

Middle Grades Review

Volume 3 | Issue 2

Article 6

August 2017

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Recommended Citation

Turner, Steven L. and Greene, Carie C. (2017) "Opening the Classroom Door - A Survey of Middle Grades Teachers Who Mentor Preservice Teachers— Lessons from Clinical Partnerships and Implications for Practice," *Middle Grades Review*: Vol. 3 : Iss. 2 , Article 6.

Available at: <https://scholarworks.uvm.edu/mgreview/vol3/iss2/6>

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Opening the Classroom Door: A Survey of Middle Grades Teachers Who Mentor Preservice Teachers—Lessons from Clinical Partnerships and Implications for Practice

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Abstract

Middle school mentor teachers who participate in school-university clinical experiences have a unique opportunity to support preservice middle grades teachers' development and improve the schooling of young adolescents. This article investigates an early clinical experience and presents data from a survey of 38 middle school teachers who served as mentor teachers. Findings address how middle grades teachers view their role as mentors, their perceptions of the clinical experience as a collaborative learning partnership, and concludes with suggestions to improve clinical experiences for preservice middle grades teacher candidates.

Introduction

Preservice middle grades teachers often identify early clinical experiences and the influence of their mentor teacher as a powerful influence on their development and professional identities (Howell, Carpenter, & Jones, 2013; Sears, Cavallaro, & Hall, 2004). Accountability reform, political initiatives and what we are learning about the way young adolescents learn best have all contributed to a great need for improving the quality, duration, and supervision of teacher education programs (Allen, Ruebel, Greene, McDaniel, & Spencer, 2009; Anfara, 2009). Since early clinical experiences are one of the first opportunities preservice middle grades teachers have to immerse themselves in the culture and day-to-day work of their chosen profession, mentor teachers' perceptions and execution of their role and responsibilities during a clinical experience is crucial to facilitate positive internship experiences and help middle-level teacher candidates better understand the multifaceted nature of learning to teach (Andrews & Thompson, 2016; Cherian, 2007).

Given the important role of mentor teachers in preservice middle grade teacher education, it is surprising research examining mentor teachers' contributions to and perspectives of early clinical experiences is limited (National Council for Accreditation of Teacher Education

[NCATE], 2010; O'Brian, Stoner, Appel, & House, 2007). Middle grades educational researchers have suggested more attention in teacher education should be directed toward clinical partnerships and the experiences of mentor teachers and their supervision of preservice teachers (Howell et al., 2013). International communities of teacher educators have called for more opportunities to share global perspectives regarding supervision of clinical experiences (Quinn, McCarthy, & Young, 2009). With the goal to contribute to such data, this article presents the results of a survey of 38 middle grades mentor teachers and investigates their understanding and perception of their roles and responsibilities as they mentor a preservice middle grades teacher.

Early Clinical Experiences: The Wisdom of Practice

Early clinical experiences are meant to provide teacher candidates with authentic classroom experiences and practical knowledge to help the intern develop a context for understanding and facilitating the complex, multidimensional relationship between learning and teaching (McDermott, Gormley, Rothenberg, & Hammer, 1995; Zeichner & Bier, 2015). For the purposes of this article, clinical experiences prior to student teaching are called early clinical experiences. Transfer of knowledge in teacher education programs has been strongly linked to whether there are multiple

opportunities for teacher candidates to develop knowledge about teaching by experiencing and reflecting on authentic classroom situations (Moore, 2003). For this reason, early clinical experiences are often regarded as one of the most significant aspects of teacher preparation programs (Howell et al., 2013; Vizenor, 2017; Weasmer & Woods, 2003). Typical opportunities and areas of growth for teacher candidates during early clinical experiences at the middle level include planning lessons and units, building and integrating knowledge of young adolescent development, improving classroom management techniques, practicing classroom assessment, and differentiating and evaluating instruction to meet the individual learning needs of young adolescents (McEwin, Dickinson, & Smith, 2003).

How are clinical experiences typically arranged? Many teacher education programs follow a medical school internship model. An intern or teacher candidate is placed in a middle school (clinical environment) to experience the total milieu of classroom teaching within their intended area of licensure. One key aspect of a clinical experience is the collaboration between the mentor and the intern (Zanting, Verloop, & Vermunt, 2001). The mentor's activities of providing the intern with feedback, formal and informal evaluations, and initiating relevant discussions regarding daily aspects of working with young adolescents can provide a meaningful environment for the teacher candidate's growth (Zanting, Verloop, & Vermunt, 2003a). Mentor teachers can assist interns with development of self-regulated learning that involves self-motivation, metacognition, and strategic actions (Perry, Hutchinson, & Thauberger, 2007). A well-structured clinical experience has the potential to contribute considerably to the professional learning and development of teacher candidates, and its effect is to underscore the scope and complexities of working in an authentic learning environment (Graham, 2006).

