructor and high school partner site administrator.

Participants

Participants were recruited from the key stakeholder groups in the CSU PDS partnership: university-based CEP teacher educators (UBTEs), school-based teacher educators (SBTEs) at one local high school who had hosted PDS teacher candidates, and teacher candidates in their final 16-week clinical experience. The researchers decided on the focus group method for data collection because of its inherent advantages that include efficiency to obtain data from multiple participants; the socially oriented environment that increases a sense of belonging and safety to disclose information; and, the spontaneous nature of group conversation that allows participants to build upon responses of others (Onwuegbuzie, Dickinson, Leech & Zoran, 2009). The focus groups were purposively selected to yield data that would illuminate the key stakeholders' understandings of clinical practices at CSU. Focus groups were self-contained (Morgan, 1997) and served as the source of qualitative data for analysis. Three separate one hour sessions were scheduled for each focus group. The researchers conducted the focus group for CEP faculty on campus and the focus groups for the SBTEs and teacher candidates in a conference room at a local high school. All three focus groups were conducted at the end of November, 2014 allowing for the teacher candidates to reflect upon and speak about their entire clinical experiences from Phase I through nearly the end of Phase IV. Both researchers co-facilitated the focus groups in which 12 CSU faculty, eight school-based educators, and eight teacher candidates participated. Participants were offered food for their time.

Procedures

Prior to the sessions, each participant signed an informed consent form. The researchers co-facilitated each focus group. The researchers provided participants with a copy of the interview guide prior to beginning the focus group. An overview of the CAEP Standard 2:

Clinical Partnerships and Practice 2.1: Partnerships for Clinical Preparation and three open-ended questions were printed on one side of the focus group guide. The CAEP Clinical Partnerships and Practice 2.3: Clinical Experiences and three open-ended questions were on the other side of the guide. Participants were asked to read the overviews and ask clarifying questions of the researchers. The participants were prompted to respond to the three questions focusing specifically on clinical partnerships for 30 minutes and then respond to the same questions focusing on clinical experiences for the next 30 minutes. The dialogue during the focus group interviews was audio recorded with Microsoft Lifecam software. The audio recordings were submitted to a transcription service that provided verbatim transcription of 20-25 pages per focus group.

Research Questions

The following research questions guided the analysis of the interview data:

1. How do UBTEs, SBTEs, and teacher candidates describe the clinical experiences embedded in CSU's PDS model of educator preparation?
2. How do the descriptions of CSU's clinical experiences by UBTEs, SBTEs, and teacher candidates align with Clinical Experiences as defined by CAEP's Standard 2.3?

Data Analysis

Each researcher individually reviewed the transcriptions from each focus group to determine which portions corresponded to clinical partnerships and clinical experiences and to identify broad themes that emerged. The researchers then met to compare, discuss, and refine the individually identified themes. Although overlap exists between the components of clinical partnerships and clinical experiences, the researchers' strived to separate the two concepts by determining whether the data supported clinical partnerships or clinical experiences to better

analyze the data through the lens of CAEP's Standard 2.1 and 2.3. It should be noted that at this point, the author of this article analyzed data associated with clinical experiences and it is this analysis that is presented in this paper.

Following the initial reading and subsequent discussion about the transcripts, the researcher entered the transcriptions for Clinical Experiences into the QSR NVivo data management program and a comprehensive data-coding process was undertaken. A hybrid method of deductive and inductive content analysis was employed. An unconstrained categorization matrix (Elo & Kyngäs, 2008) of *a priori* codes that reflected the components of a clinical experience as defined by CAEP Standard 2.3 was created in advance of any analysis of data. These codes were used to create nodes. The a priori codes were: *performance-based assessment, sufficient depth, breadth and duration of experience, diversity of experience, positive impact on PK-12 students, development of skills and knowledge*, and *development of professional dispositions*. Following the principles of inductive content analysis (Elo & Kyngäs, 2008), emerging themes that clarified or elaborated upon the a priori codes were added as child nodes. For example, within the code development of knowledge and skills, six more specific themes emerged and were coded: *classroom and school routines, classroom management, differentiation, district expectations, lesson planning and enacting lessons*, and *developing teacher identity*. Open coding was used for emerging themes that did not fit the pre-existing categorization matrix; new nodes were added. For example, a node labeled, *praxis,* with three associated child nodes, *hands-on practice, realistic expectations,* and *reflective practice,* was incorporated as the analysis of the focus group data progressed.

Although presented as a linear, step-by-step procedure, the analysis was an iterative and reflexive process. After the transcripts for the three focus groups were coded, the researcher

printed, read through all the data for each node, and wrote notes in the margins. In some instances, new categories and sub-categories were generated and the data re-organized to reflect a deeper understanding on the part of the researcher.

Findings

Upon completion of the coding process, the researcher identified seven main themes, six of which were a priori themes that aligned with essential components of the CAEP Standard 2.3: assessments, depth, breadth, and duration, diversity, impact on P-12 students, professional dispositions, and knowledge and skills. One emerging theme identified through the coding process was praxis. Of the seven themes, four main themes (depth, breadth, and duration, professional dispositions, knowledge and skills, and praxis**)** were referenced by the three stakeholder groups and are explored more in this section.

Table 2.3
A Priori and Emerging Themes with Sources and Number of References

Theme	Definition[a]	Sources (UBTE, SBTE, TC)[b]	N= referenced	a priori vs. emerging
Assessments	Multiple, performance-based assessments at key points within program	SBTE	2	a priori
Depth, breadth, and duration	Sufficient depth, breadth and duration to ensure candidate's developing effectiveness	UBTE, SBTE, TC	11	a priori
Diversity	Sufficient diversity to ensure candidate's developing effectiveness	UBTE, TC	3	a priori
Impact on PK-12 students	Positive impact on learning of PK-12 students	SBTE, TC	3	a priori
Professional dispositions	Demonstration of candidate's development of professional dispositions	UBTE, SBTE, TC	23	a priori

a. Care and compassion		TC	7	Emerging
b. Collaboration		UBTE, SBTE	4	emerging
c. Value of feedback		SBTE	7	emerging
d. Learning from mistakes		SBTE, TC	5	emerging
Knowledge and Skills	Demonstration of candidate's development of skills and knowledge	UBTE, SBTE, TC	53	a priori
a. Classroom and school routines		SBTE, TC	13	emerging
b. Classroom management		SBTE, TC	4	emerging
c. Differentiation		TC	8	emerging
d. District expectations		UBTE, SBTE	7	emerging
e. Lesson planning and enacting		SBTE, TC	8	emerging
f. Developing teacher identity		TC	6	emerging
Praxis	Theoretical understanding to practical application through action and reflection	UBTE, SBTE, TC	52	emerging
a. Theory to practice		UBTE, SBTE, TC	12	emerging
b. Realistic expectations		UBTE, SBTE, TC	13	emerging
c. Reflective practice		UBTE, SBTE, TC	22	Emerging

Note. [a]Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013); [b] Sources reflect focus groups: UBTE (University-based Teacher Educators), SBTE (School-based Teacher Educators), TC (Teacher Candidates).

Depth, Breadth, and Duration

According to the CAEP Standard 2.3, the provider and partners design clinical experiences of "sufficient depth, breadth . . . and duration to ensure that candidates demonstrate effectiveness and positive impact on student learning" (CAEP, 2013). The researcher identified 11 references to depth, breadth, and duration that addressed the general structure of CSU's EPP

and acknowledged the phases of instruction provided depth and breadth through the requirements of clinical experiences in elementary, middle, and high schools and duration through the 800 hours of clinical practice. Nonetheless, while CSU embeds clinical experiences in four semesters, comments from both SBTEs and teacher candidates expressed a desire for more clinical experiences. One SBTE explained:

> I wish there was more of it in the classroom, because as teachers, you learn when you're in the classroom in front of kids. Just getting the theoretical stuff is nice, but it's not enough. Once you implement it, you learn a lot more. So, from my experience, I wish I was in the classroom more, teaching more lessons, just learning on the spot.

Echoing those sentiments, a teacher candidate stated:

> That's the only thing that I would change . . . is that in that first semester when you first go to that first middle school or elementary school, I would have them teach–within that first semester a couple times, like fully in front of the whole class–teach a full lesson. Even two, three, four times and then watch because I feel like I didn't really know what I was looking for those first two semesters until I actually taught and then I was like, "That's why they're standing near that kid; it's because they're trying to get him to be quiet."

Knowledge and Skills

According to the CAEP Standard 2.3, experiences have multiple assessments to demonstrate candidates' development of knowledge, skills, and professional dispositions associated with a positive impact on learning and development of P-12 students. The requisite knowledge and skills are clarified in CAEP Standard 1.1 which stated, "Candidates demonstrate an understanding of the 10 [Interstate Teacher Assessment and Support Consortium] InTASC standards at the appropriate progression level(s) in the following categories: the learner and learning; content; instructional practice; and professional responsibility" (CAEP, 2015c). Included in the InTASC standards, the Council of Chief State School Officers (CCSSO) (2011) outlined knowledge and skills such as, "the teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that enable each

learner to meet high standards" (p. 11); "the teacher has a deep knowledge of student content standards and learning professions in the discipline s/he teaches" (p. 13); and "the teacher individually and collaboratively selects and creates learning experiences that are appropriate for curriculum goals and content standards, and are relevant to learners" (p. 16).

The researcher identified 53 references to the theme, knowledge and skills, as well as six emerging subthemes. No subtheme was referenced by all three stakeholder groups. Teacher candidates included references to classroom and school routines, classroom management, lesson planning and enacting, differentiation, and developing teacher identity. SBTEs also referenced classroom and school routines, classroom management, and lesson planning and enacting as well as district expectations. UBTEs only referenced district expectations.

Comments by both teacher candidates and SBTEs about the acquisition of concrete skills, such as lesson planning and presentation, classroom management and daily routines, like taking roll and handing back papers confirmed that the clinical experiences provided the opportunity for teacher candidates to master basic tasks associated with being a teacher.

Additionally, the teacher candidates reflected an increased knowledge concerning the complexities of teaching and the acquisition of less measurable soft skills, such as working in teams, understanding resources to support student learning, appreciating the scope of daily responsibilities and refining their teacher identity. Talking about the scope of teacher responsibilities, one teacher candidate said:

> I never saw it in my other levels. It took student teaching to really, really realize how much housekeeping needs to be done. . . . All those different things that I learned through student teaching, I think that really just opened my eyes to all the aspects of being a teacher.

In discussing the importance of knowing with whom and how to collaborate, another teacher candidate expressed:

> The importance of collaboration between case managers, counselors and teachers . . . . If you're not talking to that case manager. . . if you're not talking to your counselor. . . then you're going to have problems . . . because they can address things outside of your classroom that will benefit both the student and the rest of your class. . . . I wouldn't have expected to be talking to as many coaches as I do but I'm constantly emailing coaches.

The teacher candidates' clinical experience gave them insight into the importance of differentiating instruction as well as the opportunity to practice it. One teacher candidate commented, "The diversity from your lowest performing student to your highest . . . you're just forced to differentiate."

Teacher candidate voices expressed the development of a deeper knowledge of their teacher identity because of the varied clinical experiences afforded them. Even if they did not agree with the approach of a mentor teacher, the student teachers saw the value of the multiple and diverse experiences. One student said, "It's nice to see what I like and what I don't like. I mean, I now know who I want to be as an educator." Another student stated that the clinical experience was "a great opportunity to learn how other people did all these things and to see how I wanted to do it for myself." Finally, another student said, "I'm finding my teacher voice among all of those different influences."

The UBTEs' comments reflected that the knowledge and skills gained by the teacher candidates during their clinical experiences made them more desirable to hire and described the teacher candidates' clinical experience as "a year-long interview basically." Another university faculty member expressed a preference for hiring teacher candidates from CSU because their clinical experience through the PDS program better prepared them than were candidates from other programs:

> When I was an administrator in the district, I always put the CSU students at the top because they were the best candidates typically, because they weren't coming to us as first year teachers. They were coming at us with second and third year experiences and dispositions.

Professional Dispositions

As defined by CAEP professional dispositions are the "habits of professional action and moral commitments that underlie an educator's performance" (CAEP, 2015a). Professional dispositions reflect values such as caring, fairness, responsibility, a vision of high standards for all students, and social justice (National Council for Accreditation of Teacher Education [NCATE], 2010). Along with content and pedagogical knowledge, the development of professional dispositions that foster learning in students is an essential component of an effective educator preparation program (Taylor & Wasicsko, 2000).

Mandated by the CAEP Standard 2.3, **"**[clinical] experiences [must] have multiple assessments to demonstrate candidates' development of knowledge, skills and professional dispositions associated with a positive impact on learning and development of P-12 students" (CAEP, 2015c). The requisite professional dispositions are clarified in CAEP Standard 1.1, which states:

> Candidates demonstrate an understanding of the 10 Interstate Teacher Assessment and Support Consortium (InTASC) standards at the appropriate progression level(s) in the following categories: the learner and learning; content; instructional practice; and professional responsibility. (CAEP, 2013)

Embedded in the InTASC standards are professional dispositions, as "the teacher believes that all learners can achieve at high levels and persists in helping each learner reach his/her full potential" (p. 11); "the teacher respects learners' diverse strengths and needs and is committed to

using this information to plan effective instruction" (p. 16); and "the teacher takes initiative to grow and develop with colleagues through interactions that enhance practice and support student learning" (CCSSO, 2011, p. 19).

The researcher identified 23 references addressing professional dispositions from the three stakeholder groups. Again, no subtheme was referenced by all three stakeholders. Teacher candidates included references to *care and compassion* and *learning from mistakes.* SBTEs also referenced *learning from mistakes*, as well as *collaboration* and *value of feedback.* UBTEs referenced *collaboration.*

Collaboration. When discussing collaboration, both the UBTEs and the SBTEs highlighted the concept of simultaneous renewal (Goodlad, 1994) and that collaboration benefited everyone: PK-12 students, teacher candidates, SBTEs, and UBTEs. One SBTE said, "We worked together . . . we teamed up together, and that was a really good experience for me . . . It was beneficial for us and for the kids." In a reference to collaboration, a UBTE said:

> If you really believe in simultaneous renewal, it doesn't have to be the best teacher in that department because you look at their willingness to grow and to learn and the benefit to them, and look at the skills of the student . . . . Then you can create really great partnerships . . . . Our mission is to improve everyone.

Value of feedback. Regarding the value of feedback, SBTEs discussed that the clinical experiences provided a "safe space . . . to get safe feedback" for teacher candidates, but identified inadequate time in the schedule as a barrier to providing valuable feedback especially to teacher candidates who are on-site two times per week in Phase III. SBTEs discussed the importance for teacher candidates to develop the disposition of being open to feedback. One SBTE explained an approach to feedback, which was to ask the teacher candidate for feedback on instruction: "Turn that back on them to give us feedback, because then I think it opens them up more to our feedback. It's a very give and take relationship."

Learning from mistakes. Both SBTEs and teacher candidates talked about the value of clinical experiences as a safe environment to practice, make mistakes, and learn from mistakes. As a new teacher, developing the disposition to learn from mistakes is important because teachers should be lifelong learners. Being able to learn from mistakes and model that disposition helps classroom students learn the value of resiliency and see failure as an opportunity for growth. One SBTE said of the clinical experiences, "I feel like it's a safe space for the PDS students to make mistakes . . . so it's okay to make a mistake. I think that's a really important piece on how we grow." Teacher candidates addressed the idea that the clinical experiences were designed as a safe space for them to try out a new instructional strategy or incorporate a new activity. One teacher candidate remarked, "I think that was emphasized throughout the program: You're going to make mistakes. Just learn from them. They're not the end of the world." Another student teacher said, "It's hard to admit when you're wrong, but it's valuable."

