

The Importance of Strong Clinical Preparation for Teachers

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The Secretary of Education is very fond of saying that “it takes a whole university to educate a teacher.” (Duncan, 2009) Although he is correct in emphasizing the need for strong collaboration among Arts and Sciences faculty and Education School faculty in preparing teachers, in reality, it takes much more than a college or university to educate teachers well. Many years of research has confirmed the importance of a strong clinical education in helping new teachers take up the specific practices that will have a positive impact on the learning of their students (Darling-Hammond & Bransford, 2005).

Although some aspects of what teachers need to learn can be acquired outside of the elementary or secondary school classrooms for which they are being prepared, it is clear from several decades of research on learning and research on teacher learning that a number of crucial elements of professional practice can only be learned in the context of the classroom under the guidance of a strong mentor (Ball & Cohen, 1999; Feiman-Nemser, 2010).

Unfortunately, this kind of high quality clinical preparation which is necessary for all teachers regardless of the particular pathway they take into

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teaching, is not uniformly available to all teacher candidates. Although most states require some supervised clinical experience in pre-service teacher preparation programs, their requirements vary greatly. Amazingly, eleven states do not require any clinical training before individuals become teachers of record responsible for classrooms. Some states have requirements for clinical education in alternative route programs that are less rigorous than those for traditional programs where most of the preparation is completed before individuals become teachers of record (AACTE, 2010).

Consequently, in certain areas of the country where alternative route programs prepare substantial numbers of teachers for public schools, it is the students living in poverty who attend high needs schools with high teacher turnover who are most frequently assigned teachers with the least pre-service preparation. (Peske & Haycock, 2006). These are the students who can least afford to experience the mistakes of underprepared teachers.

“Early-entry “teacher education programs are those that enable teacher candidates to become teachers of record without substantial pre-service clinical training (Grossman & Loeb, 2008). These have become more common in certain parts of the country and in certain subject areas where there are pressures to staff classrooms in high-needs schools with teachers who have had minimal pre-service preparation of any kind, including clinical preparation. This has resulted in more teacher candidates struggling through their major clinical experience while acting as the teacher of record for classrooms of under-served students (Zeichner & Hutchinson, 2008).

Although research on the efficacy of different pathways into teaching has shown mixed results when examining which program models have desired effects on teacher recruitment, retention and teacher quality, there is some evidence that teachers who become teachers of record without having completed carefully structured and supervised clinical experiences are less effective in promoting student learning in their first few years of teaching (Boyd, et.al. 2008; Zeichner & Conklin, 2005).

Even when teacher candidates complete pre-service teacher education programs that have clinical experiences before becoming fully responsible for classrooms, there is no guarantee that this clinical preparation is of high quality and has supported the level of professional learning that is needed for teachers to be successful (Valencia, et. al. 2009).

Today I will briefly summarize the research basis for strong clinical preparation for teachers and identify several key elements that make the clinical education of teachers instrumental in preparing professionals who are able to: (a) enact research-based teaching practices that research are most likely to promote student learning; (b) develop the expertise that enables them to make strategic adaptations in their teaching when required for the learning of their students and (c) learn how to learn in and from their practice so that they can continue to become increasingly effective teachers throughout their careers (Hammerness et. al. 2005).

The clinical education for teachers that exists today in the U.S. is highly varied in its characteristics and quality (Clift & Brady, 2005; National

Research Council, 2010). It consists of experiences for varying lengths of time in schools, in designed settings such as virtual classrooms, and in community settings (Grossman, 2010). The quality of school placements, the frequency and quality of mentoring, supervision and coaching, the degree of connection between the clinical experiences and the other parts of the preparation program, and the overall degree of monitoring of the quality of the experiences varies greatly within and across programs (Grossman, 2010; Zeichner, 2010).

There are several key elements that research has shown are important to strong clinical preparation for teachers (Boyd, et al. 2009; Boyle-Baise & McIntyre, 2008; Darling-Hammond, 2006; Feiman-Nemser, 2010; Grossman, 2010; National Research Council, 2010; Zeichner & Conklin, 2008).