Although many teacher education programs have early clinical experiences as part of their requirements, there is not widespread agreement on the expected design or intensity of the clinical experiences (Darling-

Hammond, Hammerness, Grossman, Rust, & Shulman, 2005). While poorly designed clinical experiences are much less common now than in times past, they do exist (NCATE, 2010; Zeichner & Bier, 2015). Consequently, for some teacher candidates, clinical experiences may not lead to the intended analysis, reflection, and growth expected of preservice teachers (Anderson, Barksdale, & Hite, 2005). Having a poor-quality clinical experience can produce adverse feelings and even a negative attitude in a teacher candidate (Unlu & Guvn, 2010). The duration and type of clinical experiences vary widely within teacher preparation programs, making it difficult to always conclusively identify effective practices (O'Brian et al., 2007). Often, clinical experience sites are chosen unseen, and the mentor teachers involved may not always be the most experienced or qualified teachers at the site—they are more likely to be teachers who are willing to take on the added responsibility of an intern (Giebelhaus & Bowman, 2002; Zeichner & Bier, 2015). Careful selection of mentor teachers needs to be considered, since being a successful classroom teacher does not necessarily guarantee that those same teachers will be effective mentors (Hobson, Ashby, Malderez, & Tomlinson, 2009).

Early Clinical Experiences: The Middle Grades Perspective

At the national level, there are many aspects of K-12 teacher education that are cited for improvement, however, many have specifically called for a specific focus at the middle level (Association of Middle Level Educators [AMLE], 2012; Ellerbock, Kersaint, Smith, & Kaskeki, 2016). In the United States, 46 states (and the District of Columbia) require some aspect of specialized preparation for licensure to work in middle schools (Howell et al., 2013). Research in middle level education indicates teacher preparation programs must help preservice middle level teacher candidates make explicit connections to middle level philosophy and emphasize the need for developmentally responsive teaching (Howell, 2012; Lounsbury & McEwin, 2016). The 2012 AMLE Standards for Preservice Teacher Preparation call for preservice teachers to both be prepared to understand middle school concepts as well as to be able

to promote recommended middle level philosophy and beliefs (AMLE, 2012). Middle level teacher candidates can study *This We Believe* and review *Turning Points 2000* to learn what is unique about working with students in grades 4-8, but to truly develop insight that helps preservice teachers be prepared to work in middle schools, middle grade preservice teachers need authentic opportunities to see middle level philosophy in practice during clinical experiences.

Teachers and teacher educators advise that meaningful clinical experiences allow preservice teachers to encounter the challenges of classroom practice so that they can develop a sense of how the strategies and theories they are learning in their coursework translate to effective practice (Darling-Hammond et al., 2005; Howell et al., 2013). Desired critical thinking skills that can help preservice teachers navigate classroom problems can be cultivated during the clinical experience (Yakar, Altindag, & Kaya, 2010). In practice, this means early clinical experiences require dedicated, effective mentor teachers who can cultivate a supportive classroom environment, and help structure the clinical experience to allow for middle grade teacher candidates' comprehensive learning and gradual responsibility in managing the classroom (Harrison & Kennedy, 2016; LePage, Darling-Hammond, Akar, Gutierrez, Jenkins-Gunn, & Rosebrock, 2005; Turner & Greene, 2016).

Middle Level Mentor Teachers: Partners in Preservice Teacher Education

Mentor teachers are not just cooperating teachers who allow preservice teachers to take over teaching responsibilities (Hall, Draper, Smith, & Bullough, 2008). In a clinical experience, mentor teachers are the most powerful people in the classroom. "Mentor teachers must model effective practice and provide opportunities for beginning teachers to observe and critique practice, and coach the beginning teacher including engaging in dialogue focused on practice" (Hall et al., 2008, p. 342). Improving the clinical experiences of middle grade mentor teachers has far-reaching implications, including transforming the

clinical experiences of middle grade preservice teachers, which may greatly enhance the school experiences of middle grades students.

Learning to teach is a multifaceted process determined by the interaction of several complex factors, including a teacher candidate's knowledge and beliefs about teaching and learning, subject matter expertise, and willingness to support and engage diverse learners. Learning to teach is also affected by situational factors, such as school expectations, program demands, and feedback from key actors in the university and public school settings (Borko & Mayclinical, 1995). In the clinical placement, preservice teacher candidates generally work under the guidance of a mentor teacher who shares expertise and works to support the intern. Researchers convey that successful, collaborative learning partnerships between mentor teachers and preservice teachers can improve public school students' achievement: "Overall, this collaborative process appears to empower educators [and creates] a synergistic effect that leads to an ongoing cycle of growth for all involved" (Linek, Fleener, Fazio, Raine, & Klakamp, 2003, p. 87). Middle grade mentor teachers who work with preservice teachers report thoughtful changes in their instruction and attribute those changes to the experience of working with preservice teachers (Landt, 2004). Mentor teachers report gaining new ideas, new technologies, new ways of thinking, and find opportunities for professional development through mentoring clinical experience students (Jaipal, 2009; Killian & Wilkins, 2009).