Care and compassion. Teacher candidates spoke of the responsibility they felt as educators to treat students with respect, fairness, and kindness as well as their own frustration that often there was not enough time to meet the needs of all students. One teacher candidate said:

> I just have so much to do and I have about half the time to actually do all the things I needed to do, and that is somewhat frustrating. There are times where it's like I wish I had an extra five minutes in that period to really talk to one kid that's having a rough time.

In reply, another student teacher said:

> I'll take five minutes at the end of the day, write [the struggling student] a letter or something, but that's five more minutes somewhere else that I had to move. So, it's just a time issue–just not enough minutes in the day.

Finally, in response, one student teacher said, "The only thing that is inexcusable is lack of effort or caring when it comes to students." Based on the comments of the teacher candidates, it was evident that the clinical experiences provided the opportunities for them to develop the professional disposition of care and compassion regarding their students.

Praxis

Praxis was not specifically mentioned in the CAEP Standard 2.3 and was added as an emerging theme as the researcher analyzed the data. In this analysis, the term praxis is used to describe the process by which theory is enacted or realized through action in combination with reflective practice. It is action based on reflection and embodies qualities that include a commitment to human well-being, respect for others and a search for truth (Carr & Kemmis, 1986). Also important is the iterative nature of praxis. Theory influences practice; practice informs theory. Experiences shape theoretical frameworks about teaching. Quinlan (2012) explained "praxis could be summed up as 'informed action'" (para. 5). Praxis "is the process of taking action in practice whilst acting within a theoretical framework of thought. In this concept, theory and practice are as one" (Quinlan, 2012, para. 5). Described as such, the concept of praxis was referenced by all three stakeholder groups, a total of 52 times. Three specific subthemes emerged as the focus groups described their clinical experiences: *theory to practice, realistic expectations,* and *reflective practices*.

Theory to practice. Both SBTEs and UBTEs described the embedded clinical experiences as the space where student teachers learn how to enact pedagogical and content theory. In this space the complexities of teaching, reflecting, analyzing, revising, and again teaching begin to coalesce for teacher candidates. One SBTE said:

> When you're learning about pretty complex theories and how kids are learning things, and then being able to implement it in the classroom, it's really a big job because most of

> the decisions we make aren't necessarily based on educational theories, they're based on personal interactions with kids.

A UBTE stated:

> I also think that's where the complexities of teaching really start to emerge for our students, because I think when they're sitting in course work and then in theory, it seems pretty common sense, really not too complex, but it's when that step goes [to] the application level that they start to realize what the complexities of teaching are.

Teacher candidates discussed the greater understanding of the complexities of teaching that emerged as they transitioned from university classroom theory to practical application. Of their clinical experiences one teacher candidate said, "You know, just the little things that you can't get from [sitting in] a classroom and you just have to be in front of them, in front of the class." Another student teacher added, "You just can't really think about it until you're fully in that role as a teacher."

Realistic expectations. Clinical experiences were identified as a way for the teacher candidates to create realistic expectations about teaching. UBTEs, SBTEs, and teacher candidates talked about how theories and beliefs about teaching changed through the process of praxis and became more grounded in application as the teacher candidates translated their theories in the classroom. At times this process was seen as positive and as difficult, but in all cases, the process of developing realistic expectations was seen as an important part of being prepared as a new teacher.

A teacher candidate talked about initial idealism as she entered her student teaching experience:

> Coming in I was like, 'I'm going to fix everyone.' . . . . You only have so much time in the day. First of all, you've got to get them to come to your class, and then once they're there . . . you can give them all the sage wisdom you have. . . . . You can't make them write . . . . You can't.

A UBTE discussed a shift in thinking from idealistic to more realistic through the process of praxis:

> Students come in with a very idealistic thought about who good teachers are, what their classrooms look like, how they plan, how they work with each other, how kids are going to react, what lesson planning looks like. And then they really get immersed in it, and realize that it's maybe not exactly what their idealistic view was, and so having our students out and experiencing that with people who can support them through that experience is huge.

Reflective practice. Reflective practice is an essential component of praxis and was referenced by UBTEs, SBTEs, and teacher candidates. Overall, comments addressed the fact that the practice of reflection was well integrated throughout all phases of the clinical experience. All stakeholders appreciated the value of reflection as an opportunity for participants to share and become better teachers. One SBTE stated, "From a PDS student standpoint, I think that [reflective practice] is probably one of the most important things." A UBTE spoke about the value of reflective practice:

> [The teacher candidates] have this experience, but they need to talk about it, process it, share those experiences with each other . . . . The seminar and that chance to dialogue is really what makes a difference because that becomes the reflective part of teaching.

A teacher candidate spoke about an initial reluctance to embrace the reflective practices but a realization of its value, stating:

> At every stage, we've just been forced to reflect upon our experiences. My first education class, I walked in and was like, 'Not going to be doing well with this touchy-feely crap,' and by the end of it, I don't think it just made me a better teacher, it made me a better person.

Discussion

Description of the CSU PDS Clinical Experiences

The first question this study endeavored to answer was to describe the clinical experiences embedded in CSU's PDS model of educator preparation as understood by CEP

faculty, SBTEs, and teacher candidates participating in the focus groups. The findings showed a high level of consistency among the focus groups with regard to their description of the clinical experiences. Each group acknowledged that the varied and multi-year clinical experiences in CSU's PDS model provided many opportunities for student teachers to learn and grow. Although different subthemes were highlighted depending on the role of the participants in the partnership, each discussed the acquisition of knowledge, skills, and professional dispositions that combined to create quality teacher candidates. These skills and dispositions reflected the existing body of research that points to the benefits of teacher preparation programs with extensive embedded clinical experiences versus more traditional preparation programs (Sandholtz & Wasserman, 2001). The SBTEs spoke specifically about teacher candidates being better prepared than a typical first year teacher prepared with less clinical experience, in part because of the increased exposure to school district expectations. Similarly, studies comparing PDS and traditional teacher preparation programs have found that PDS program graduates were better prepared for the realities of day to day teaching and entered the profession at more advanced levels of development and more like second-year teachers (Castle et al., 2006; Dadlez & Sandholtz, 2001; Sandholtz & Dadlez, 2000; Walling & Lewis, 2000). The SBTEs' and teacher candidates' descriptions of the benefits of clinical experiences were supported in prior research, particularly comparison studies between PDS and traditional teacher preparation (Castle et al. 2006; 2009). Positive differences between PDS and traditionally prepared teacher candidates were identified, two of which were reflected in the findings of this study: a more integrated experience and clearer connections among theory, reflection, and practice.

Each focus group shared the perception that clinical experiences provided the space for teacher candidates, guided by UBTEs and SBTEs, to connect theory to practice and engage in

reflective practice, which was another benefit cited in the literature as a key element to quality teacher preparation programs. Castle et al., 2006 supported CSU faculty's understanding of the value of praxis as an integral component of the clinical experience that enabled PDS student teachers to "make more connections between theory and practice, integrate those connections into their thinking and practice . . . and negotiate the give-and-take between the ideal and the implementation" (p. 65). SBTEs discussed the value of clinical experiences to engage teacher candidates in reflective practice. Developing teacher candidates' capacity to participate in and learn from critical reflection, one component of praxis, has been identified as an effective facet of clinical experiences (Bennett, 2013) and in developing higher levels of professional maturity (Wait & Warren, 2002).

Alignment of the CSU PDS Clinical Experiences with CAEP Standard 2

The second question this study endeavored to answer was how the descriptions of CSU's clinical experiences by CEP faculty, SBTEs and teacher candidates aligned with the Clinical Experiences defined by CAEP Standard 2.3. Using the essential elements from the language of the CAEP Standard 2.3 to develop a priori codes for the analysis of data, these codes provided a framework to compare responses of the three focus groups to the CAEP standard. The researcher looked at two factors to determine alignment: the total number of references per code and the source (UBTE, SBTE, teacher candidate) of the reference. If the code was not cited by all three references and had fewer than ten references, the researcher did not consider there to be enough references to indicate alignment with the standard. For the code assessment, there were two references made by two sources. For the code diversity, three references were made by two sources. The code impact on P-12 students was referenced three times from two sources. The researcher determined that for these codes, there was insufficient evidence to claim alignment

with the standard. The researcher has considered the reason for the lack of references to these particular codes in the focus group data. One possible explanation is that the formulation of the interview questions, asking participants to explain the benefits of and barriers to clinical experiences did not elicit responses that led to comments about assessment, diversity, and impact on P-12 students.

Three codes, depth, breadth and duration, knowledge and skills, and professional dispositions, were referenced more than 10 times by all three groups, thus providing enough evidence for the researcher to consider alignment with the standard. At 11 references, the evidence for depth, breadth and duration was deemed adequate. This may be due in part to the longevity of the CSU PDS partnership, nearly two decades. The well-established, multiple-semester clinical experiences may be taken for granted by long term participants. Additionally, many of the SBTEs participating in the focus groups are graduates of CSU's PDS program and have no other frame of reference. With 23 references for professional dispositions and 53 references for knowledge and skills, the researcher found evidence that participants' description of the clinical experiences leading to teacher candidates' development of professional dispositions and knowledge and skills to become effective educators met the expectations set forth in CAEP Standard for Clinical Experiences (CAEP, 2013).

Conclusion

This paper reported the findings of a qualitative study, which sought to describe the clinical experiences embedded in CSU's educator preparation program as understood by the key stakeholders, CEP faculty, local school-based educators, and teacher candidates, through the lens of the CAEP accreditation standards for Clinical Partnerships and Practice (CAEP, 2013). All three stakeholder groups described the clinical experiences as crucial to the teacher candidates'

development of knowledge and skills and professional dispositions to become effective educators. The clinical experiences were described as the space where theory and practice intersect with reflective practice to provide teacher candidates opportunities to experience and navigate the complexities involved in teaching. The researcher concluded that sufficient evidence existed from the data to assert that three themes of the CAEP Standard 2.3 (depth, breadth and duration, professional dispositions, and knowledge and skills) were reflected in the stakeholders' descriptions of the clinical experiences of CSU PDS. This is important feedback because of CSU's commitment to maintain national accreditation through CAEP. Finally, these findings add to the body of literature supporting the continued development and implementation of clinical partnerships as an effective strategy to renew and improve the quality of educator preparation programs, which in turn, prepare quality teachers to educate children.

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CHAPTER 3: UNIFIED NATIONAL VOICES ON CLINICAL PARTNERSHIPS AND EXPERIENCES: UNPACKING COUNCIL FOR THE ACCREDITATON OF EDUCATOR PREPARATION (CAEP) STANDARD 2

How to best prepare teacher candidates to learn the art and science of teaching has been the subject of perennial debates with many promising and yet disparate approaches. The teaching profession has historically struggled to identify the most effective ways to train and retain educators. What would seem a straightforward answer has proven to be a long-standing debate between those who believe that effective teaching is a craft that is learned on the job as long as the person has the requisite content knowledge, and those who believe that effective teaching needs to be developed in a setting that supports thoughtful, reflective integration of theory and practice. The researchers of this study espouse the latter perspective, and believe the preparation of quality educators must be grounded in continuous theory to practice opportunities in authentic settings. Given the evidence that excellent teachers are essential to students' success (Cochran-Smith, 2006; Williams, 2000), teacher preparation programs should meet as rigorous and practice-based standards as those established for students of other professions like law and medicine. As a profession, educators must:

> Rethink every aspect of the trajectory people follow to become accomplished teachers. Getting that path right and making sure all teachers follow it asserts the body of knowledge and skills teachers need and leads to a level of consistent quality that is the hallmark of all true professions. (Thorpe, 2014, p. 1)

One component stands out as the way to integrate content and practice: clinical partnerships and practices. In the field of medicine, clinical practice and the standards that define it are a well-established part of every medical program in the nation, and in fact, are required for the program to be accredited. Education researchers and experts argue that clinical practice must

be at the core of teacher preparation and propose a shift from teacher education focused on theory and content knowledge to a curriculum focused on practice. Ball and Forzani (2009) suggested "making practice the centerpiece of teachers' education would elevate, not diminish, the professionalism of teaching and teacher education" (p. 509). However, a lack of sufficient knowledge about how best to teach practice, and a lack of understanding about the instructional practices that actually impact student learning have been identified as roadblocks to making a definitive shift (Ball & Forzani, 2009).

By establishing a set of research-based standards, state, regional, and national accrediting bodies have attempted to codify the components of effective teacher preparation. National accrediting agencies have maintained the position that the accreditation process can increase the quality of educator preparation programs (EPPs), produce effective teachers, and elevate the profession of teaching. Clearly universities agree as more than half of the EPPs in the United States have sought to acquire national accreditation to demonstrate the quality of their programs and their capacity to develop effective teachers (Clift & Brady, 2009). As of 2016, EPPs looking to be awarded accreditation through Council for the Accreditation of Educator Preparation (CAEP) will need to meet new and rigorous standards that include an explicit mandate for development and maintenance of clinical partnerships that include PK-12, university, and community stakeholders. Specifically, CAEP states in Standard 2: Clinical Partnerships and Practice that:

> the [EPP] 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. (Council for the Accreditation of Educator Preparation [CAEP], 2013a, p. 3)

What does this mean for EPPs? How will they adapt? This study endeavors to unpack CAEP's Standard 2, making meaning of the language in the standard through examples of current practices of practitioners as applied in the field. By describing how effective teacher preparation programs' interpret and implement the components of Standard 2, the researchers hope to provide an enhanced understanding to assist other EPPs to develop an effective clinical practice model, ultimately leading to lasting and positive renewal of the teaching profession. For renewal to happen, there must be collaboration among well-established partnerships "guided by professional standards and a systemic vision" (Darling-Hammond, 2000, p. 171). Furthermore, "real change is a product of commitment that combines internal determination with external forces that leverage reform across constituencies and keep it pointed toward meaningful goals" (Darling-Hammond, 2000, p. 171).

The purpose of this study is to describe the clinical partnerships and experiences from the perspective of 21 educator preparation stakeholders who are members of the Clinical Practice Commission (CPC) assembled by the American Association of Colleges for Teacher Education (AACTE), and whose experiences represent a wide range of perspectives from PK-12 and university institutions across the United States. The researchers hope to add to the body of evidence that supports the development, implementation, and improvement of clinical partnerships and practices as the core of effective teacher preparation by analyzing, through the lens of CAEP Standard 2, the descriptions of clinical partnerships and practices collected through focus groups of university and PK-12 practitioners. Standard 2 outlines the key components of quality clinical practice: clinical partnerships, clinical educators, and clinical experiences. While an outline provides the framework, it does not begin to tell the whole story. Detailed examples of and experiences with clinical practice are needed to fill in the blanks of the outline. Through

systematic analysis of the data about clinical partnerships collected via the focus groups, the researchers hope to share knowledge and best practices that lead to a common understanding of clinical partnerships. This common lived experience and shared understanding coupled with a common lexicon will help institutions unpack and implement the components of CAEP Standard 2. This research will provide access to, and guidance for, EPPs who aspire to create successful clinical partnerships and move the field of teaching and teacher education toward the goal of a more professionalized profession.