1. Clinical experiences should provide opportunities for teacher candidates to observe, practice, and receive high quality coaching and assessment related to teaching practices that are known to promote student learning.
2. Clinical experiences in schools and communities should be carefully structured and mediated in a manner that provides teaching experience appropriate for candidates' level of readiness and careful scaffolding toward full teaching responsibility.

3. There should be joint planning and ongoing evaluation of the curriculum for clinical experiences by the relevant partners responsible for the training (e.g., school, community, and university teacher educators).
4. Clinical placement schools and mentor teachers should be selected based on the quality of teaching they exhibit and on the potential of mentors to provide high quality coaching on the teaching practices that are emphasized in a teacher education program and that are known to promote student learning.
5. Mentor teachers and school-based and university-based field supervisors who work with teacher candidates should be formally prepared for and supported in their work with regard to both coaching and assessment practices.
6. Even with improvements in the quality of mentoring and supervision through more consistent training and ongoing support, there is still a need for more valid and reliable performance assessments of teaching that include attention to the ability to promote student learning to determine a candidate's readiness to be awarded an initial teaching license.
7. There is substantial empirical evidence that under certain conditions carefully mediated experiences for teacher candidates in the communities served by their placement schools help develop important personal qualities and teaching skills.

Because of the tremendous variability that currently exists with regard to the nature and quality of clinical experiences and what is known about the

characteristics of high quality clinical preparation, several policy steps are warranted. These are:

1. States should require all individuals who are seeking initial teaching licenses to complete a minimum amount of carefully supervised clinical experience prior to becoming legally responsible for a classroom of students. At least a semester (450 hours) of fulltime student teaching, internship or residency is the absolute minimum amount of supervised clinical experience that should be required.
2. States should require university and school-based mentors and supervisors to be formally prepared for their work and develop standards that define an acceptable mentor training program.
3. Schools and mentor teachers who agree to serve as sites for clinical experiences should be provided with incentives and financial support for their work by states and the federal government. Currently there is inadequate support provided for these sites to enable them to consistently provide the quality of mentoring and assessment needed.
4. States should evaluate the quality of clinical preparation in all pathways and programs according to clear standards that address what is known about the elements of strong clinical preparation.
5. States should examine the extent to which genuine collaborative work between schools and universities exists with regard to the planning and

ongoing evaluation of clinical education in their regular reviews of teacher education programs.

6. The federal government should provide support for the development and implementation of high quality teacher performance assessments that would be administered during the major clinical experience in teachers' pre-service education and that would provide an evaluation of the quality of this preparation.
7. The National Research Council (2010) has recommended that current methods of state program approval and national accreditation should be closely examined to determine how well they contribute to evaluating and improving program quality. Additional resources for supporting the elements of good clinical preparation may be found by reallocating funds from accountability methods that do not contribute to these goals.

In summary, even though research on the clinical education of teachers is somewhat limited, with regard to the efficacy of particular practices it does provide a set of clear guidelines for defining high quality clinical preparation for teachers.

You will now hear about several specific examples of work from different parts of the country that illustrate some of the elements of effective clinical preparation for teachers. Although there is much promising work going on today to reinvent the clinical education of teachers to more closely represent the elements of effective practice that I have mentioned today, there is no single model or approach (e.g., teacher residency, professional development, partner

school, or co-teaching) that is a panacea for the enduring problems of the field.

In the end, the elements of good clinical preparation for teachers can be achieved through a number of different models and approaches. We should continue to allow this diversity to exist and focus on what matters most, the presence of the elements of good clinical practice such as careful selection of clinical placements, preparation and support for mentors and schools that serve as clinical sites and the development of more rigorous evaluations of the success of these efforts in the practice of teacher candidates as well as their ability to promote student learning upon completion of their pre-service preparation.

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