Effective mentor teachers do more than allow interns to borrow their students and use their classroom (Hall et al., 2008). Effective mentor teachers model instructional strategies, managerial approaches, and share useful teaching practices for preservice teachers (Smith, 1993). Building a collaborative, reciprocal relationship between preservice teachers and mentor teachers is essential for preservice teachers' professional growth (Thompson & Smith, 2004/2005). For these reasons, most teacher educators insist that mentor teachers have at least three to five years of teaching experience so that an inexperienced mentor does not negatively

influence a preservice teacher's development and growth (Cornell, 2003).

Though there is research examining effective mentoring practices for preservice teacher candidates (Graham 2006; Sinclair, Dowson, & Thistleton-Martin, 2006), except in the most innovative teacher education programs, that knowledge of effective mentoring is not consistently communicated to mentor teachers or preservice teachers who participate in early clinical experiences (Cibulka, 2016; Giebelhaus & Bowman, 2002; Zeichner & Bier, 2015). This lack of communication is unfortunate because the experience of learning to teach under the supervision of a skilled mentor teacher can increase professional teaching behaviors and promote habits of mind not easily acquired in campus-based methods coursework (McDermott et al., 1995; Zeichner & Bier, 2015)

It may be challenging to find highly qualified teachers to mentor preservice teachers because most mentor teachers consider it a time-consuming obligation, and the work carries serious responsibility for the well-being of the intern (Orland-Barak & Yinon, 2005). Often, classroom teachers, who are unwilling to be a mentor for clinical experience students, have had a previous mentoring experience that was either negative or overwhelming (Duquette, 1998). In a study of 59 mentor teachers, Zanting, Verloop, & Vermunt (2003b) found that there were some mentor teachers who "were unwilling or unable to impart their practical knowledge" (p. 210). In addition, Siebert, Clark, Kilbridge, & Peterson (2006) reported some mentor teachers had frustrating experiences during clinical experiences with interns who either could not, or would not, provide their middle grade students with effective learning experiences, causing major dissonance between the mentoring teacher and the preservice teacher.

The experiences of mentor teachers during early clinical experiences are worthy of further study and are integral to improving preservice middle grades teacher education. Given the indispensable role mentor teachers have in preservice teacher education, there is a need to thoroughly examine mentor teachers' perceptions of clinical experiences, and make mentor

teachers' views an essential consideration when planning, implementing, or evaluating a middle grades clinical experience. The work presented in this article was designed with the goal of learning from middle level mentor teachers and evaluating ways in which clinical experiences in middle grades could be improved for optimal learning.

Background and Context of the Study

The 50 mentor teachers participating in this field experience worked with 44 teacher candidates who were juniors and who had completed two previous clinical experiences. The teacher candidates' previous clinical experiences included observing classrooms, individual tutoring, and leading small group instruction and teaching one whole class lesson. The clinical experience under study was the last clinical experience before 16 weeks of student teaching and graduation.

The three middle schools where the clinical experience took place were strongly aligned with recommended practices for middle grades education, including teachers with middle-grade specific licensure, offering relevant and challenging curriculum, interdisciplinary connections in class work, block scheduling, student advocates, and advisory groups. The schools also had a focus on accountability and value-added measures. The value-added measures had real consequences for teachers, which meant that several mentor teachers had reservations about turning over their classes for one to two weeks to teacher candidates who were just learning to teach. To help alleviate some of that concern, mentor teachers participating in the clinical experience had the final say in whether they allowed teacher candidates to co-teach with them or individually teach the week-long unit in each subject area. Other planning elements for the internship included:

- Placing a preservice middle grade teacher candidate with mentor teachers who had the same teaching concentration area (science, math, social studies, and language arts). Some mentor teachers taught two subject areas and agreed to mentor two interns, one in each licensure area taught.

- The teacher candidates visited the school/mentors each Wednesday during the spring semester from 7:30 AM - 2:30 PM and assisted mentor teachers in any way needed – working with small groups, creating or updating assessments, preparing bulletin boards, displays, photocopies, teaching advisory lessons, supporting the mentor teachers’ work as needed.
- During the last two months of the clinical experience, the teacher candidates worked with their mentor teachers to plan and teach a unit in each licensure concentration area (math, science, language arts or social studies) during the final two weeks. University faculty would come to the school to observe and evaluate the teacher candidates’ instruction during those weeks.
- Mentor teachers were asked to formerly observe and evaluate their interns twice during the field experience – at the middle, and during the two weeks teaching at the end of the internship.