This article will present an overview of the literature on professionalizing the education profession, national accreditation of EPPs, and current CAEP accreditation practices. Then the authors will detail information about focus group and data collection, share their analysis of the data generated as it pertains to clinical practice and partnerships, and highlight common themes and understandings of the current partnership practices. The following research questions guided the study.

Research Questions:

1. How do key stakeholders in educator preparation programs (EPPs) describe their understanding of and benefits related to clinical partnerships and experiences?
2. How do the stakeholders' descriptions of CAEP Standard 2: Clinical Partnerships and Practice align with current literature on clinical practice?

Review of the Literature

Professionalizing the Profession

To discuss the professionalization of the profession of teaching, we must understand what a profession is and how it is developed and maintained. A profession is an "occupation, practice, or vocation requiring mastery of a complex set of knowledge and skills through formal education and/or practical experience . . . . Every organized profession is governed by its respective

professional body" (Business Dictionary, 2016). A profession engages in self-regulation by developing a shared "body of specialized knowledge, codified and transmitted through professional education and clinical practice" (Holmes Group, 2007, p. 50) and developing "an accreditation and licensing system to ensure the transmission of that knowledge and skill" (Wise, 2005, p. 318). In professions like medicine, law, and engineering, accrediting bodies play an important role in quality assurance and are the gatekeepers of the knowledge and skills needed to enter a profession. These accreditation systems establish standards for the quality of professional preparation programs based on "the foundation of a strong profession is a shared body of knowledge, based on research, and public confidence that professionals are fit to practice" (Wise, 2005, p. 319). Although continued research is needed **(**Anderson & Stillman, 2013; Grossman & McDonald, 2008, Sleeter, 2014), consensus on the expansive research-based body of knowledge about learning, teaching, teacher learning, and teacher education exists (Darling-Hammond & Bransford, 2005) and is reflected in the standards established by professional organizations like the CAEP, the Interstate New Teacher Assessment and Support Consortium, and the National Board for Professional Teaching Standards.

Accreditation in Higher Education

The process of credentialing is ubiquitous in higher education and exists to ensure that persons who deliver a given service have obtained a minimum level of skills, ability, and knowledge in their respective fields of study. Accreditation is the process of credentialing an institution and licensure/certification is the credentialing of an individual (National Task Force on the Preparation and Practice of Health Educators, 1985). In the United States, the accreditation of colleges and universities has a long history with the first accrediting bodies established in the late 19th century. Tasked with the goal to "certify the educational quality of colleges, teams of scholars evaluated the practices of peer institutions, made recommendations,

and published lists of schools that met their standards" (Eaton & Neal, 2015, p. 20). The purpose of accreditation remains essentially the same today: "To assure that the standards that uniquely define institutions and programs are adhered to so that their increasingly high costs produce solid value" (Murray, 2012, p. 53). Other recognized purposes of accreditation include: helping to market programs, creating uniformity among programs, developing innovative ideas, and providing a unified voice and increasing the lobbying power of the profession (Harvey, 2004). While the U.S. Department of Education does not itself accredit educational institutions or programs, it recognizes and endorses through its Accrediting Agency Evaluation Unit independent accrediting agencies whom it determines to be "reliable authorities as to the quality of education or training provided by the institution of higher education and the higher education programs they accredit" ("College Accreditation in the United States," n.d.). These accrediting agencies can be regional or national. Two types of educational accreditation exist: institutional and specialized or programmatic. Institutional accreditation applies to an entire institution and certifies all parts of that institution are contributing to the attainment of the institution's goals. Specialized or programmatic accreditation applies to programs, departments, or colleges that make up an institution.

Institutional accrediting agencies do not exercise legal control over educational institutions or programs. Their purpose is to maintain quality control through the approval or renewal of membership for those institutions that request the accreditation from a specific accrediting agency. In addition, accredited or pre-accredited status is required for most institutions to be eligible to receive federal funds for student loans, grants, and other forms of student financial aid, as well as monies for research (Eaton & Neal, 2015). While there are on-going debates over accreditor roles as gatekeeper to federal dollars (Eaton & Neal, 2015),

whether accreditation ensures the preparation of quality teachers (Dill, 1998; Levine, 2006, Murray; 2012; Vergari & Hess, 2002) and whether the process of accreditation impacts performance improvement (Harvey, 2004), accreditation continues to play an integral and relevant role for educational institutions by providing structure and guidance for program quality and improvement.

National accreditation of educator preparation programs. EPPs in the United States receive programmatic accreditation through both state and national agencies. All state departments of education require EPPs to be accredited through an accreditation process. While national accreditation of EPPs is not mandated, over half of the EPPs in the United States undergo national external review (Clift & Brady, 2009). Many states have working partnerships with the national accrediting agencies, and developed standards in conjunction with and reflective of the standards identified by these agencies. The agencies will often engage in simultaneous accreditation site visits with these national accrediting bodies.

Until 2013, two national agencies existed to accredit EPPs: National Council for Accreditation of Teacher Education (NCATE) and Teacher Education Accreditation Council (TEAC). Established in 1954, NCATE was the sole national accreditor of EPPs until the 1997 formation of TEAC (TEAC, 2009). Because of its long history, NCATE has been responsible for the accreditation of a majority of EPPs (Covington Hasbun & Rudolf, 2016) and the establishment of research-based evaluation standards that reflected the collective voice of all stakeholders in teacher education and defined the "needed knowledge, skills, dispositions and abilities expected from graduates of teacher preparation programs" (Wise, 2005, p. 318).

When TEAC was established as an alternative national accrediting body for EPPs in 1994, its mission was to "improve academic degree programs for professional educators, [and]

those who teach and lead in schools PK-12" (Teacher Education Accreditation Council [TEAC], n.d.). TEAC's accreditation process focused on the outcomes of teacher preparation programs and, rather than imposing external standards like NCATE, measured an EPP on its capacity to set quality standards and self-monitor those standards based on three TEAC Quality Principles: Evidence of candidate learning, evidence of faculty learning and inquiry, and evidence of institutional commitment and capacity for program quality (TEAC, 2009). While differences existed between NCATE and TEAC, both accrediting bodies were committed to supporting EPPs' goal of producing highly qualified educators (Covington Hasbun & Rudolf, 2016) and ultimately elevating the status of the profession of education through the quality control mechanism of program accreditation.

With regard to clinical partnerships and practice, TEAC quality principles did not specifically mention the inclusion of field experience or clinical practice as a required standard. According to TEAC's Quality Principle 1: Evidence of Candidate Learning, the "programs must provide sufficient evidence that candidates have learned and understood the teacher education curriculum" (TEAC, 2009). Additionally, TEAC goes on to qualify that the teacher candidates "must be able to convert their knowledge of subject matter into compelling lessons that meet the needs of a wide range of pupils and students" (TEAC, 2009).

In contrast, the 2008 iteration of NCATE standards, specifically, Standard 3: Field Experiences and Clinical Practice identified field experiences and clinical practice as "integral program components" that when "designed and sequenced well . . . help candidates develop the competence necessary to begin or continue careers as teachers" ("Unit standards," n.d.). NCATE's Standard 3 required demonstration that "the [EPP] and its school partners design, implement, and evaluate field experiences and clinical practice so that teacher candidates . . .

develop and demonstrate the knowledge, skills, and professional dispositions necessary to help all students learn" ("Unit standards," n.d.). Faced with persistent doubts about the quality and outcomes of EPPs (Levine, 2006; Murray, 1986; National Commission on Excellence in Education, 1983), and the growth of alternative licensure programs, like Teach for America, that placed little stock in the study of pedagogy and the value of clinical practice as a core component of EPPs (Darling-Hammond, Holtzman, Gatlin, & Heilig, 2005), NCATE released its 2010 report, *Transforming Teacher Education through Clinical Practice: A National Strategy to Prepare Effective Teachers* (2010). The Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning cemented the profession's position regarding clinical practice as foundational to teacher preparation. It detailed 10 design principles for clinically-based preparation that included recommendations for robust clinical preparation embedded throughout a pre-service teacher's training, a collaborative, interactive learning environment designed and maintained by rigorously prepared university and school-based partners, and the formation of strategic partnerships of school district, EPPs, state and federal policymakers and accrediting bodies to set standards that would raise the bar for educator preparation with a focus on PK-12 student outcomes (National Council for Accreditation of Teacher Education [NCATE], 2010). This report left no doubt that clinical practice should be the core element in all teacher preparation programs and foreshadowed "the consolidation of NCATE and TEAC into the Council for the Accreditation of Educator Preparation (CAEP) [as] a positive step in strengthening the field and . . . enhanc[ing] the leverage of accreditation in moving toward this transformation" (NCATE, 2010, p. 26).

Current accreditation practices. In 2013, NCATE and TEAC merged to form CAEP whose work is founded on six strategic goals: (a) to raise the bar in educator preparation, (b) to

promote continuous improvement, (c) to advance research and innovation, (d) to increase accreditation's value, (e) to be a model accrediting body, and (f) to be a model learning organization ("CAEP vision, mission, goals," 2015). In 2013, CAEP's Board of Directors approved five accreditation standards: Content and Pedagogical Knowledge, Clinical Partnerships and Practice, Candidate Quality, Recruitment and Selectivity, Program Impact, and Provider Quality Assurance and Continuous Improvement (CAEP, 2013b). From 2013 until 2016, EPPs in the process of accreditation through either NCATE or TEAC were allowed to complete their accreditation according to the standards established by the former accrediting bodies. However, beginning in 2016, CAEP's accreditation standards were fully implemented, posing a challenge to EPPs to understand the programmatic implications of these standards and successfully implement potential adjustments necessary to meet the expectations of more rigorous standards.

For decades researchers and practitioners alike have called for making clinical partnerships and experiences the focal point of educator preparation (Ball & Forzani, 2009; Darling-Hammond & Bransford, 2005; Zeichner, 2012; Zimpher & Howey, 2013). Numerous studies indicate that teacher effectiveness is linked to high quality pre-service educator preparation that embeds quality clinical experiences (Boyd, Grossman, Lankford, Loeb, & Wyckoff, 2009; Hart, 2008; Levine, 2006, Markow & Martin, 2005; National Research Council, 2010). In a 2014 report, 88% of National and State Teacher of the Year respondents had access to a high-quality clinical practicum and ranked that experience first among the top three most important aspects of their pre-service preparation, followed by content-specific coursework and applied, as opposed to theoretical, coursework (Behrstock-Sherratt, Bassett, Olson & Jacques, 2014). Reflective of NCATE's report *Transforming Teacher Education through Clinical*

Practice (2010), CAEP's Standard 2: Clinical Partnerships and Practice established that all EPPs seeking national accreditation will meet or exceed the expectations described in Partnerships for Clinical Preparation, Clinical Educators, and Clinical Experiences, essentially mandating EPPs to embed clinical preparation in educator preparation.

Table 3.1
C*AEP Standard 2: Clinical Partnerships and Practice*

	Title	Description
Standard 2.1	Partnerships for Clinical Preparation	Partners co-construct mutually beneficial PK-12 arrangements for clinical preparation and share responsibility for candidate preparation. Partners establish mutually agreed upon expectations for candidate entry, preparation and exit; ensure a linking of theory and practice; maintain coherence across clinical and academic preparation; and, share accountability of candidate outcomes.
Standard 2.2	Clinical Educators	Partners co-select, prepare, and evaluate high-quality clinical educators who demonstrate positive impact on candidates' development and PK-12 student learning and development. Partners use multiple indicators to establish/refine criteria for selection, professional development, evaluation, improvement and retention of clinical educators.
Standard 2.3	Clinical Experiences	Provider and partners design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate effectiveness and positive impact on student learning. Experiences have multiple assessments to demonstrate candidates' development of knowledge, skills, and professional dispositions associated with a positive impact on learning and development of PK-12 students.

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

Materials and Method

This study relied on focus group methodology to provide qualitative data. The purpose was to investigate and explore how key stakeholders in EPPs across the United States describe clinical partnerships and clinical experiences, therefore, group interviews were ideal because they allowed the participants to relate their experiences and reactions among presumed peers with whom they likely share some common frame of reference. The primary aim of a focus group is to describe and understand meanings and interpretations of a select group to gain their understanding of a specific issue (Krueger & Casey, 2009; Liamputtong, 2011; Morgan, 2002). Additionally, focus groups allowed the researchers to probe the underlying assumptions that gave rise to particular views and opinions based on their lived experiences (Kitzinger, 1994).

Design and Participants

The researchers requested and received institutional review board approval. Following IRB approval, three focus groups were created using convenience sampling. Both researchers associated with this particular study were part of the CPC assembled by the AACTE. The CPC members were convening for a summit in Washington, DC to work collectively a national report about clinical practice in educator preparation. The CPC is a 40 member group comprised of every key stakeholder within an educator preparation clinical practice. The professional titles of stakeholders in the CPC, as well as any educator agency, association, network, or individual affiliated with the CPC, is listed in Table 3.2. Names, demographics, and institutions were not included to protect identity and confidentiality, and because they were not needed for the goals of this study.

Table 3.2
CPC Key Educator Stakeholders Represented

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

Procedure. Prior to the summit in Washington, DC, all members of the CPC were contacted by the researchers and informed of the opportunity to participate in the focus groups. The interview questions were shared and 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 that keep you from realizing those 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 that keep you from realizing those benefits?

The focus groups were self-constructed and 21 members of the CPC volunteered to participate in the interviews. Focus group 1 was comprised of 10 participants, focus group 2

included seven participants, and focus group 3 included four participants. Both researchers conducted the semi-structured, one-hour interviews for focus groups 1 and 2 in a large conference room where the summit was held. The third focus group followed the same protocol, but was conducted over the phone at a later date.

After consenting to participate in the study, including agreeing to be audio-recorded, participants were provided the structure of the focus group, and expectations regarding speaking into personal microphones. Additionally, the researchers presented an introduction that explained the purpose and rationale of the study and included a brief discussion of how questions pertaining to clinical partnerships and clinical experiences would be addressed separately. Participants were asked to focus on clinical partnerships for the first half of each session and clinical experiences the second half.

Analysis. The audio recordings of each focus group were sent to a professional transcription company. Once transcribed, the researchers met to devise a plan for formal coding processes. The researchers used a process of deductive data analysis to identify themes from the transcriptions. Because the researchers were looking for alignment between the experiences described by the focus group participants and the language in CAEP Standard 2, deductive codes, representing the components of CAEP's definition of clinical partnerships and clinical practices, were identified prior to beginning the data analysis process. Those codes, *a priori* codes, were used to guide the data analysis. First, the researchers established inter-rater reliability by taking a random sample from one focus group transcription to separately code. The researchers met to discuss the analytic process to resolve any questions. A small number of differences in regard to coding for primary themes occurred but was not recorded. For example, certain pieces of text were listed under different themes by each researcher, but the difference

was rectified by agreeing on words used synonymously. The difference was not in regard to the code assigned , but rather the language and terms used by the focus group participants were understood slightly different when coded. For instance, one interviewee mentioned several reciprocal benefits to a clinical partnership and used terms, such as community opportunities and professional development. Both researchers coded these ideas under the same code mutually beneficial; through conversation, the researchers decided to add sub-codes to the primary codes to add depth to understanding the primary code. When there was uncertainty with how to identify sub-codes associated with a primary a priori code, researchers accessed the original audio recording to clarify the context of participants' comments. Overall, the initial stage of coding revealed a very strong correlation between the reseachers' coded data.

