

Field Experience and Clinical Practice



The Heart of VSU education/Professional Preparation Programs

Background (From NCATE Blue Ribbon Report, on Clinical Preparation and Partnerships for Improved Student Learning)

*The needs of public education are greater than they have ever been before. In light of this, we need a dramatic overhaul of how teachers are prepared. This will require two major shifts. First, the very focus of teacher education programs needs to be redesigned from beginning to end. Teacher education has too often been segmented with subject-matter preparation, theory, and pedagogy taught in isolated intervals and too far removed from clinical practice. **But teaching, like medicine, is a profession of practice, and prospective teachers must be prepared to become expert practitioners who know how to use the knowledge of their profession to advance student learning and how to build their professional knowledge through practice. In order to achieve this we must place practice at the center of teaching preparation.***

1. More Rigorous Accountability.

All teacher education programs should be accountable for – and their accreditation contingent upon – **how well they address the needs of schools and help improve P-12 student learning.**

2. Strengthening Candidate Selection and Placement .

In order to make teacher education programs more selective and diverse, the **selection process** must take into consideration not only test scores but key attributes that lead to effective teachers. The report calls for clinical internships to take place in school settings that are structured and staffed to support teacher learning and student achievement. Require that candidates be **supervised and mentored by effective practitioners, coaches, and clinical faculty. Clinical faculty – drawn from higher education and the P-12 sector will have a say about whether teacher candidates are ready to enter the classroom on the basis of the candidate’s performance and student outcomes.**

3. Revamping Curricula, Incentives, and Staffing .

It is time to fundamentally redesign preparation programs to support the **close coupling of practice, content, theory, and pedagogy. Preparation faculty and mentor teachers should routinely be expected to model appropriate uses of assessment to enhance learning.** Higher education must develop and implement alternative reward structures that enhance and **legitimize the role of clinical faculty** and **create dual assignments for faculty with an ongoing role as teachers and mentors in schools.** Similarly, school districts can work with preparation program partners to advance new staffing models patterned after teaching hospitals, which will enable clinical faculty, mentors, coaches, teacher interns and residents to work together to better educate students and prospective teachers as part of **clinical practice teams.** This report also urges the development of **rigorous criteria for the preparation, selection, and certification of clinical faculty and mentors.**

10 Design Principles for Clinically Based Preparation

1 . Student learning is the focus: P-12 student learning must serve as the focal point for the design and implementation of clinically based teacher preparation, and for the assessment of newly minted teachers and the programs that have prepared them. Candidates need to develop practice that advances student knowledge as defined by, for example, the Common Core State Standards, for those subjects for which they have been developed.

2 . Clinical preparation is integrated throughout every facet of teacher education in

a dynamic way: The core experience in teacher preparation is clinical practice. Content and pedagogy are woven around clinical experiences throughout preparation, in course work, in laboratory-based experiences, and in school-embedded practice.

3 . A candidate's progress and the elements of a preparation program are continuously judged on the basis of data:

Candidates' practice must be directly linked to the InTASC core teaching standards for teachers and Common Core Standards, and evaluation of candidates must be based on students' outcome data, including student artifacts, summative and formative assessments; data from structured observations of candidates' classroom skills by supervising teachers and faculty; and data about the preparation program and consequences of revising it.

4 . Programs prepare teachers who are expert in content and how to teach it and are also innovators, collaborators and problem solvers:

Candidates must develop a base of knowledge, a broad range of effective teaching practices, and the ability to integrate the two to support professional decision-making. To be successful teachers in challenging and changing environments, candidates must learn to use multiple assessment processes to advance learning and inform their practice with data to differentiate their teaching to match their students' progress. Further, effective teachers are innovators and problem solvers, working with colleagues constantly seeking new and different ways of teaching students who are struggling.

5 . Candidates learn in an interactive professional community:

Candidates need lots of opportunities for feedback. They must practice in a collaborative culture, expecting rigorous peer review of their practice and their impact on student learning.

6 . Clinical educators and coaches are rigorously selected and prepared and drawn from both higher education and the P-12 sector:

Those who lead the next generation of teachers throughout their preparation and induction must themselves be effective practitioners, skilled in differentiating instruction, proficient in using assessment to monitor learning and provide feedback, persistent searchers for data to guide and adjust practice, and exhibitors of the skills of clinical educators. They should be specially certified, accountable for their candidates' performance and student outcomes, and commensurately rewarded to serve in this crucial role.

7 . Specific sites are designated and funded to support embedded clinical preparation:

All candidates should have intensive embedded clinical school experiences that are structured, staffed, and financed to support candidate learning and student achievement.

8 . Technology applications foster high-impact preparation:

State-of-the-art technologies should be employed by preparation programs to promote enhanced productivity, greater efficiencies, and collaboration through learning communities. Technology should also be an important tool to share best practices across partnerships, and to facilitate on-going professional learning.

9 . A powerful R&D agenda and systematic gathering and use of data supports continuous improvement in teacher preparation:

Effective teacher education requires more robust evidence on teaching effectiveness, best practices, and preparation program performance. A powerful research and development infrastructure – jointly defined by preparation programs, school districts, and practitioners – supports knowledge development, innovation, and

continuous improvement. While not every clinically based preparation program will contribute new research knowledge or expand development, each must systematically gather and use data, and become part of a national data network on teacher preparation that can increase understanding of what is occurring and evidence of progress in the field.

10 . Strategic partnerships are imperative for powerful clinical preparation:

School districts, preparation programs, teacher unions, and state policymakers must form strategic partnerships based on the recognition that none can fully do the job alone. Each partner's needs can be met better by defining clinically based teacher preparation as common work for which they share responsibility, authority, and accountability covering all aspects of program development and implementation.