During the semester concurrent with the clinical experience, the preservice teacher candidate was enrolled in a block of five classes at the university – Curriculum and Organization in Middle Grades, Social Studies Instruction in Middle Grades, Science Instruction in Middle Grades, Reading and Writing Instruction in Middle Grades, and Math Instruction in Middle Grades. During the semester, teacher candidates study subject-area content and develop the units they will teach or co-teach with their mentor teachers during the last two weeks of the field experience.

Methods and Research Questions

The purpose of this project was to investigate the mentoring experiences of middle grades mentor teachers and report how these teachers perceived their role in early clinical experiences to improve the university’s clinical experience program. Research questions guiding our study were:

- (1) What are mentor teachers’ perceptions of their role in the early clinical experience?
- (2) What are mentor teachers’ perceptions of the instructional contribution of their intern during an early clinical experience?
- (3) What do mentor teachers report as necessary supports for a successful early clinical experience?
- (4) What information can mentor teachers provide us to help improve the university’s clinical experience for its students?

To protect the rights and welfare of our participants, the researchers sought and received the approval of the University’s Institutional Review Board to conduct this survey. We communicated to all mentor teachers that their participation in this study was completely voluntary and that they could choose to participate or decline.

Participants

Using a purposeful sampling strategy (Creswell, 2007), the participants for this study were 50 middle school mentor teachers at three middle schools in a Midwestern state. When placing the interns at each middle school, we requested that the interns be placed with teachers who desired to be mentors for the interns. The 50 middle school teachers agreed to mentor one or two preservice teachers for one 14-week period. Consequently, all participants were able to develop a familiarity and understanding of the early clinical experience and the fundamental questions related to this study. The middle schools in this study were chosen based on their location and teachers’ willingness to host the clinical experience students.

School administrators determined which middle school teachers would be mentor teachers for the preservice teachers. All mentor teachers who participated in this study had at least five years experience teaching and a current teaching license/certification for middle childhood or secondary education. All middle level teacher candidates placed in field experience

were in their third year of a middle grades preservice teacher education program.

Survey Design

To determine the relationships and the experiences occurring between the mentor teachers and their interns, a descriptive survey method was employed for this study (Mertens, 2005; Wiersma & Jurs, 2009). Drawing inferences and identifying trends led to an understanding of mentor teachers' perceptions, practices, and evaluation of the early clinical experience. A cross-sectional survey was developed that contained 10 questions in all; six of the questions were scaled-response items, and four of the questions consisted of open-ended extended response items. The survey questions are included in the Appendix.

Steps for validating and developing the survey included a pilot study consisting of interviews with mentor teachers and preservice teachers at the beginning, middle, and end of a five-week teaching internship. Interviews were conducted with administrators and university faculty prior to the study to determine what information was necessary to successfully evaluate an early clinical experience. The survey questions were designed to elicit multiple perspectives that may emerge as mentor teachers disclosed experiences.

Data Collection

Each of 50 participating middle school mentor teachers was given the survey and a prepaid return envelope addressed to the university. The mentor teachers were requested to return the survey to the researchers anonymously. This procedure preserved the privacy of the participating teachers. Participants were told that their responses were valued and important to support improvement of the university's clinical experience and middle grades teacher education program. Mentor teachers were informed that their contributions would aid the University in implementing changes that would support the teacher candidates, the University's teacher education program, and ultimately enhance the education of future generations of public school students. The return rate of the surveys was 76%; we received 38 surveys out

of 50 distributed, which provided a high reliability rate of return; however, not all participants responded to each question.

Data Analysis

The analysis of the data was recursive and involved five steps following a naturalistic inquiry approach (Denzin & Lincoln, 2005). First, all scaled response items were analyzed descriptively, marked for common phrases and statements about the clinical experience, ranked by percentages and frequency. The second step involved transcribing narrative data and creating a spreadsheet of mentor teachers' experiences as reported on their surveys. Many of the responses had considerable overlap of content. The third step consisted of developing an initial interpretation of teachers' experiences by categorizing their experiences and assigning codes to all responses. In the fourth step, steps 1-3 were repeated to confirm agreement. Once agreement was achieved, the fifth step was to evaluate the total content of the coded responses and identify common aspects.

Findings

Although the 38 mentor teachers reported different perceptions of the early clinical experience, three themes emerged from the survey analysis that link the mentor teachers' experiences, including (a) the extent of instructional responsibility was either assigned by mentors or negotiated between the mentor and the intern, (b) mentor teachers' overall satisfaction with the clinical experience was favorable, however some mentor teachers indicated they preferred more support from the University faculty; and (c) many of the mentor teachers reported it was their professional responsibility to mentor preservice teachers, and several indicated that they entered into a reciprocal learning relationship with their interns. The findings are presented in summary form grouped by each theme.

The Instructional Contribution of Interns was Dynamic

RQ #2: What are mentor teachers' perceptions of the instructional

contribution of their intern during an early clinical experience?