Next, the researchers began an iterative process of coding, codebook modification, and recording. During the process of formal coding, the researchers independently coded each focus group transcription. Multiple meetings took place to compare, discuss, and make adjustments to the individual coding of the text. Each segment of text was discussed to assure consensus between the researchers. Together the researchers modified the codebook, and details for rationale were recorded. This process took place on five different occasions until the finalized codebook was organized and every segment of text was associated with a code.

With the finalized codebook of primary a priori codes, along with their respective sub-codes, the researchers created a table that identified the number of times each code was referenced by each focus group. It is important to note that although a code may not have been referenced on multiple times by focus group participants, it would be remiss to suggest it was not important. As an example, the code, diversity, was referenced once. The assumption cannot be made that because this code was not referenced multiple times or by multiple focus groups that it

is not perceived as important and vital to a clinical practice in educator preparation. The semi-structured format of the focus groups and open-ended interview questions allowed for the conversations to progress organically in an unconstrained fashion. The researchers tracked the number of times a code was referenced to uncover common themes of how the participants of each focus group described clinical partnerships and experiences.

Results and Discussion

After an extensive coding process, the researchers identified 12 a priori codes referenced by at least one of the focus groups. Additionally, of the 12 codes identified by the focus groups, eight were referenced numerous times by each of the focus groups and were unpacked with greater depth. Those codes include *collaboration, mutually beneficial, positive impact, sustaining and generative,* and *shared accountability* which represent components of clinical partnerships, and *depth, breadth and duration, knowledge and skills*, and *praxis* which represent components of clinical experiences. Table 3.3 outlines the 12 a priori codes identified by the researchers prior to data collection, indicates which codes were identified by which focus group(s) and the frequency with which the codes were referenced. Codes 1 through 7 are associated with CAEP Standard 2.3 Clinical Experiences, and codes 8-12 are associated with CAEP Standard 2.1 Clinical Partnerships.

Table 3.3
A Priori Codes With Sources and Number of References

Code	Definition	Focus Group[c]	N=references
1. Assessment[a]	Multiple, performance-based assessments at key points within program	2	2
2. Depth, breadth, and duration[a]	Sufficient depth, breadth and duration to ensure candidate's developing effectiveness	1, 2, 3	10

3. Diversity[a]	Sufficient diversity to ensure candidate's developing effectiveness	1	1
4. Impact on P-12 students[a]	Positive impact on learning of P-12 students	2	1
5. Professional dispositions[a]	Demonstration of candidate's development of professional dispositions	0	0
a. Care and compassion		0	0
b. Collaboration		0	0
c. Value of feedback		0	0
d. Learning from mistakes		0	0
6. Knowledge and skills[a]	Demonstration of candidate's development of skills and knowledge	1, 2, 3	11 (total includes sub-codes)
a. Classroom and school routines		1, 2	4
b. Classroom management		0	0
c. Differentiation		0	0
		0	0
d. District expectations			
e. Lesson planning and enacting		0	0
f. Developing teacher identity		0	0
7. Praxis[a]	Theoretical understanding to practical application through action and reflection	1, 2, 3	17 (total includes sub-codes)
a. Theory to practice		1, 2	6
b. Realistic expectations		1, 2	3
c. Reflective practice		1, 2	8
8. Collaboration[b]	School/community/ district and EPPs are developed with all stakeholders involved	1, 2, 3	10
9. Mutually beneficial[b]	School/community/ district and EPP partnerships provide mutual benefits for all stakeholders	1, 2, 3	26

10. Positive Impact[b]	School/community/ district and EPP partnerships impact the learning of P-20 students and support the work of clinical educators	1, 2, 3	10
11. Sustaining and generative[b]	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	1, 2, 3	9
12. Shared accountability[b]	School/community/ district and EPP partnerships establish mutually agreed-upon expectations which are assessed, and all stakeholders share accountability for such expectations	1, 2, 3	10

Note. [a]Adapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013b); [b]Adapted from *Framework for the Development of Clinical Partnership Practice*. Manuscript in preparation by the Clinical Partnership Design Team; [c]Sources reflect focus groups. Focus Group 1, Focus Group 2, Focus Group 3.

Benefits of Clinical Partnerships and Experiences

The first question the researchers endeavored to answer was how key stakeholders in EPPs described their understanding of and benefits related to clinical partnerships and experiences. In the following section, the researchers present descriptions of current clinical practice using the rich explanations and direct quotes from the focus groups participants framed in the language of the CAEP standards.

Collaboration. Identified by CAEP Standard 2.1, the need for collaboration among all stakeholders (i.e., PK-12 students, teacher candidates, school-based teacher educators, educator preparation program, and the education profession) is imperative in preparing teacher candidates to step into classrooms where they must work with others (e.g., paraprofessionals, administrators, and special educators) to meet the needs of all students. The personal connections fostered through collaboration between university-based teacher educators and school-based teacher educators are a key component to advancing clinically rich partnerships and practice. Participants in all three focus groups referenced *collaboration* a total of 10 times. The

comments encompassed many elements of collaboration within teacher preparation; however, a common thread among the three focus groups was the need for effective communication that spanned a PK-20 continuum in order for all voices to be, valued, and respected. Participants explained that effective communication only happens when all stakeholders have the space in which to communicate openly. One focus group member elaborated saying:

> I would also I say that, in my context, we're really trying to come at it from a P-20 continuum, as opposed to higher ed. over here, and P-12 here. We're really trying to look across the continuum of a continuum model, so we all have a voice in the matter.

Participants also described how all aspects of collaboration are enhanced when the PK-12 voice is included, valued, and elevated. A superintendent of a large school district elaborated on many of the benefits that can happen when collaboration is a central tenet of the partnership:

> Having good partnerships with those schools–it's much deeper than the actual clinical experience. They're on our committees; they help design our assessment instruments. If you really have a partnership, it's all the way. It's not just when you send them out there and they do whatever it is you say they need to do. I think over time, and I can't speak for any of the other programs, but there was a time, decades ago, when I thought, "It's a partnership, they can take our interns, and the principal says where they go." But my understanding of that and where it should be has so shifted over time. And I think probably all of us feel that way. They should be daily a part of us. I don't even know how we thought we could prepare people to teach adults without getting input from the people we were sending them to. That was just mind-boggling to me.

Mutually beneficial. *Mutually beneficial* was another theme of effective clinical partnerships as outlined in CAEP Standard 2.1 and was referenced 26 times by participants in all three focus groups, the highest frequency of all codes. Mutually beneficial describes practices that positively impact all stakeholders in a clinical partnership. One of the focus group participants described mutually beneficial saying:

> Mutually beneficial, meaning that not only is the university students benefiting, but it's helping move the profession forward for the teacher. And the teacher candidate can get in the classroom and impact kids, as well as improving the PK-12 market. So it's almost like taking a village to raise a child. Everybody has to work together to benefit the children at all ages.

Another participant replied by adding:

> I just wanted to add, as I'm listening to and agreeing with a lot of what everyone is saying, but for myself, I also look at the partnership not just the university and the school, but I really try to focus on the community at large and look outside those two entities as well and I think that's very much a piece of the partnership that sometimes we don't always get to. But local businesses, the parents, families, and the community I think has a very valuable role in this as well.

For a clinical partnership to achieve mutually beneficial outcomes, the interests and needs of all stakeholders must align and be clear to everyone. One participant noted:

> There is a potentially productive space if all the interests can align. So if you have a researcher who's interested in something who can develop professional development modules on a long, ongoing, deep relationship sort of way to get that delivered, then the researcher's getting kind of 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 sort of grope your way toward, "Where is the intersection for us in terms of skill sets and interest and needs?"

Beyond expressing how the concept of mutually beneficial manifested in their clinical setting, participants highlighted other key concepts related to mutual benefits. The term**,** reciprocity, was described by three different participants. Reciprocity is defined as "a mutual or cooperative interchange of favors or privileges" (The Free Dictionary, n.d.). A participant addressed the mutual benefit of reciprocity by saying:

> As you're speaking, I'm thinking back to my most successful times as a classroom teacher, and those came about because I realized, "Damn, I can't do this by myself." So it's synonymous with the context revolving around a highly effective classroom teacher, in that the partners realize they're assets that we can capitalize on, and it certainly is a selfish endeavor. You go into it thinking, "How can I help the people that are most passionate about helping?" There are others as well, but it's a reciprocated passion for growing, for learning, for developing, for the benefit of kids and teachers.

A different focus group participant echoed that thought by stating:

> I just want to add that universities and schools are constructed in such a way that they complement each other really well in terms of what functions they perform that when put together they can serve each other's purposes really well to accomplish increased student learning and teacher-candidate operation. I think it creates a space for reciprocal learning, which is amazing!

Personal and professional growth opportunities, cross-fertilization of ideas and resources, development of a professional continuum, and authentic contexts were also mentioned as mutual benefits of a clinical partnership. Finally, multiple participants discussed the mutual benefit of a school being able to prepare teacher candidates to be successful in their building, making that candidate more ready for hiring. A focus group member explained:

> Well, from the PK-12 arena I would say that the benefits for us would be that we get to actually cherry-pick–if you want to use that term–the best quality teachers to help us meet our goals in the school system. I think by having the clinical partnerships we can see . . . we can work hand in hand with the universities to make sure that you're also helping other school systems as well. But, you're also making sure that you're kind of taking care of yourself or the school system yourself by making sure that you've trained those teachers when they're in a partnership the way that you'd want to be trained to handle specifics. And it could be socioeconomic. It could be inner-city. It could be urban. It could be rural-type communities, but they truly understand what system they'll be working for and ultimately it increases the success rate.

Positive impact. Referenced ten times by the three focus groups, *positive impact* describes the expectation that the effective implementation of a clinical partnership will positively impact the learning of PK-12 students and teacher candidates and support the professional growth of clinical educators. Clinical partnerships can facilitate increased engagement on the part of PK-12 students, as well as their teachers, leading to increased student achievement. One participant mentioned that the positive impact a clinical partnership can have on PK-12 students must be the ultimate outcome for all stakeholders:

> I think that the chief benefit that I always talk about is the increased student learning for P-12, and what the potential is, and how that should drive how we design and how we work. And I think that's even a higher goal than the teacher preparation part, or I would subsume teacher preparation under that because, really, all our future teachers are–this is going to be their goal: To impact PK-12 student learning.

In addition to the impact a clinical partnership has on PK-12 students, there is a positive impact to the school-based teacher educators in the PK-12 schools. A PK-12 teacher described the positive impact of co-teaching with a teacher candidate:

> The benefit is now the teacher feels like they have a little extra support within the classroom. And it's been a couple years now that the teachers are now really starting to relinquish, or even saying, "Okay, everybody has it but these two students, can you go work with these two on seeing where they're weak at." It benefits the teacher candidate, it benefits the student, and it benefits the teacher. They're not feeling overwhelmed, "I got four students that can't make it here, twenty over here, what do I do? I can't keep up." I think if it's designed appropriately, it can really get down to the weeds with finding creative ways to have these candidates in the classrooms. Having more teachers in the general education classroom can really benefit what the traditional one-teacher model has been.

Clinically-trained teacher candidates in collaboration with classroom teachers can implement creative instructional strategies. With another adult in the room, a classroom teacher is better able to differentiate to meet the needs of all students through small group and individualized instruction.

Sustaining and generative. Referenced nine times, the code *sustaining and generative* refers to the development of systems, structures, and policies for a clinical partnership that support a long-term vision and a culture of continuous improvement to reflect evolving needs of all stakeholders. Focus group participants addressed the imperative to create structures at the very beginning of the partnership between PK-12 schools and EPPs. According to the participants, the systems, structures, and policies were essential to move the partnership forward even with leadership changes at the PK-12 and university levels. Additionally, focus group participants spoke about the importance of having transparent shared values to develop and sustain a clinical partnership. One participant mentioned:

> While the focus is on P[K]-12 student achievement and performance, the partnership should also address the ways that schools and teacher preparation programs operate so that they're constantly improving, renewing, and becoming better and better. That's part of the function and purpose, I think, of a clinical partnership.

The commitment to a shared mission was identified as another key component to sustaining a clinical partnership. A dean of a School of Education from a large research university explained the importance of a unified mission:

> I would like to add that partnerships can exist for a lot of different reasons, but when we're talking about a clinical practice partnership or clinical partnership, it means there's a fundamental commitment to the preparation of the next generation of teachers. And the partnership is explicitly created and structured with a teacher preparation program and a school or school district for the purpose of mutually defined goals, but that is anchored in that mission of teacher preparation.

Shared accountability. The code *shared accountability* was referenced ten times and refers to the PK-12 schools, community, school district, and university partners establishing mutually agreed-upon expectations, for which all stakeholders are responsible and accountable. The expectations and outcomes need to be documented and revisited to revise and renew the partnership as it continues to evolve. This ongoing renewal process is informed by the review of qualitative and quantitative data.

Similar to structures, systems, and policies to support a clinical partnership that is sustaining and generative, participants emphasized the importance of codified structures and systems that clearly define how accountability is shared among all stakeholders. One participant discussed the need for formal structures, so all stakeholders understand their responsibilities:

> There needs to be formalized structures that take place, so instead of having to build a relationship, having the partnership in place formalizes what is expected of all stakeholders involved. So I used to have to go in and establish what the site facilitator's role is and what my role is going to look like. Now, we have a handbook that describes exactly what the expectations are and that really facilitates relationship building and communication, because those things are in place, and described both in our handbook and the [memorandum of understanding] MOU we have with the districts we partner with. I think having that partnership established really facilitates the actual work and accountability.

Depth, breadth, and duration. Clinical experiences are those practical, hands-on opportunities in teacher preparation when teacher candidates apply the theory acquired in

university coursework in an actual instructional setting. The establishment of an effective clinical partnership creates the space for clinical experiences that are meaningful, practice-based, structured around core pedagogical practices of effective educators, and integrated early on and throughout the teacher candidates' education. According to CAEP Standard 2.3, clinical experiences must be of sufficient depth, breadth, and duration to ensure that candidates demonstrate effectiveness and positive impact on student learning. The code *depth, breadth and duration* was referenced 10 times by focus group participants. One focus group participant, a university professor who spans the boundary between the university and PK-12 schools, emphasized the value of clearly articulated vertical and horizontal clinical experiences:

> Developmental alignment is really important, I think. So you wouldn't give a medical student a scalpel on the first day. So similarly, someone who's entering into a teacher preparation program, the developmental line of what you're exposing them to and the synergy between their coursework, the clinical experience, and how they're talking with each other and with their faculty has to be very thoughtfully integrated at the semester by semester level, but also vertically year by year by year, monitoring their progress to include interacting with all types of learners, broadly defined. So I think that has to be a really thoughtful design implementation of clinical experience.

Knowledge and skills. CAEP Standard 2.3 articulates the importance of teacher candidates developing both content and pedagogical knowledge. Content knowledge describes the depth of understanding of critical concepts, theories, skills, processes, principles, and structures that connect and organize ideas within a field. This kind of understanding provides a foundation for pedagogical content knowledge that enables teachers to make ideas accessible to others. Essentially, effective teachers need to know their content and need to be able to teach it. The code *knowledge and skills* was referenced a total of 11 times. One focus group participant reiterated the importance of strong content knowledge but framed it in the clinical experience through inquiry methods. The participant mentioned how the students realized why content knowledge was important, but it still played a secondary role to being able to teach it:

> So we've been trying to frame our field placements, some are shorter, some are richer and longer, but I'm teaching an introduction to secondary ed. course that has a field placement, where students are short of wandering loose in a building–in a good way! They're there to try to get their head around what is this place and what am I going to be teaching? And we frame it through inquiry. And so they have research questions, and they're reading a little bit about what the literature has to say. And they're mostly just trying to practice strong observation skills regarding content and teaching, but frankly, through curiosity, and from an asset based perspective, because that's a core value of our program. And so, they go in sort of thinking, "I know what high school is and how to teach." To coming out saying, "That's not at all what I thought it was going to be."