Forty-seven percent (47%) of the mentor teachers reported their preservice teacher intern made a moderate instructional contribution to their classrooms. Forty-two percent (42%) of the mentor teachers stated that interns made a small contribution to their classrooms. Only six of the mentor teachers or 16% indicated that their intern made a significant instructional contribution in their classrooms. Mentor teachers reported interns taught lessons, checked homework, monitored group work, provided one-on-one tutoring, attended faculty meetings, and helped pupils review for upcoming standardized tests. Table 1 presents summary information about the perceived contribution of interns.

Table 1

How would you describe the instructional contribution of your intern in your classroom?

Mentor Teachers' Responses	Percentage	Ratio
Moderate	47%	18/38
Small	42%	16/38
Significant	16%	6/38
None	0%	0/38

How did mentor teachers determine how much instructional responsibility to allow their intern? Out of the 36 who responded to this question, 13 mentor teachers, or 36%, stated that they determined the responsibility levels they gave to their clinical experience intern. Eleven (11) of the respondents, or 31%, implied that the intern established how much responsibility they were comfortable in accepting. Eight of the teachers reported that curriculum, lessons to be taught, or classroom needs were factors in deciding if interns were capable of assuming instructional responsibilities. If interns were familiar with two out of those three factors, they were given an opportunity to teach. Three teachers stated they determined together with their intern what responsibilities the clinical experience student would assume. One mentor teacher,

who worked with two interns, reported deciding when, what and how much interns should teach, began with identifying who they were as beginning teachers:

I spent time getting to know them, their experiences in teaching and their comfort levels in certain areas. I allowed them to lead the class whenever they personally felt comfortable with the content. The interns I worked with seemed anxious and ready for additional responsibilities.

Another mentor reported her intern made such a strong impression, she turned over her class sooner than she initially expected: "The assertiveness of [my intern] made an overall positive impression and that enhanced my willingness to provide a worthwhile learning experience for her."

Table 2 presents summary information for how mentors determined the extent of instructional responsibility given to their intern.

Table 2

How did you determine the extent of instructional responsibility you gave your intern?

Mentor Teachers' Responses	Percentages	Ratios
Mentor teachers determined	36%	13/36
Field experience students decided	31%	11/36
Curriculum or classroom needs	22%	8/36
Mentor teachers and EFE students decided	8%	3/36
Difficult, no time together	3%	1/36

Satisfaction with the Clinical Experience

RQ # 3: What do mentor teachers report as necessary supports for a successful early clinical experience?

Generally, satisfaction from being involved with the clinical experience varied. Thirteen (13) of the 38 mentor teachers who responded to this question, or 34% of the teachers, reported an “average” experience. Twelve (12) of the mentor teachers, or nearly one-third, categorized their experience as “excellent.” Another 10 teachers, or a little over one-fourth of the teachers, characterized their experience as “above average.” Three teachers, or 8%, evaluated their association with the experience as “below average.” Table 3 summarizes the mentor teachers’ overall evaluation of the clinical experience.

Table 3

Rate your overall satisfaction from being involved with the field experience.

Mentor Teachers’ Responses	Percentages	Ratios
Average	34%	13/38
Excellent	32%	12/38
Above average	26%	10/38
Below average	8%	3/38

While overall satisfaction was favorable, mentor teachers also offered suggestions for improving the clinical experience. Five mentor teachers believe that clinical experience interns should have more time in the middle school classrooms. Since preservice middle level teachers are licensed in two areas, and need to practice instruction in both areas, some preservice interns had to divide his or her time between two different mentors in two different classrooms. Three mentor teachers, who were assigned two interns, suggested that they should only have one clinical experience student. Three mentor teachers commented that the clinical experience program met their expectations and interns’

needs, and that no improvement in the program was required. Of the 38 mentors that responded to this question, 66% (25 mentors) reported that they “clearly” understood the University’s goals and objectives for the clinical experiences. Twelve (12) mentor teachers, or 32%, stated that they only “somewhat” understood the University’s goals and objectives for the clinical experiences. Only one teacher expressed uncertainty and marked the “unsure” option for the question. Table 4 presents the summary information about the mentors’ perception of their understanding of the university’s goals and objectives for the clinical experience.

Table 4

I understand the university’s goals and objectives for the field experiences.

Mentor Teachers’ Responses	Percentages	Ratios
Clearly	66%	25/38
Somewhat	32%	12/38
Unsure	3%	1/38

For the question: *Since the clinical experience began, to what extent have you felt supported by university faculty?* Sixty-five percent (65%) of the mentor teachers responded, “adequately,” after which one teacher wrote: “There hasn’t been a great need. Students are doing great!” Eight teachers, or 22% of the mentor teachers, reported they felt “greatly” supported by university faculty. Four teachers, or 11%, marked the “need more support” response with one teacher stating: “I have had no contact yet with university faculty.” Table 5 summarizes mentor teacher perceptions of university support.