The development of pedagogical content knowledge involves a shift in teachers' understanding from comprehension of subject matter for themselves, to advancing students' learning through the presentation of subject matter differentiated to meet the needs of all students. Focus group participants spoke to the specific practices needed by teacher candidates. Discussions focused on planning practices, teaching practices, assessment practices, and relationship building practices, to name a few.

In addition to specific pedagogical practices that take place within a classroom, focus group members spoke about the multifaceted responsibilities of an educator that take place outside a classroom. When teacher candidates spend time in a PK-12 school setting, they are afforded the chance to develop first-hand knowledge of the reality of being in a school. One focus group participant described the valuable knowledge and skills acquired by teacher candidates in a clinical setting, and explained that teacher candidates:

> see how a whole entire school works together during that time, and they might just be monitoring the hall like a regular teacher would be monitoring during a test time, to just make sure little Johnny gets to the bathroom and gets back to the class. There's 30-year teachers that are department leaders that are doing the same thing. They have to see the whole beginning and end process. And that's our job as a school system is to make sure that we show them this. And what they've learned in the academic world and through classroom management and other things, now they're actually getting a chance to apply it. And not everything is a textbook version of it. So they understand how to roll with it, and ask questions, and not feel intimated by asking questions, because the only way that

> we're going to get better in the world of education, is not be afraid. First of all, we've got to realize we don't know it all. And second of all, we've got to be willing to ask questions and try to fight for solutions.

Praxis. Gadotti (1996) wrote, "In pedagogy, the practice is the horizon, the aim of the theory. Therefore, the educationalist lives the instigating dialectic between his or her daily life–the *lived* school and the *projected* school–which attempts to inspire a new school" (p. 216). Praxis is the process by which a theory, lesson, or skill is enacted, embodied, or realized. It is the process of taking action in practice while acting within a theoretical framework of thought (Freire, 1996). In this concept, theory and practice are as one. CAEP Standard 2.3 explains that authentic teaching and learning experiences, such as those found in clinical partnerships, offer first-hand knowledge of how to teach every learner. The code *praxis* was referenced 17 times by focus group participants who provided rich descriptions of learning in context. One focus group participant mentioned:

> It flips the script, really. You don't learn how to teach in the university classroom, you learn theory. You can talk about examples, but teaching is problem-posing and problem-solving. Every day, you are a researcher in your own classroom. And, no two situations are alike.

Other members of the focus groups spoke of the value of clinical experiences to provide authentic experiences for teacher candidates to practice the work of teaching. Educators have to possess the ability to think on their toes within the context of the situation. In this sense, educators need to learn different practices for different purposes, experience what it is like to immediately apply the practices, and reflect on the effectiveness of their decision. One participant spoke to the importance of the practices of professional teaching when describing a situation that was observed by a teacher candidate. The participant explained:

> I have an example of a candidate finishing his year-long clinical experience and he was telling me that he was in a classroom when a disruptive student came in and started talking and speaking to purposefully be disruptive, and what the teacher candidate did

> during that minute was watch all the other students and their reaction to what the student was doing and how the classroom teacher reacted. I was thinking that he learned more in that five minutes than we could have taught in a semester of our classroom dynamics course. The experiences students observe, and are part of, can't be replicated in an actual course.

Alignment of Benefits with Current Clinical Practice Literature

The second question the researchers endeavored to answer was how the key stakeholders' descriptions of CAEP Standard 2: Clinical Partnerships and Practice aligned with current literature on clinical practice. In this section, the researchers strengthen the significance of the components of the CAEP standard highlighted by the key stakeholders by framing them in the context of current literature.

Collaboration. Referenced by the stakeholders and identified as an essential component in CAEP Standard 2, collaboration that honors, values, and leverages the voices of all stakeholders is required to develop and sustain a clinically rich partnership. The responsibility for children's educational development is a collaborative enterprise among parents, educators, and community members (Henderson & Mapp, 2002). The evidence for the positive impact of collaboration among key stakeholders in teacher preparation is widespread. Many studies report improvements, due to effective collaboration, in areas such as staff professional development and career opportunities (Hill et al., 2012; West, 2010) and sharing effective teaching practice and innovation (Chapman et al., 2009; Stoll, 2015).

Mutually beneficial. Participants in the three focus group described at length the elements of a clinical partnership that are mutually beneficial to key stakeholders. The concept of mutual benefits is also addressed in current research on clinical partnerships. AACTE (2013) explained the mutual benefits in a clinical partnership:

> Such rigorous and enriching clinical experiences for preservice teachers are only possible when supported by strong school-university partnerships. Rather than dwelling on

> common divisions between campuses and classrooms, we might look at partnerships through the lens of what is needed by both parties. Preservice teachers need clinical experiences to hone their skills as classroom teachers. They also need access to expert mentor teachers within supportive and nurturing school environments. Schools, on the other hand, need access to up-to-date professional development, technology, funding, and other services that universities are often well positioned to provide. With both parties facing increased demands from the public regarding standards and accountability, this issue might be most effectively addressed through a collaborative response. (p. 2)

To list all the mutual benefits in a clinical partnership exceeds the scope of this study; however, the researchers direct interested readers to the *Framework for the Development of Clinical Practice Partnerships* written by CAEP State Alliance's Clinical Practice Design Team (CPDT, n.d.). It provides a comprehensive list of the mutual benefits for each key stakeholder associated with a partnership between the university and PK-12 schools.

Positive impact. While collaboration is the catalyst for key stakeholders within a clinical partnership to define and develop mutual benefits, positive impact on PK-12 students and teacher candidates is the ultimate outcome. One model of teacher preparation that has shown positive impact has been the co-teaching model with teacher candidates, as referenced in the methodology section of this study. In a study conducted by Bacharach and Heck (2012), both quantitative and qualitative data were collected on the impact of a co-teaching model on teacher candidates, cooperating teachers, and the students in the classroom. The two measures administered were the Minnesota Comprehensive Assessment (MCA) and the Woodcock Johnson Psychoeducational Battery (WJIII-RE). In each of the four years studied, the MCA indicated a statistically significant increase in academic performance in reading and math proficiency for students in a co-taught classroom compared to students in a non-co-taught classroom. Additionally, the WJIII-RE showed a statistically significant gain in each of the four years in reading and in two of the four years in math. This model not only strengthens university/school partnerships, but provides benefits to the PK-20 students.

Sustaining and generative. While partnerships evolve over time, and mutual benefits become stronger, collaboration among all stakeholders can move toward creating systems in the partnership that sustain and generate long-term, beneficial relationships. It is inevitable that policy, legislation, and leadership will change over the course of a university/school partnership. However, current literature, corroborated by the information shared by focus group participants, suggests the guiding principles of Standard 2: Clinical Partnerships and Practice could inform the structures and practices leading to positive renewal. Exemplifying the principles in Standard 2, Professional Development Schools (PDS) and urban residencies both provide models for how preparation programs can achieve sustaining and generative characteristics. Levine (2002) stated:

> [PDS and urban residencies] provide an environment that encourages professional interaction among teachers–a collegial, open, and collaborative culture; they support teacher learning through the allocations of time and human resources. Both models provide the prospective teacher with a contextualized learning experience that fosters the development of expertise associated with higher student outcome and higher rates of teacher retention.

Shared accountability. Shared accountability is key to establishing teacher preparation programs that weather change and continue to produce new generations of teachers who positively impact PK-20 students, teachers, and school systems. Regarding structures that support shared accountability, participants of the three focus groups discussed the importance of a partnership handbook and/or memorandum of understanding (MOU), so UBTEs and SBTEs stakeholders understand their respective responsibilities, and how their role impacts the larger partnership. A partnership handbook or an MOU provides partners with guidelines to maximize resources and work together for simultaneous improvement of education for PK-12 students and teacher candidates. According to the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning distributed by NCATE (2010):

> Partnerships should include shared decision making and oversight on candidate selection and completion by school districts and teacher education programs. This will bring accountability closer to the classroom, based largely on evidence of candidates' effective performance. (p. 5)

Shared accountability must be understood among all key stakeholders in a clinical partnership as clarified by CAEP Standard 2 as well as the descriptions provided and described by focus group participants.

Depth, breadth, and duration. While clinical practice rests on a body of professional knowledge, ultimately teachers need to be able to put this knowledge to use in practice. Further, teaching is more than knowledge put in practice. A teacher's understandings of student development, families and communities, subject matter and curriculum, and instructional methods, strategies, and resources are ultimately linked to how the teacher plans and implements instruction and assesses student learning. Clinical experiences provide authentic opportunities for teacher candidates to develop and hone their craft. However, what is lacking in some teacher preparation programs is a developmental continuum of clinical experiences that provide carefully scaffolded instruction that spans multiple terms and are embedded in all educator preparation coursework. It is this depth, breadth, and duration of clinical experiences that prepare quality teachers. Feiman-Nemser (2001) stated in *From Preparation to Practice: Designing a Continuum to Strengthen and Sustain Teaching:*

> Building a professional learning continuum will depend on solid partnerships between the colleges and universities, the P-12 schools, and the state department of education. These partnerships must be based upon mutual respect and involve continuous dialogue and a shared understanding that each entity alone cannot complete the task of assisting the candidate to develop expert skills and knowledge. (p. 6)

Skills and knowledge. What skills and knowledge novice teachers need to be able to enact early in their career has been a perennial question in teacher preparation. Increasing research and attention are being given to core practices that effective teachers use in classrooms

(e.g., Ball & Forzani, 2009; Ball, Sleep, Boerst, & Bass, 2009; Grossman, Hammerness, & McDonald, 2009; Lampert & Graziani, 2009). A number of researchers have identified high-leverage practices that could be targeted within the context of teacher education courses (e.g., Franke, Grossman, Hatch, Richert, & Schultz, 2006; Kazemi & Hintz, 2008; Kazemi, Lampert, & Ghousseini, 2007; Sleep, Boerst, & Ball, 2007). While definitions of high-leverage practices vary from researcher to researcher, Grossman et al. (2009) found that all definitions shared the following characteristics: (a) occur with high frequency in teaching; (b) novices can enact in classrooms across different curricula or instructional approaches; (c) novices can actually begin to master; (d) allow novices to learn more about students and about teaching; (e) preserve the integrity and complexity of teaching; and (f) are research-based and have the potential to improve student achievement.

Praxis. Clinically rich teacher education requires rethinking how teacher candidates develop the complex professional knowledge needed to improve teaching practice. Castle, Fox, and Souder (2006) highlighted the value of praxis as an integral component of the clinical experience stating that authentic theory to practice opportunities allowed teacher candidates to "make more connections between theory and practice, integrate those connections into their thinking and practice . . . and negotiate the give-and-take between the ideal and the implementation" (p. 65). It is through clinically rich experiences in authentic contexts that teacher candidates learn to articulate and demonstrate the knowledge, skills, abilities, and dispositions of effective classroom teachers.

Conclusion

The purpose of this study was to describe how stakeholders in educator preparation interpret and implement components of clinical practice as outlined in CAEP Standard 2. By

adding meaning to and enhancing the understanding of the language in Standard 2, these authentic descriptions provide guidance to EPPs as they seek to implement, improve, and renew clinical partnerships. The results of this study addressed the vital components of clinical practice codified by CAEP and identified by the focus group participants. A priori codes for both clinical partnerships and clinical experiences were unpacked extensively revealing alignment with the guiding principles set forth by CAEP. The focus groups' rich descriptions revealed how vital the components of collaboration, mutual benefit, positive impact, sustaining and generative, and shared accountability are in the development of clinically rich partnerships between the university and PK-12 schools. A PK-12 school and university partnership can thrive and yield success when the established guiding principles are central to the partnership. Equally important are the key components of clinical experience, depth, breadth, and duration, skills and knowledge, and praxis, which can only be constructed in meaningful ways when the guiding principles of a clinical partnership are developed collaboratively with all stakeholders.

Historically, there has been little connection between higher education and PK-12 personnel. Those in higher education have been insulated from the PK-12 world of practice. However, as expectations for the development of more meaningful partnerships have increased, the roles and responsibilities of both groups are starting to blend, and those in higher education see themselves as an integral part of the teaching profession (Wise, 2005). This work is essential to ensure that all stakeholders continue to build a professional community that better serves all students through a continuum of practice from PK-12 to higher education. In this way, clinical partnerships and the clinical experiences are intricately symbiotic and interrelated, and renewing the education profession relies on these collective clinical partnerships. In recognizing the vital role of collaborative partnerships in education, Darling-Hammond (2000) stated:

> Particularly in our complex, decentralized education system in which simultaneous efforts are required from so many different sectors and institutions, a coordinated strategy that links policy and practice–and that links changes in schools with changes in the teaching profession–is essential to the lasting success of any reform initiatives. (p. 164)

With the implementation of the national CAEP standards, the strident call for renewal in educator preparation and the growing evidence of the benefits of clinical practice, stakeholders in PK-20 education and educator preparation are uniquely positioned to take control of educator preparation and elevate it to the level of excellence expected by the public. A profession governed by professionals must leverage expertise of all who work in the field, and educator preparation is certainly no different. Educators must take primary responsibility for designing preparation centered on clinical practice. This must include identifying what teaching practices are essential for beginning teachers, and designing teacher training so that teacher candidates are given opportunities to experience and learn these practices. Ball and Forzani (2009) wrote:

> Although teaching is a universal human activity–as parents teach their children–being a teacher is to be a member of a practice community within which teaching does not mean the ordinary, common sense of teaching as showing or helping. The work of a teacher is instead specialized and professional in form and nature. (p. 500)

Situated within the framework of CAEP Standard 2, the rich descriptions of clinical practitioners and the literature on clinical preparation highlighted in this study helps to broadly promote the benefits of clinical partnerships and to affirm the necessity to place clinical experience at the core of educator preparation.

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CHAPTER 4: COLLABORATIVE RESEARCH: FUTURE OF CO-AUTHORED DISSERTATIONS

Ask any professor in any university in the United States the question, "What is the purpose of a doctoral dissertation?" and some version of this response will likely be given: The dissertation is the final exam of a doctoral program, with its purpose being to provide evidence of the candidate's ability to imagine, design, conduct, and publish research that makes a new and original contribution to the body of knowledge in that field. One university describes the dissertation as a "formal written document [which presents] original research on an important intellectual problem. [The] dissertation must represent independent work and must make a meaningful contribution to the knowledge of [the] field" (School of Education, 2016, p. 16). The five-chapter dissertation has been traditionally an accepted format in which to present this original research. In the past few decades, the option of a multi-article dissertation model, often with collaborative writers, has gained traction, particularly in the natural sciences, because this format expedites the likelihood of publication. While "the individual model of doctoral education functions rather well in thousands of cases in social sciences, and the point . . . is not to argue for complete replacement of the individual model with the collective one" (Hakkarainen, Hytönen, Lonka, & Makkonen, 2014, p. 4), there is a growing interest in alternative dissertation options in the social sciences and humanities.

In an essay discussing the future of doctoral education, Golde (2006) noted "graduate education faces changed circumstances" (p. 19) including the impact of the globalization of knowledge and must respond with new forms of preparation that demand more collaborative approaches and practices like collaborative research and co-authored dissertations. Flexibility in

format and co-authoring would allow more inventive and original scholarship to take place and be published. Certain topics do not fit the traditional dissertation mold and benefit from an alternative, more collaborative approach. The co-authors of this article proposed a research project that would describe local and national perspectives on clinical partnerships practice in PK-12 teacher preparation. Because of our respective roles as university instructor and school administrator, each author would represent one half of the partnership. Creating a collaborative writing partnership to write about clinical partnerships was a compelling and original concept, and consequently, we were encouraged by our advisor and our committee, and received permission from the director of the School of Education at Colorado State University to write a single co-authored, multiple article dissertation.

Searching the internet about co-authored, multiple manuscript dissertations will likely reveal articles, blogs, and portable document formats (PDFs) regarding rules and regulations for a three-article dissertation approach, co-writing, co-authoring, and collaborative writing. However, it is not likely you will find any written documentation regarding co-writing a multiple-article doctoral dissertation due largely to the scarcity of truly collaborative, co-authored dissertations. In fact, according to the digital dissertation repository UMI, 166 of over one million dissertations published between 1902 and 1987 had been co-authored and displayed more than one name on the title page (Day & Eodice, 2001). Nonetheless, as serious scholars who were interested in producing original and innovative scholarship, we were convinced that our best work would come from collaboration and were thrilled to have the support to move forward. While our actual research on local and national perspectives on clinical practice in teacher preparation is presented elsewhere in a series of co-authored articles, this article focuses on our collaborative writing experience.

First we will trace the history of the doctoral dissertation, discuss two current dissertation options, the five-chapter and the multi-article formats, and propose an alternative co-authored option. We then discuss the concept of collaborative writing, its associated strategies, and the inherent benefits specifically to its application in the academy. Finally, we will recount our approach to and experience with the process of co-writing a dissertation. Our intention for writing this article is to share our process of collaborative dissertation writing and to continue to break down barriers within university systems that block innovative and original approaches to scholarship.

Challenges to Completing a Doctoral Program

The journey to earn a Ph.D. is a daunting endeavor; one that few people undertake and even fewer complete. According to 2013 U.S. Census data, approximately 31% of the population holds a bachelor's degree, almost 12% hold a master's degree or higher, and a mere 1.68% have earned a Ph.D. (United States Census Bureau, 2013). The typical Ph.D. program consists of a minimum of 90 credits that includes coursework and dissertation hours and must be completed within ten years. The attrition rate for students in Ph.D. programs is dismal. A study of doctoral students at 29 universities in the United States and Canada found that 40-50% of Ph.D. candidates completed their program within the requisite ten years, despite rigorous selection processes and high achievement levels among students (Sowel, Zhang, Bell, & Kirby, 2010). Completion rates were higher in mathematics and the natural sciences; however, attrition rates were highest in social sciences and humanities (Sowel et al., 2010). Reasons for attrition from Ph.D. programs are numerous and include issues with time management, exhaustion, burnout, loss of interest in research, balancing personal and professional commitments, conflicts with supervisors and/or advisors, cost of graduate education, problems with writing the

dissertation, and a sense of isolation (Carter, 2004; Farkas, 2016; Morrison, 2014). In particular, the time between the end of formal coursework and the completion of the required dissertation is a very challenging period for graduate students, and an increasing number of Ph.D. students drop out of programs after completing their coursework and attaining the informal status of "ABD" (all but dissertation) (Bowen & Rudenstine, 1992).

The challenge of dissertation writing is evidenced by countless books, articles, guides, support groups, and online tools dedicated to supporting doctoral candidates. In the book *The Dissertation Journey* (2010), Roberts likened writing a dissertation to climbing a difficult mountain. In the first chapter titled, "Do you have what it takes?" Roberts asked readers, doctoral candidates, tough questions like, "What are you willing to sacrifice?" (p. 4) and, "How much are you willing to endure" (p. 5)? Roberts (2010) presented the "dissertation journey's essentials: commitment, perseverance, stamina, positive mental attitude, courage, and spirit of adventure" (p.13). Roberts acknowledged that the solitary nature of the dissertation process is in part responsible for the 40-50% attrition rate and dedicates a chapter to the value of dissertation support groups. Roberts (2010) stated:

> Researching and writing a dissertation can be lonely and isolating. For the most part, it is a solitary journey. It's easy to drop out when you feel as if no one understands or cares. So surrounding yourself with people who empathize and support you can be a valuable asset. (p.63)

It is interesting to note that in the natural sciences, the practice of collaborative research and co-authorship of research articles has long been the norm (Hakkarainen et al., 2014), whereas, the practice of individual research resulting in an "extensive monograph" (Hakkarainen et al., 2014) has been the model of the social sciences. Collaborative learning practices like peer writing groups have been identified as "a crucial activity to make the doctoral journey a less fearful and more joyful and constructive experience" (Wegener, Meier, & Ingerslev, 2016, p.

1093). More collaborative and team-oriented research and writing opportunities for doctoral students, particularly in the humanities and social sciences, may help mitigate some of the factors, such as isolation and problems with writing, that are associated with Ph.D. candidate attrition.

History of the Dissertation

Within the history of doctoral programs, dissertation writing is a long-standing rite of passage and the culminating exam for a Ph.D. candidate. At the end of the 13th century, German scholars merged research and teaching in universities, creating the first doctoral degrees (McClelland, 1980). As these studies developed, the final projects for doctors of philosophy evolved from oral lectures to published dissertations by the mid-eighteenth century (Breimer, Janssen, & Damen, 2005; McClelland, 1980). Roughly a century later, universities in the United States, in an effort to duplicate the German educational system, adopted the tradition of the doctoral dissertation (Duke & Beck, 1999). As a result, the first American doctor of philosophy was awarded by Yale University in 1861 (Wolfle & Kidd, 1971). It was not until the 20th century that countries other than Germany and the United States started regularly requiring doctoral students to complete dissertations (Willis, Inman, & Valenti, 2010).

Concerns with Purposes of the Traditional Dissertation

When the dissertation first originated, the main purposes were to train young scholars in an authentic experience of proper research methodology and to contribute original findings to research (Isaac, Quinlan, & Walker, 1992). These purposes, or traditions, still hold true today. Doctoral students need to demonstrate the ability to complete and communicate a complex research task of sufficient depth and quality and make an original contribution to the discipline's knowledge. In other words, doctoral programs require students to gain an in-depth

understanding of the process of designing, conducting, and interpreting a research project, as well as impacting their field of knowledge in meaningful ways. The combination of the content of the program, the process of high level research experiences, and the product of the dissertation is a valuable learning process inherent in all doctoral programs from their inception in the 13th century to the 21st century. Although we, the co-writers of this article, gained a great deal of content knowledge in our program and strengthened our understanding of the complexities of conducting research, we did not find the product of a traditional dissertation format conducive to either of the aforementioned purposes of a traditional dissertation: authentic experience or dissemination of original research.

Current Dissertation Models

Traditional Dissertation and its Limitations

In the dissertation process, doctoral candidates design, conduct, and present scholarly research that is intended to generate new knowledge. The traditional five-chapter dissertation is the most prevalent model in the academy, particularly in the social sciences, and includes the following chapters: Introduction, Review of the Literature, Methodology, Results/Findings, and Discussion/Conclusion. Dissertations are monographs that constitute elements of scientific communication, but their primary role is to demonstrate that the candidate of an academic title is able to drive and communicate independent and original research (Nassi-Calo, 2016). However, the reality is that far more dissertations remain unpublished than published. This practice does a disservice to all who participated directly or indirectly in the research, including the graduate, dissertation committee, the advisor, and perhaps even individuals or organizations supporting the work.

Original contribution issues. Research has shown that dissertations rarely get disseminated into academic journals (DeJong, Moser, & Hall, 2005; McPhie, 1960; Robinson & Dracup, 2008) and that academics rarely cite dissertations that have not been published into articles (Yoels, 1973). Research on percentages of dissertations disseminated is sparse, but one study conducted by McPhie (1960) empirically assessed the extent to which the results to dissertations are disseminated. McPhie (1960) sampled 385 dissertations from 54 universities and colleges completed in social studies education from 1934 to 1957. Of about 75% of the dissertations, publication data were available. Almost two-thirds were never published as articles and over 93% never became book chapters.

There are several reasons why dissertations do not get published, but perhaps the most significant is that the style and format inherent in a traditional dissertation is quite different than the expectations of journals. Because dissertations are often written differently than academic articles, most dissertations have to be revised and rewritten to be suitable for submission. While the information for the journal article is provided in the dissertation, a considerable amount of deleting, reorganizing, and consolidating is necessary to transform the study to journal format standards. This process can sometimes take 20 to 30 hours of revision for one journal submission because each journal has different formatting requirements and different audiences. Additionally, simultaneous submissions to multiple journals are prohibited because the researcher must wait for the article to be rejected before submitting it to another journal. This can be problematic given it is common for recent graduates of Ph.D. programs to get a time-consuming job and lose motivation to re-write their dissertation for publication (Robinson & Dracup, 2008; Tronsgard, 1963). Dissertation findings may become outdated if a Ph.D. graduate

waits too long to publish. If original contribution of knowledge is an expected outcome of a dissertation, then perhaps providing options for ways to disseminate the research to a broader audience should be considered.

Lack of authentic experience. Some scholars argue that the traditional dissertation format is a poor training tool because it is not an authentic experience that prepares doctoral candidates for future professional pursuits (Duke & Beck, 1999; Tronsgard, 1963). While an academic will write many academic articles through his or her career, he or she will write one dissertation. This moment in time for doctoral candidates should be pivotal in receiving mentorship on writing more generalizable genres, such as the journal article. Krathwohl (1994) confirmed this notion:

> The typical four or five-chapter dissertation structure trains students in a writing structure they will probably never again use. Equally importantly, it wastes the opportunity for students to learn writing for publication under faculty tutelage. Given the usual individual dissertation supervision, faculty are in a far better position to pass on this capacity to their student than at any other time in the graduate experience. (pp. 30-31)

Additionally, the process of the traditional dissertation is different than most practical work. For example, students who are in or plan to go into fields of practice may see minimal personal relevance in the traditional dissertation (Boeckmann & Porter, 1982), especially because it is unlikely to be disseminated to practicing professionals (De Jong et al., 2005; Gross, Alhusen, & Jennings, 2012; Robinson & Dracup, 2008). Most educational practitioners work in teams, while the dissertation tends to be a solo endeavor. If a perceived outcome of a dissertation is to provide an authentic experience, then the expectation for the final product should match the goals of the doctoral student after completing the program.

The Alternative Dissertation

In an attempt to overcome the limitations of the traditional dissertation, some programs in higher education have approved alternative dissertation formats (Archbald, 2010; Lee, 2010). At most universities, the alternative dissertation is often referred to as the manuscript format, and it is the primary format for an alternative approach. There are many advantages to the manuscript format that resolves the issues described earlier with dissemination and authentic experience. The authors of this article suggest thoughtfully answering the following two questions when determining if the manuscript option should be a viable option: (a) Will the format of this dissertation make it possible to disseminate the work to a wide audience? And (b) Will writing a dissertation in this format help prepare candidates for the type of writing and research they will be expected to do throughout their career?

Manuscript format: Three-article dissertation. The article-compilation dissertation, a popular format in the natural sciences for decades, is gaining momentum in the social sciences as well. This model is typically comprised of an introductory chapter followed by three related, yet stand-alone research articles, and a conclusion chapter. Given that the goal of a Ph.D. education is to produce candidates who demonstrate the ability to engage in high quality research and who are able to disseminate that research to a wide audience through journal publications, it stands to reason that some doctoral candidates would choose to produce a multiple article dissertation. In a study investigating variations in dissertation formats, Dong (1998) reported:

> The article-compilation format gives graduate students on-the-job training, preparing them for what they will be expected to do in their fields after they receive the Ph.D. degree. In addition, the article format reduces the time for publication if dissertation chapters can be submitted directly for journal publication, without requiring extensive pruning and reformatting; therefore, it meets the need for timely knowledge dissemination and it starts to accumulate credits for the student's professional career. (p.371)

If a doctoral student were given the option of writing the dissertation as a series of articles ready to be submitted for publication, it would address the problem of the limited readership of the traditional dissertation. From the outset, the student would be writing the dissertation not solely for their committee, but for a wider audience of professionals in the field; a similar audience of professionals for whom to write throughout his or her career. This option would also give the dissertation status as an authentic piece of research and would increase the potential of the dissertation to have a real impact on research and practice.

Collaborative Writing

Collaboration, the act of "working jointly with others or together especially in an intellectual endeavor" ("Collaborate," n.d.) is an essential skill across professional and academic fields. Collaboration, communication, creativity and critical thinking have been identified as necessary "learning and innovation skills [to prepare] students for increasingly complex life and work environments in today's world" (P21, 2016). Results of the National Association of Colleges and Employers (NACE) survey found that the top four attributes employers look for are evidence of leadership skills, ability to work in a team, written communication skills, and problem-solving skills (NACE, 2015). Lowry, Curtis, and Lowry (2004) noted "increasing globalization magnifies the need for collaborative work, and the Internet magnifies the ability to collaborate" (p. 67).

Collaborative Writing on the Rise

This emphasis on the interpersonal skills of collaboration and teamwork is highlighted by the increasing quantity of collaboratively written research articles appearing over the past several decades throughout industry, government, and academia. Many factors have influenced the increase in co-authored, collaborative research in academia including:

> pressure to publish, the complexity of large scale research, more sophisticated technology, a richer variety of expertise, the need to reduce isolation and sustain motivation, improved productivity, elevated quality of products, the security to take risks, increased creativity and support, division of labor, increased potential for publication, generation of ideas, less procrastination, access to new research networks, and increased potential for theory building. (Day & Eodice, 2001, p. 15)

Across a variety of disciplines in academia in the US and internationally, the proportion of co-authored articles has increased with some journals reporting upwards of 70% co-authored research (Day & Eodice, 2001; Hakkarainen et al., 2014). A survey of Scandinavian university publications reported a 20% increase in the proportion of staff who co-published from 1979 to 2000 (Kyvik, 2003). Similar increases in multiple-authored journal articles have been reported in the fields of economics and finance, (Barnett, Ault, & Kaserman, 1988), library and information science (Hart, 2000), management (Acedo, Barroso, Casanueva, & Galán, 2006), and in the social sciences (Whicker, Kronenfeld, & Strickland, 1993).

Understanding Collaborative Writing

As the concept of collaborative writing has expanded, research into the actual collaborative writing process has yielded contradictory results regarding authors reporting whether and to what extent they were involved in co-writing (Couture & Rymer, 1991; Ede & Lundsford, 1990; Hartley & Branthwaite, 1989). These results were attributed, in part, to a lack of "common taxonomy and nomenclature for interdisciplinary discussion" (Lowry et al., 2004, p. 67) and the variety of interchangeable terms (i.e., co-authoring, co-writing, collaborative writing, and group writing). In response, Lowry et al. (2004) built upon their definition of single-author writing as "writing conducted by one individual that involves planning, drafting, and reviewing" (p. 70) and proposed the following definition for collaborative writing:

> CW [Collaborative writing] is an iterative and social process that involves a team focused on a common objective that negotiates, coordinates, and communicates during the

> creation of a common document. The potential scope of CW goes beyond the more basic act of joint composition to include the likelihood of pre- and post-task activities, team formation, and planning. (p. 72)

Collaborative writing typically includes brainstorming, outlining, drafting, reviewing, revising, and copy editing by the team members who take on a variety of roles including writer, editor, reviewer, and team leader (Lowry et al., 2004). Coordination of these activities relies on strong communication among the co-writers who, according to one study, overwhelming used email, face-to-face meetings, and telephone as the preferred methods of communication (Noël & Robert, 2004).