Table 5

Since the field experience began, to what extent have you felt supported by university faculty?

Mentor Teachers' Responses	Percentages	Ratios
Adequately	65%	24/37
Greatly	22%	8/37
Need more	11%	4/37
No contact yet	3%	1/37

Needed: Collaborative Planning Time Together

RQ # 4: What information can mentor teachers provide us to help improve the university's clinical experience for its students?

There were two additional institutional supports that 13 mentor teachers requested that the university provide for them and the clinical experience interns - more collaborative planning time and clearer guidelines for the experience. Interns visited their mentors one day a week for 12 weeks with an additional two weeks of full-time teaching. Six mentor teachers indicated on the survey that they felt they were not given enough time outside the university's assigned internship hours to talk with their clinical experience students. One teacher suggested, "Give us more time with intern (not during class time) to come up with ways she can be involved." Another teacher wrote that her two interns had no available time to meet with her outside the classroom, except during her lunch period.

Mentors reported it was extremely important to get to know their clinical experience students and have an opportunity to plan together for the interns' experiences in their classroom. Six mentor teachers said that it was crucial to meet with their intern more than the university's minimum requirement. These teachers made it a priority to meet outside classroom time with the clinical experience students for reflective discussion, planning purposes, and to develop a collaborative learning

partnership. With sustained, shared planning time, the mentor teachers suggested the clinical experience students (and mentor themselves) can be more constructive in their planning together, and the interns' experiences would be more meaningful in learning skills of planning and of collaboration.

Requested: Clearer Guidelines for the Clinical Experience

Seven mentor teachers specified on the survey that they were not given enough direction, sufficient objectives, or goals from the university faculty for the clinical experience. As one teacher plainly wrote: "Make the goals more clear to us." Several mentor teachers stated that they were forced to make up their own objectives and goals for the clinical experience as they proceeded. One mentor teacher suggested that the university make a checklist of exactly what was necessary to complete the clinical experience successfully. This teacher noted: "I understand that the varied criteria is optional depending on the interns' readiness, but I would like to see some required essentials that you would want every participant to have, i.e. assessing student work, small group instruction, etc." Three mentor teachers maintained that they appreciated the autonomy the university gave to the mentor teachers. All university mentors were provided with a detailed clinical experience handbook that included suggested tasks, schedules and instructional experiences that would support their intern's development as a teacher and facilitate a "good" clinical experience. However, it was apparent from mentor teachers' comments, receiving a handbook is only one part of what is needed to make the goals and guidelines of the early clinical experience understandable and clear. Table 6 summarizes other suggestions from mentor teachers concerning the clinical experience.

Table 6

Please share suggestions you feel would improve planning and implementation of the field experience.

Mentor Teachers' Responses	Percentages	Ratios
University should make goals clearer	26%	7/27
Need more time with interns	22%	6/27
Should have only one intern, not two	11%	3/27
Program meets teachers & interns needs	11%	3/27
Interns need to be better prepared	7%	2/27
EFE students need too advanced (time) plans	4%	1/27
Scheduling conflicts	4%	1/27
Two weeks in same subject	4%	1/27
EFE students teach after state testing	4%	1/27
Teach two curricular areas with same team	4%	1/27
Rude EFE students need counseling	4%	1/27

Mentoring as a Professional Responsibility

RQ #1: What are mentor teachers' perceptions of their role in the early clinical experience?

A large majority of the mentor teachers reported that they considered it part of their professional responsibility to support a preservice teacher's learning processes. In their responses to an open-ended item, *Can you share why you chose to mentor a clinical experience student?*, 26 of the mentor teachers indicated that they volunteered to be a mentor teacher because they believed that it was their professional responsibility, and that they enjoyed sharing and helping clinical experience students in their classrooms, and they learned new information from their interns. One mentor teacher revealed: "I am obligated to provide

opportunities for student teachers because opportunities were provided for me." Another teacher noted: "I feel that the experience is crucial to preparedness for and conviction to entering the profession." Furthermore, a mentor teacher remarked, "The more experience these students receive, the better prepared they will be to teach. Many teachers don't want the 'hassle,' but I believe we need to make ourselves available. I've had many positive experiences with [university] students."

Several of the mentor teachers described a joy that they received from helping clinical experience students. One teacher described: "I love teaching and what I do on a daily basis and I enjoy sharing that with others in the profession." Another mentor teacher remarked, "A desire to teach shouldn't end because the 'student' is an adult. It is fulfilling to see an intern take pride and ownership over the same things I do, but in a new and creative way." In addition, another mentor teacher explained:

I enjoy providing a setting where university students can see the realities of the work we do on a daily basis. It is a pleasure to see them tackle problems and provide input for problem solving and application of their instruction!

Three teachers shared that they were assigned an intern by their principals and did not have any input into whether or not they wanted to be involved with the clinical experience. One teacher wrote, "No choice – assigned by principal." While another teacher noted, "No one else could do it. I was chosen by my principal." The last teacher put in plain words: "Honestly, I wasn't given a choice."

A summary of mentors' responses to why they mentored a clinical experience student is presented in Table 7.

Table 7

Can you share why you chose to mentor a field experience student?

Mentor Teachers' Responses	Percentages	Ratios
Volunteered; professional responsibility	87%	26/30
No choice; assigned by principal	10%	3/30
Other; unknown	3%	1/30

Discussion

Findings from this study suggest that the university needs to restructure its clinical experiences to provide more time for clinical experience students and mentor teachers to collaborate during the clinical experience. Time is needed to form true partnerships. With sustained opportunities to work together, mentor teachers, clinical experience interns, and university faculty can more accurately plan how and when the intern will meet instructional and program goals, leading to multi-faceted, differentiated supervision.

While examining our mentor teachers' survey responses we found that mentor teachers who reported positive experiences with the clinical internship reported they had entered into a collaborative learning partnership with their intern, knowingly or instinctively. When we examined the responses of mentors who reported positive experiences in the internship with their answers to survey question #10: *Can you share why you chose to mentor an intern?*, we received answers such as: "Because I learn so much from him/her!" and "Helps me see what is being taught in my area currently." One mentor teacher commented, "To share innovative teaching ideas, plans & strategies." While still another mentor teacher proclaimed, "The constant influx of youth and their ideas keep me informed and excited to change and teach." An authentic collaborative learning partnership is a relationship in which both members are opened to receiving new knowledge, fresh

ideas, and to implementing new approaches (Sgroi, 1998). These mentor teachers established collaborative, reciprocal learning partnerships with their intern in which they expected to exchange new knowledge, innovative methods, and novel educational approaches with their intern.

Since much of the planning of an effective clinical experience occurs well before the clinical experience begins, it is important that aspects of collaboration be established in the beginning. Based on the mentor teachers' responses in this study, planning aspects to create a collaborative clinical experience partnership include:

- **Holding open planning and information meetings between university faculty and mentor teachers.** Use this initial meeting to provide an introduction to the program and the opportunity to ask questions and raise concerns (Orland-Barak & Yinon, 2005). Interns can attend at least one meeting before the clinical experience starts.
- **Collaboratively develop teaching and instructional goals for the clinical experience.** Use early planning meetings as an opportunity for mentor teachers and university faculty to collaborate before the internship begins and identify a list of instructional goals and learning opportunities for the interns that specifically addresses individual student and class needs. Clarify the program expectations of the university, mentor teacher and the intern.
- **Scheduling time for continual collaboration between intern and mentor teacher outside of the classroom.** Most mentor teachers are not given sustained blocks of time to collaborate with interns. Traditional opportunities include before school, during the teacher's planning periods, or after pupils leave for the day. Mentor teachers and preservice teachers need sufficient planning time together to begin forming a collaborative learning partnership built on trust and mutual understanding (Hall, Fisher, Musanti, & Halquist, 2006; Hiemstra & Brockett, 1998).

- **Together, decide other responsibilities for the intern.** Besides instruction, there are many other responsibilities from which the intern can learn, such as grading papers, creating bulletin boards, revising units based on student needs, or providing individual tutoring assistance.
- **Determine other school activities for the intern to engage in.** Identify school or professional activities the mentor teacher and university faculty advises the intern to experience, such as teaching advisory lessons, attending faculty meetings or school functions, participating in parent/teacher conferences, or observing other classrooms.

Attention to these aspects of the clinical experience can provide the mentor teachers, interns and university faculty with meaningful opportunities to form a true, collaborative clinical partnership.

The findings from this survey research are both encouraging and disconcerting and will have far reaching implications for our clinical experience program. We found that 92%, or 35 out of 38 teachers surveyed ranked the clinical experience as above average or better (see Table 3). We continue to be concerned about the 8% or three of the 38 teachers who reported dissatisfaction with the experience. Reasons for their dissatisfaction included not understanding the goals of the internship and the lack of time to adequately mentor interns. The dissatisfied mentor teachers have given us enough feedback to begin a careful and deliberate review of our schools and will help us improve future clinical experiences. Possible strategies for addressing mentor teachers' concerns about the clarity of goals for the clinical internship include schedule multiple planning meetings with mentor teachers and planning an extended clinical experience professional development workshop during the length of the internship that examines what's working in the field experience and what needs to change.