Drawing upon research literature, Lowry et al. (2004) named and summarized collaborative writing strategies, with their associated uses, pros, and cons. Group single-author writing is used when one person writes the document based on input from a team (Lowry et al, 2004). Sequential writing involves more than one writer; however, only one person writes at a given time, completes the writing task, and passes it to another person to complete the next writing task (Lowery, 2004). Parallel writing involves multiple writers working on separate sections of a document at the same time (Lowery, 2004). Reactive writing involves multiple writers writing, reviewing and editing a document simultaneously (Lowry, 2004). Each of these strategies allows for varying degrees of efficiency, organization, creativity, and consensus-building.

Benefits and Challenges of Collaborative Writing

Collaborative writing is associated with a variety of benefits regarding the process and the end product. The collaborative writing process has the potential to improve the quality of work due to the team generating better ideas through the sharing of different perspectives from experts in multiple domains (Bayer & Smart, 1991; Laband & Tollison, 2000; Noël & Robert,

2004). Writing as a team allows for brainstorming, positive feedback, and division of labor which increases member motivation to finish and revise the document in a timely fashion. Additionally, teams benefit from the support of members who all have a stake in the final outcome (Fox & Faver, 1984; Noël & Robert, 2004). The improved quality of the final product increases the probability of acceptance by research journals (Bayer & Smart, 1991; Hart, 2000; Laband & Tollison, 2000, Presser, 1980).

Collaborative writing comes with its share of challenges as well. Working on a team requires its members to be flexible, respectful, responsible, trustworthy, and willing to compromise, knowing "the process by which collaboration occurs has the potential to create difficulties that range from confusion and misunderstandings, to significantly damaging relationships" (Zutshi, McDonald, & Kalejs, 2012, p. 33). In a survey conducted by Noël and Robert (2004), some respondents reported that the collaborative writing process made the task more challenging and time-consuming due to difficulties aligning writing styles, following a schedule, and managing multiple editions of a document, as well as managing conflict among team members and communication struggles. Zutshi et al. (2012) also identified attribution of authorship as a significant challenge in the collaborative writing process, specifically relating "to such issues as order of authorship, working with students, individual workloads and credit, opportunism and plagiarism, honorary authorship, and ghost authorship" (p. 34).

Collaborative Writing for Doctoral Candidates

While viewed as beneficial in a variety of milieus, in the academy as well as the private and public business sectors, collaborative writing has a particularly positive impact on doctoral students for whom one of their primary academic objectives is to learn "the craft of writing, knowledge production and publication" (Wegener & Tanggaard, 2013, p. 5). Academic research

and writing are complex work requiring hands-on experience and step-by-step guidance from experts to achieve the level of competence necessary to produce publishable manuscripts. Much of the research on collaborative writing in Ph.D. programs has focused on doctoral candidates co-authoring articles with supervisors in an apprenticeship model. In this context, benefits to both student and supervisor are numerous. Research suggests the process of co-authoring with supervisors is crucial to the growth of a doctoral candidate's academic competence by making visible and accessible the often hidden aspects of academic writing (Florence & Yore, 2004) and enhancing the candidate's expertise and publication output (Kamler, 2008). Co-authoring with supervisors "emphasizes the importance of acculturating doctoral students to work iteratively with shared research objects" (Hakkarainen et al., 2014, p. 2) and is "the crucial part of learning the ropes of academic publishing" (Kamler, 2008, p. 288). These collaborative writing experiences should not be limited to the supervisor/student dyad. Wegener and Tanggaard (2013) advised that a doctoral program should provide opportunities for students to interact collaboratively with as many different people as possible and asserted "doctoral programs and doctoral courses that encourage co-writing and, in general, collaboration with different partners are surely to be favored" (p. 19).

Considering the limitations of the traditional five-chapter dissertation, the increasing popularity of the multi-manuscript dissertation because of its application to the research and publishing expectations of the academy and the numerous benefits inherent in the collaborative writing process, a co-authored dissertation seems the next logical step. In their book, *(First Person)^2: A Study of Co-Authoring in the Academy,* which examines the process of academic co-authoring through a series of interviews of 10 successful co-author teams representing a range of disciplines, experiences, and expertise, Day and Eodice (2001) described their failed attempt to

gain permission to co-author a dissertation as impetus for writing the book. Day and Eodice's interviewees provided a wide range of reasons the graduate school and university personnel in other supervisory roles opposed a co-authored dissertation, including (a) the inability to clearly identify individual contributions to the scholarship; (b) the inherent challenge to the long-standing traditions of the academy; (c) the perceived negative impact on tenure and promotion; (d) the idea that somehow the doctoral candidates are getting away with not working as hard; and, (e) the fact that a co-authored multi-manuscript dissertation has never been completed in the social sciences and humanities fields.

Nonetheless, over half the co-authors in their study who were in a position to advise a dissertation indicated that they would do everything possible to support a collaborative dissertation. They were optimistic about the possibility of a co-authored dissertation "in which the voices of the co-authors are woven together from page one to the last page" (Day & Eodice, 2001, p. 169) and envisioned a future when co-authored dissertations were a viable and acceptable alternative to the traditional single-author five-chapter dissertation. These proponents of co-authoring stressed the need for a precedent to be set and were hopeful that continued attempts would "gradually break down traditional barriers and open the door for coauthored dissertations, especially in the humanities, in which there is yet to be a co-authored dissertation" (p. 157). By recounting the story of our dissertation journey, we hope to encourage future doctoral candidates to consider collaborative writing and continue to break down barriers that prevent the alternative of a co-authored dissertation along with the traditional and multi-article dissertation formats.

Our Collaborative Dissertation Journey

As doctoral candidates, we did not initially seek to collaborate and co-author our dissertation from the outset of our classes and research; however, we were advantaged with a unique set of commonalities, circumstances, and opportunities that paved the way for successful collaboration experiences throughout our Ph. D. program. It was those experiences that culminated in our decision to co-author a multi-article dissertation.

One commonality is our similar professional backgrounds which allowed us to have a shared understanding about teachers, teacher preparation, and the education profession. Both authors have a depth and breadth of experience in the PK-12 and university settings as public school teachers, university instructors, and supervisors of teacher candidates. Both authors are stakeholders and active participants in a well-established Professional Development School partnership between the local university and school districts in Northern Colorado. In 2011, both authors were a part of the first cohort of graduate students accepted into the university's newly created Ph.D. program in School Leadership. This program was designed as a cohort model with about a dozen students who would take classes together throughout their program. The cohort model, which helps to build a community of collaborative learners by providing academic and logistical support laid the groundwork for the authors to develop a professional relationship of mutual respect and trust.

As we continued with coursework, we began to consider potential topics for research. At this point in time, our advisor was involved in developing accreditation standards for the newly formed national accrediting body, the Council for the Accreditation of Educator Preparation (CAEP). Our advisor proposed the idea of researching the impact of CAEP's Standard 2: Clinical Partnerships, Clinical Educators, and Clinical Experiences on teacher preparation

programs at the local and national levels. Since we were heavily invested in the local partnership, it was a topic that aligned with our interests and expertise. At this point, our collaboration began to be more formalized. Working together we organized focus groups of partnership stakeholders at a local high school site and the university site. We co-designed the format of the focus groups, co-wrote the guiding questions for the semi-structured interviews, and determined the method for data collection, audio tapes with transcriptions. We collaborated on data analysis by identifying themes in the transcriptions that ultimately became organizing codes and sub-codes for subsequent research articles.

During this time, the authors were invited to be members of the newly formed Clinical Practice Commission (CPC) sponsored by the American Association of Colleges of Teacher Education, a national non-profit organization located in Washington, D.C. One of the goals of the CPC was to write and publish a report that would spearhead the operationalization of clinical practice as the essential component of teacher preparation, and participants in the CPC were asked to write drafts for different parts of this white paper. We volunteered to draft the review of literature, and this became our first collaboratively written document.

In the fall of 2015, we were enrolled in a course called Proposal Development, in preparation for our proposal defense. Throughout this course, we found ourselves constantly collaborating, discussing our research questions, and the similarities and overlapping content of our literature review. We were also planning for how to collect national data on clinical practice. Our professor recommended the multi-article dissertation format as an option that we had never even considered, and through numerous conversations, she ultimately suggested the novel approach of bringing the closely related topics of clinical partnerships and clinical experiences together in a single co-authored dissertation. Given that a collaboratively written dissertation is

nearly unheard of, we received permission from our advisor and then, requested and received permission from the Director of the School of Education. Needless to say, we were enthusiastic about the opportunity to engage in a novel approach to dissertation writing. We were excited to contribute something new to the field of education and felt that co-authoring our dissertation represented the foundational structure of effective clinical partnerships in teacher preparation. Because of the multitude of collaborative experiences we had experienced together up to that point, we were confident that we had developed the capacity to engage in the intense work of collaborative dissertation writing.

Our Collaborative Writing Process

Prior to participating in collaborative writing, we never formally researched the process or discussed the specifics of how we planned to successfully write together. Nonetheless, patterns of writing were quickly established and upon reflection, included the same stages identified by Lowry et al. (2004): brainstorming and outlining, drafting, reviewing and revising, and copyediting. Depending on the writing task, each author took on varying and interchangeable roles: sometimes the writer, other times the reviewer or editor. We both provided leadership, encouragement, and motivation when necessary, and our like-minded work ethic and compatible personalities allowed us to negotiate, compromise, and provide constructive feedback to each other.

Stages of Collaborative Writing

Brainstorming and outlining processes. We spent significant time engaged in the pre-writing activities of brainstorming and outlining. Normally, we communicated face-to-face during these stages and met almost every week. As mentioned previously, we were in the course, Proposal Development when we received permission to co-author a single dissertation,

and we immediately began to plan for our proposal defense when we would present an outline for the entire dissertation as well as rough outlines of the individual articles. We organized times and locations for our meetings, brainstormed our initial ideas, and then one article at a time, created sections, headings, and bullet points for each section. At this stage of collaboration, we rarely drafted; rather, we took notes, sometimes on paper, sometimes electronically, jotted down big ideas, and shared references. We always left each meeting with a to-do list of tasks and deadlines for completion. The tasks included organizing focus groups, analyzing data, completing the necessary graduate school requirements like Institutional Review Board application requests and School of Education forms from our institution, communicating with committee members, researching specific topics, and of course, writing drafts of different sections of the articles. To keep ourselves on track for looming deadlines like article completion and the dissertation defense, we created timelines with benchmarks for completion of smaller tasks.

Drafting processes. Drafting, or the formal process of writing, can take on many forms while co-writing. As referenced earlier, Lowry et al. (2004) identified sequential writing, parallel writing, and reactive writing as potential modes to utilize during the drafting process. We utilized all three modes at different points in time during the drafting process for each of the articles we collaborated on for our multi-article dissertation.

When the co-authors started their work together, Microsoft Word documents were used for initial drafts and to track changes. Comments within the document were utilized as a way to share thinking and ideas. The process was more of a back-and-forth model that Lowry et al. (2004) refers to as sequential writing. However, as we gained more experience with this mode of writing, we realized quickly that it was not the best use of our time because we were working on

two separate documents which needed to be combined eventually. Parallel writing and reactive writing became more effective when we began using Google Docs as our platform to write and share thinking because we could simultaneously work on the articles. Another example of efficiency in Google Docs, which helped in the drafting process, was the comments tab where each writer could send messages while writing. If both writers were working on the document and had a question about the content, a quick message could be sent to collaborate and problem solve in real time. A simple tool provided by Google Docs, we found it saved time and allowed for immediate feedback while writing.

Selecting a mode of writing to utilize between the co-writers is important, and deciding on who will write the different sections of a formal article as part of a dissertation is even more imperative. This determination is significant because doctoral candidates co-writing articles need to formally document that their independent work is equivalent to the amount of work an individual would undertake writing a traditional dissertation. We, the co-authors of this article, recommend authors gain experience writing all sections of an article, which may include an introduction, literature review, methodology, findings, discussion, and conclusion. To gain experience writing each section of an article, the authors intentionally changed the writing roles of the sections each time we moved into a different article. During the collaborative writing for one of our articles, one author wrote the introduction and review of literature, while the other author wrote the methodology and conclusion. Then when we collaborated on a different article, the roles of writing were reversed. While writing the different sections of an academic article in a dissertation is important so the Ph.D. candidate can show evidence of his or her ability to do so, it is equally important to create systematic routines for reviewing and revising the writing.

Reviewing and revising processes. Google Docs allowed the advantage of being able to simultaneously write an article; however, we felt that consistent and frequent face-to-face meetings offered several advantages while reviewing and revising our work. As all authors know and understand, writing is an extremely iterative process where planning, brainstorming, drafting, and editing are continually revisited throughout the process. This is certainly true in the reviewing and revising stages of writing.

For all the articles we co-wrote, including this one, we met frequently at different stages of the writing process. During the reviewing stages, both authors would meet after a certain amount of writing was accomplished to discuss roadblocks in certain sections or with specific ideas. The meetings always had a pre-established purpose or focus, but often the collaboration and discussions would extend past our initial purpose for the meeting and would solidify different, or better, directions to head with our writing. The ability to hold these meetings with another individual who was deeply involved with the writing, and who understood what the literature said about the topic, was paramount. After these meetings, we both went away with a better perspective, a clearer focus, and another set of writing tasks for independent writing. This would not have been possible had we been working in isolation.

Editing processes. The intent to create stand-alone articles in our dissertation that would eventually be submitted for publication was established from the onset of our work together. The editing process in a multi-article dissertation is extremely time intensive. For this purpose, we decided to hire a professional editor to help with editing of content, language usage, and APA formatting. By hiring an editor to provide editing services, we were able to continue with the writing processes of subsequent articles instead of spending countless hours for revision.

In addition to the element of time for editing, the competition to publish articles in peer-reviewed journals is more intensive than ever before. To cope with the increasing number of submissions, journals employ stringent submission and peer review processes. In this scenario, the quality of language in our journal articles was a critical factor. While the research presented in our manuscripts is relevant and compelling, issues with the use of proper academic language could result in initial rejection and publication delays. Peer reviewers will be looking for innovative research that is well-structured, well-written, and well-formatted. Editors know the guidelines to successfully publish a journal article in a peer-reviewed journal. By ensuring our articles were formatted correctly and well written to match the journal's standards, editors could maximize the authors' chance of getting published.

Having a professional editor also allowed us to gain greater knowledge on language usage, formatting requirements, and style and conventions. The skills and understanding of language and conventions we acquired during the editing process surpasses what we could have gained on our own. Our editor provided specific examples, exact pages to reference in the *Publication Manual of the American Psychological Association*, and suggestions on the formation of our headers. These are just a few examples of the services our editor provided, but we feel the level of detail in the editing enabled a great amount of learning throughout the editing process.