Although 87%, or 32 out of 37 mentor teachers shared that they felt adequately or greatly supported by university faculty (as

reported in Table 5), our goal is that all mentor teachers feel greatly supported by the university faculty. Since 14% of the mentor teachers survey indicated that they would have valued more support from the university faculty, we are seeking meaningful ways to collaborate more closely with mentor teachers to improve communication and support. A large extent of the planning and preparation for these clinical experiences occurred with administrators and principals, leaving mentor teachers with little autonomy in regard to the logistics of the clinical experience arrangements. To avoid this occurrence in the future, prior to any placement or intern assignments, we will arrange (a) school-site meetings with interested teachers who may be willing to take part in the clinical experience, and explain the clinical experience goals and objectives; and (b) organize a reception to formally introduce the mentor teachers and interns to each other to help develop effective collaborative learning partnerships before the internship begins.

Further Research

Investigations into ways to improve early clinical experiences have the potential to increase our understanding and planning of successful middle grades clinical experience partnerships. As the results of this survey indicate, it is clear that the involvement and perceptions of mentor teachers of their role in early clinical experiences are among the most significant factors which may affect preservice middle grades teacher education. Future work in this area should include longitudinal studies of mentor teachers who have had considerable experience and success mentoring early clinical experience students. There is much to learn from middle grades mentors who were less successful participating in a clinical internship as well. The university's selection, training, and preparation of mentor teachers is critical to the success of a meaningful clinical partnership. Researchers have proposed universities rethink the role of the mentor teacher from just being a cooperating teacher to helping mentor teachers develop expertise in teacher observation and supervision (Borko & Mayclinical, 1995; Siebert et al., 2006; Zeichner & Bier, 2015). The "top-down" role

of administration with respect to assigning clinical experience students also needs additional discussion. Future research on middle grades clinical experiences should present both national and international perspectives, as well as studies that survey middle grade students and their learning experiences with preservice teachers.

Conclusion: What Can We Learn from These Mentor Teachers?

Mentor teachers' perception and execution of their role and responsibilities as mentors during early clinical experiences are some of the most powerful influences on preservice teachers' development and professional identities. A report from NCATE (2010) indicated that there is not a large research base on what makes clinical preparation effective, and suggests investing in research to support the development and continuous improvement of clinical work in preservice teacher education. This study identified trends in middle grade mentor teachers' perceptions, practices, and conceptions of early clinical experiences. This research contributes to the literature by presenting key factors, explanations and the perceptions of 38 middle grades mentor teachers involved in clinical fieldwork amid a national call for more extensive and more frequent early clinical experiences at the middle level (Ellerbock et al., 2016; Howell et al., 2013; NCATE, 2010). While primarily highlighting what works in a specific field experience, their voices also indicate common factors that can enhance a clinical experience and identifies other factors that can diminish clinical work. The mentor teachers' experiences presented here offer a rationale and direction for change, program evaluation, and improvement in middle level clinical experiences based on what middle level mentor teachers report as essential field experience design elements.

While the data presented here yields several important observations, due to the complexities of learning, teaching, and human nature, it is unfair to place the responsibility for effective early clinical experiences solely with mentor teachers. However, the role of a mentor teacher during an early clinical experience is so complex because he or she is responsible for both mentoring and the evaluation of the

teacher candidate (Weasmer & Woods, 2003). Moreover, the role of a middle grades mentor teacher is so indispensable because in spite of teacher educators' best efforts, the mentor teacher's classroom is often one of the first places a preservice teacher begins to understand the integration of middle level philosophy, theory and classroom practice. When middle grades teachers participate in early clinical experiences and open the door to their classroom, they provide teacher candidates not just with needed guidance and support, but offer direction, and meaningful perspective on what preservice teachers need to know, understand, and be able to do to improve the learning experiences of young adolescents.

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Appendix

Mentor Teacher Survey Items

Multiple Choice Questions:

Item #1: *How would you describe the instructional contribution of your intern in your classroom?*

- Significant contribution
- Moderate contribution
- Small contribution
- No significant contribution

Item #3: *To what extent have you integrated your intern into your Wednesday instruction and activities?*

- Fully
- Moderately
- Rarely

Item #4: *Please indicate which of the following are ways you have integrated your intern into your Wednesday instruction and activities.*

- Directed or participated in individual/small group activities
- Taught or co-taught whole class
- Graded student work
- Observed my class
- Made copies/bulletin boards
- Other (write individual responses)

Item #5: *I understand the university's goals and objectives for the field experience.*

- Clearly
- Somewhat
- Unsure

Item #6: *Since the field experience began, to what extent have you felt supported by university faculty?*

- Greatly
- Adequately
- Need more

Item #7: *Rate your overall satisfaction from being involved with the field experience.*

- Excellent
- Above average
- Average
- Below average

Open-ended Extended Response Questions:

Item #2: *How did you determine the extent of instructional responsibility you gave your intern?*

Item #8: *Please share suggestions you feel would improve planning and implementation of the field experience.*

Item #9: *Additional comments:*

Item #10: *Can you share why you chose to mentor a field experience student?*