Conclusion

Collaboration and Communication: Cornerstones of Professional Partnerships

At this point in our journey of co-authorship, we have recognized and experienced several benefits as a collaborative team throughout our dissertation work as referenced in the literature. The quality of our work was elevated, the ideas were better constructed, the varying

perspectives allowed for optimal conclusions, and the authentic levels of support needed to accomplish this level of writing were all vital outcomes of our work together. All of our collective work in our dissertation has revolved around Standard 2: Clinical Partnerships and Practice which asserts that educator preparation providers (EPPs) seeking accreditation should have strong collaborative and communicative partnerships with school districts and individual school partners to pursue mutually beneficial and agreed upon goals for the preparation of education professionals (Council for the Accreditation of Educator Preparation [CAEP], 2013). We, the researchers of this manuscript, model the communication and collaborative ideals associated with Standard 2 in the professional work we do with our clinical partnership at Colorado State University. We also wanted to carry out the communication and collaboration elements of Standard 2 in our work as co-authors of a multi-manuscript dissertation because we knew how vital communication and collaboration were to our profession. Due to years of working together in a professional partnership in educator preparation, we knew our strengths in our professional partnership could be utilized in the process of co-writing.

Throughout our writing process, both communication and collaboration were the pillars which made our work together a success. Communication is a broad term that incorporates multi-faceted levels of interaction and sharing of information. Responsible communication practices can allow individuals to put forth the best representation of who they are as individuals in every relationship made, and this was evidenced in our work as co-authors. Co-writing provided opportunities to encourage each other to develop and hone aspects of our communication skills, which included acceptance of ideas, and open-mindedness to a variety of perspectives.

Additionally, collaboration was a benefit experienced both in working together in the professional partnership we both engaged with, and as co-writers throughout our Ph.D. program. Through our professional interactions collaborating on instructional practice, student placements, co-teaching, building needs, etc., we were able to capitalize on each other's strengths. Any decision that was associated with clinical practice and the Professional Development School (PDS) model was always done in collaboration.

As partners in a clinical partnership, we collaborate regularly to strengthen the partnership, and we knew this experience would help us thrive through our writing process. Sharing an experience, even an intellectual one like writing a dissertation, enriches and deepens the participants, the process of writing, and the product. Those who appreciate the value of collaboration are convinced their co-authored works are better than their individually written ones (Day & Eodice, 2001, p. 165). This is proven both in our professional work in a clinical partnership and as co-writers of a multi-manuscript dissertation.

External Challenges to Co-authoring a Dissertation

The requirement to work independently and individually write a dissertation does not align well with expectations in education where collaboration and communication among multiple individuals is required. Particularly in educator preparation, communication and collaboration are vital in clinical partnerships among university and PK-12, and stakeholders who cannot work in isolation. If collaboration and communication in a clinical partnership is essential, those skills could be enhanced in a co-written multi-manuscript dissertation. Our abilities to work together in communicating and collaborating professionally made our experience in co-writing a complete success. There was not a single situation during the six years working together in our Ph. D. and dissertation that we could not problem-solve. The

experience of co-writing did not create any challenges that could not be tackled by simple negotiation and constant iterative communication. We were committed from the beginning of our work together to problem-solve and strived to respect each other's ideas and perspectives. Because effective communication and collaboration, respect for varying ideas, and a commitment to problem-solve were core values to our work, there was not a single challenge we could not overcome. In fact, we both agree that the entire process of co-writing a multi-article dissertation was extremely positive, and we both learned more as a team than if we had done this work independently.

However, an external challenge arose that ceased our collaboration and forced our final co-authored dissertation to become a dream instead of a reality. That challenge was the requirement of the completion of an individual dissertation. We found out at a very late stage in our dissertation writing that even with the endorsement of our dissertation committee to complete a co-written multi-manuscript dissertation, the ultimate approval lies in the hands of the graduate school.

Co-Authoring a Multi-Article Dissertation: The Current State of Approval

Over the past two years of working on six co-authored articles, we operated under the approval of both our committee and the Director of the School of Education at that point in time. Both email and face-to-face communications were made prior to moving forward with our work from the beginning, and we were excited about the progressive support granted to us. Halfway through this final article, and while working on gathering articles to support our work, we came across a piece of writing that described two doctoral candidates who wanted to gain approval of the same type of dissertation model we were approved to do, yet they could not gain the approval from the graduate school.

Interestingly, 20 years after Day and Eodice (2001) were denied permission to present a single co-authored collaborative dissertation, we have experienced the same barriers. Two months before our anticipated dissertation defense and while researching and writing our final article on dissertation co-authorship, our research raised the question of graduate school approval. We posed our concern regarding approval of a co-authored dissertation to our committee who subsequently contacted the graduate school. The graduate school and the co-directors of the School of Education refused to endorse a co-authored dissertation prior to our anticipated defense date. Even after the co-authors had the opportunity to specifically demonstrate independent contributions within the dissertation, the co-directors refused to sign the final dissertation papers and the graduate school would only accept a single-authored dissertation, stating, in part, the fact that the form from the graduate school only provides one line for an author of a dissertation. Regardless of the rationale for our collaborative approach, the graduate school and the co-directors of the School of Education directed us to split our work into independent dissertations by each taking three of the six articles we had co-authored and then writing additional introduction and conclusion chapters for each dissertation.

Although the final products of our collaborative work were two separate dissertations, we maintain that our experience as collaborative researchers and writers has been remarkably positive. We feel Day and Eodice (2001) said it best:

> Perhaps if academia could look at dissertations not as a hoop to be jumped through, a convention to be mastered, a tradition to be perpetuated, but as an opportunity for innovation, discovery, and real joy that comes with authentic learning—perhaps then co-authored dissertations would make more sense. (p. 164)

We want to share our unique journey regarding our dissertation process, and show why, when appropriate, alternative approaches to a dissertation should be an option for doctoral students. This article is intended to help and encourage doctoral students seeking a progressive alternative

in a dissertation to create a roadmap of how to co-write a multiple article dissertation. Dissertations can take on many forms, but it is time to have co-written dissertations as a viable option in doctoral programs.

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CHAPTER 5: SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS FOR FUTURE RESEARCH

Viewed individually, each article in this multi-manuscript dissertation on clinical partnerships in educator preparation represents a separate study with its own set of research questions, independent data gathered from distinct focus groups and unique findings. However, considered in its totality, this series of articles presents a collective voice of renewal and innovation focused on critical partnerships in educator preparation and educational research. While the three articles represent three distinct studies, one theme was woven through the articles and served to link the articles together: the effort to value and amplify the voices in the partnerships. In Chapters 2 and 3, descriptions of clinical partnerships and experiences and their alignment to Council for the Accreditation of Educator Preparation (CAEP) Standard 2 were not gathered by evaluating educator preparation programs, studying curriculum or even by simply observing partnerships in action. Instead, the researchers chose to make the voices of the stakeholders the primary source of data collected through focus groups. The researchers intentionally modeled the concept of praxis, bringing together theory reflected in the CAEP standards and current literature and practice, illustrated by the authentic experiences of the participants. These authentic and common experiences amplified and deepened the understanding of the CAEP standards by transforming them from an outline in a table to a complete story, bringing the CAEP standards to life. Similarly, in Chapter 4, the researchers brought to life the processes, benefits, and challenges of co-authoring reported in the literature by sharing their personal experiences. In this final chapter, the author summarizes findings from the

three articles presented, reflecting on themes that emerged after the analysis was completed and the articles were written, and recommends direction for future research.

Key Findings

Clinical Experiences at an Accredited PDS

Chapter 2: Clinical Experiences in Action: Voices from an Accredited Professional Development School focused specifically on the clinical experiences described by UBTEs, SBTEs, and teacher candidates at an accredited PDS. For this study, the researcher used a priori codes developed from CAEP Standard 2.3: Clinical Experiences to analyze the focus group participants' voice. The researcher found a high level of consistency in the focus group participants' understanding of the components and benefits of clinical experiences. All focus groups identified the importance of scaffolded, multi-year clinical experiences in authentic settings where teacher candidates engaged in reflective theory to practice activities that allowed them to acquire the knowledge, skills, and professional dispositions required of new teachers. Focus group participants also highlighted that teacher candidates trained in clinically rich settings like a PDS were better prepared to step into a classroom on day one. Across the three focus groups, commonalities in responses indicated alignment with three significant components of Standard 2.3: *depth, breadth, and duration, development of professional dispositions*, and *development of knowledge and skill*s, as well as the additional component, *praxis*, which emerged as an inductive code.

National Voices in Clinical Partnerships and Experiences

For the study described in Chapter 3: Unpacking CAEP Standard 2: Unified National Voices on Clinical Partnerships and Experiences, the researchers broadened the research questions to include both clinical experiences and clinical partnerships. The researchers used a

priori codes for clinical experiences developed for the single partnership study discussed in Chapter 2 plus the codes for clinical partnerships developed for a complementary study (Decker, 2017). The researchers expanded the scope of the focus groups, moving from the voices of a single accredited university partnership to the collective voices of national partnership stakeholders representing EPPs, agencies, and organizations associated with educator preparation. All three focus groups referenced, with a high degree of frequency, the following components and identified them as essential to clinical partnerships and experiences: *depth, breadth and duration of experience, developing knowledge and skills, the importance of praxis, collaboration among partnership stakeholders, partnerships that are mutually beneficial*, as well as *sustaining and generative, partnerships that demonstrate positive impact on PK-20 students*, and *partnerships that have shared accountability among stakeholders*. The high level of consistency with which these components were mentioned across all focus groups underscored the participants' common understandings of how essential these components are to the development of clinical rich partnerships and well as the vital role partnerships play in the effective preparation of teachers.

Partnerships in Research and Dissertation Writing

The intent of this article was to share the authors' research journey and lessons learned as partners of a co-authored dissertation. Chapter 4: The Future of Collaborative Writing in the Academy: A Co-authored Dissertation explored the history and challenges of doctoral dissertations and discussed current dissertation models, including the traditional five-chapter dissertation and the multi-manuscript dissertation. The concept of collaborative writing, including benefits, challenges, and processes were presented and researchers' experiences writing in a partnership was described. The decision to co-author a dissertation was a logical

extension of the authors' professional roles as university-based and site-based teacher educators, as well as the research topic of clinical partnerships and practice described by educator stakeholders as viewed through the lens of the CAEP standards. Of particular interest to this study was the emergence of the themes of collaboration, mutually beneficial, and shared accountability that were identified in Chapters 2 and 3 as cornerstones of a clinical partnership and likewise were found to be critical in a co-authoring partnership.

Reflective of the literature detailing the benefits of collaborative writing (Bayer & Smart, 1991; Hart, 2000; Laband & Tollison, 2000; Noël & Robert, 2004; Presser, 1980), the authors of this study confirmed through their experience that the articles resulting from their work were of higher quality than what would have been produced individually, increasing the likelihood of being published. Additionally, the collaborative process counteracted often cited difficulties associated with doctoral candidate attrition such as a sense of isolation, a loss of interest in the topic, and failure to complete of the dissertation (Carter, 2004; Farkas, 2016; Morrison, 2014). Although ultimately denied permission to present their collaborative work in a single dissertation, the researchers maintain that the multi-article co-authored dissertation should be an alternative option for doctoral candidates seeking an innovative model to present their research.

Beyond the Research Questions

In Chapters 2 and 3, the overarching purpose of the research was to present how stakeholders in EPPs described their experiences with and the associated benefits of clinical partnerships and to analyze the degree to which the descriptions aligned with CAEP Standard 2. Beyond answering the research questions, the researchers uncovered intriguing patterns of responses from the focus groups.

Across the focus groups in both studies, whether UBTEs, SBTEs, or teacher candidates, the participants consistently used the language of CAEP Standard 2 in their descriptions of clinical practice. It is important to note that the questions that framed the focus group interviews did not explicitly incorporate language from the CAEP Standard 2, but instead used neutral language. This decision was intentional because the researchers did not want to lead participants to use the language of the standard, represented by the a priori, deductive codes established to analyze the focus group data for the studies. Nonetheless, the participants' descriptions of clinical practice incorporated phrases like mutually beneficial, shared accountability, and positive impact, language that comes directly from CAEP Standard 2. The ease with which focus group participants discussed partnerships using the language of the CAEP standards, without perhaps being aware of it, suggests that the CAEP standards accurately reflect some EPPs' current understanding and practices. Further, it suggests that the language of the CAEP standards is accessible and unambiguous and that the standards are attainable. The researchers speculate that the consistent use of the lexicon of CAEP Standard 2 represents the participating stakeholders' comprehensive understanding of quality clinical partnerships and clinically rich practice.

The second pattern to emerge was a striking similarity in the descriptions of quality clinical partnerships among all focus groups. Research has pointed to disparate training of teacher candidates and a lack of consensus on what candidates need to be able to know and do. In contrast, among the focus group stakeholders, the researchers uncovered a remarkably consistent and common set of expectations for quality educator preparation that revolved around clinical practice in authentic settings, suggesting that some consensus does exist. Often the communication of this consensus is hampered by the lack of a common lexicon. As the sole

accrediting agency for EPPs, CAEP and its standards, which reflect what focus group participants identified as important components of clinical practice hold the potential to establish a unified language to allow all stakeholders to communicate best practices effectively.

Recommendations for Future Research

Findings from chapters 2 and 3 highlight the importance of placing clinical practice at the core of educator preparation. The American Association of Colleges for Teacher Education Clinical Practice Commission (2017) defines clinical practice as the "plumbline that runs through high quality teacher preparation" (p. 7) and suggests that coursework be designed to complement increasingly complex and authentic clinical experiences that are carefully scaffolded in a developmental continuum. Yet, focus groups consistently expressed the desire for additional and enhanced experiences to bridge the gap between theory and practice and spoke of the need for clinical experiences to be embedded earlier and with greater intentionality throughout the teacher candidate's education. Authentic settings provide the space for teacher candidates to develop and practice high-leverage practices in a scaffolded environment that allows the opportunity for mentor feedback and reflective action. Often, in teacher education, the theoretical coursework is the primary vehicle for delivery of curriculum and the clinical experiences in authentic settings are secondary and play a supporting role. To place clinical experiences at the core of educator preparation requires a paradigm shift, making the experiences primary and the theory embedded in and serving to support those experiences. This shift of thinking and program restructure will take commitment, communication, engagement, and resources on the part of all stakeholders involved in a university/school district clinical partnership including professional development and training, but holds tremendous potential to better prepare future educators.

The articles in this study illustrate the power of clinical partnerships supported by CAEP standards to improve and renew educator preparation. Moreover, the collaborative research and writing processes undertaken by the authors of this study suggest that partnerships can be powerful tool for innovative research in education. The authors of this study recommend that clinical partnerships leverage the power of collaborative research to strengthen the partnership, by not only better preparing future teachers but by being active participants in solving problems of practice at both the local and national level. Within clinical partnerships, structures already exist for this kind of collaboration to take place; university and school partners could mutually identify research questions and use the schools as research settings. Research partnerships could help bridge the gap between academic research and the implementation of evidence-based practices by engaging all stakeholders in the research process. In explaining the value of research-practice partnerships, Tseng (2012) wrote:

> Instead of asking how researchers can produce better work for practitioners, partnerships ask how researcher and practitioners can jointly define research questions. Rather than asking how researchers can better disseminate research to practitioners, partnerships strive for mutual understanding, and shared commitments from the beginning. Successful partnerships enable researchers to develop stronger knowledge of practitioners' challenges, their contexts, and the opportunities and limitations for using research. And they allow practitioners to develop greater trust of the research and deeper investment in its production and use. (p.1)

Collaborative partnership research empowers and benefits both researchers and practitioners, and with the ability to more quickly implement evidence-based practices, has the potential to positively impact PK-20 education. Furthermore, collaborative research could lead to expanded opportunities for collaborative scholarly work, writing and dissemination, pave the way for a greater acceptance of collaboratively authored dissertations, and generate renewal and innovation in educator preparation and educational research.

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