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THE IMPACT OF COLLABORATION ON CLINICAL PRACTICE IN TEACHER EDUCATION: A PILOT STUDY

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Abstract: *This article shares one university's work with two metropolitan districts to support preservice teachers during clinical practice through the use of a common language. The pilot merged the concept of co-teaching and coaching to the clinical practice experience. The study was completed over a year's time and connected preservice teachers' last methods class placement to their clinical practice placement. Preservice teachers participating in this pilot were paired with a cooperating teacher for an entire year as opposed to a semester experience. Preliminary findings yielded a positive outcome.*

Without the development of a common language between the university and school practitioners, the practice of allowing preservice teachers to learn and apply instructional strategies in classrooms lacks the necessary elements of a teacher inquiry community. The ambiguity in current practice leads to decreased student achievement and a lack of retention. A focused approach nurtures the development of a professional vision, and a shared language allows for sharing across multiple contexts and communities (Zeichner, 2012). Developing a common language and clarifying the roles of those involved in clinical experiences is one way to bridge the gap between teacher-training programs and schools.

Collaborative frameworks support the development of a common language. Team teaching, cooperative teaching, and co-teaching are among the most successful collaborative models (Austin, 2001; Fennick & Liddy, 2001; Friend, Reising, & Cook, 1993; McKenzie, 2009; Rice & Zigmond, 2000; Fisch & Bennett, 2011). Co-teaching is defined as two or more teachers working together in the same classroom and sharing responsibility for student learning (Badiali & Titus, 2010; Friend, Cook, Hurley-Champerlain & Shamberger 2010). There are seven strategies: one teach, one observe; one teach, one assist; parallel teaching; station teaching; differentiated teaching; alternative teaching, and team teaching.

Special educators first saw the value in two experienced educators teaching side by side in the benefits it offered to students (Badiali & Titus, 2010; Friend, Embury & Clarke, 2015). When two educators are working collaboratively in one classroom, more student needs can be met. The power of the model is within the reflective dialogue between the partners after a lesson or day together; the insights offered about teaching are seen to benefit both educators (Badiali & Titus, 2010).

In recent years, there has been a shift to use the concept of co-teaching during clinical experiences, especially during clinical practice, otherwise referred to as student teaching. For decades clinical practice, has taken a "sink or swim" approach where the preservice teacher observes for a few weeks, then takes over the classroom. The experienced educator allows the preservice teacher to try out strategies, with little guidance as to what may or may not be effective. As student needs have changed and diversity in classrooms has increased, utilizing instructional strategies, such as those attributed to co-teaching has become more prevalent in classrooms (McKenzie, 2009). St. Cloud University was one of the first to research the use of co-teaching strategies during clinical practice. Over a four-year study, in the areas of reading and math, students in co-taught classrooms statistically outperformed not only those in a classroom with one teacher, but also those utilizing the traditional clinical practice model (Bacharach, Heck & Dahlberg, 2010). Students felt their needs were more effectively met, cooperating teachers appreciated the opportunity to decrease group size and better engage students, while preservice teachers demonstrated an increased competence in classroom management and collaboration skills (Bacharach, Heck and Dahlberg, 2010).

There is a difference in co-teaching in the special education model versus clinical practice. In special education, two experienced educators are working side by side. During clinical practice co-teaching, an experienced teacher is working with an inexperienced one. Key differences between the two models include structure, participating professionals and the relationship between those involved (Friend, Embury & Clarke, 2015). In a co-teaching placement, the university supervisor, preservice teacher and cooperating teacher, or triad, are all are

involved in defining, determining and understanding each other's role. A university supervisor is defined, as someone employed by the university to support preservice teachers in the field, be it during clinical practice, internships or other practicum experiences. This may be adjunct faculty or full time faculty. The cooperating teacher is the school-based personnel sharing a classroom with the preservice teachers. During initial meetings focus is on developing the relationship between the triad members, creating the foundation for communication and collaboration and planning for the upcoming semester. At the start of the semester, preservice teachers are introduced to classrooms as co-teachers rather than a student teacher and involvement in teaching begins on day one, establishing parity within the partnership (Bacharach, Heck & Dahlberg, 2010). Co-planning, co-teaching and co-assessing is expected throughout the experience with a minimum of one hour dedicated to collaborative planning weekly. This does not dismiss the fact that candidates also need solo teaching time as well. During solo teaching time, cooperating teachers take on the role of one teach, one observe, which allows an opportunity for constructive feedback and reflective conversations after the lesson.

Co-teaching structures clarify roles. Preservice teachers have more successful experiences when both the university supervisor and the cooperating teacher share a similar perspective and send a similar message regarding performance (Fernandez & Erblilgin, 2009). Unfortunately, the relationship between P-12 practitioner and preservice teacher is often conceptualized based on the practitioner's own experiences. The effectiveness of the clinical experience is related to the support and guidance of the practitioner with whom the preservice teacher is working (Torrez & Krebs, 2012). In many cases, the university supervisor visits the school building 4-6 times throughout the semester. With the lack of communication and the idea that mentoring is a socially constructed practice, P-12 practitioners are left to interpret their role in a variety of ways and contexts (Santoli & Ferguson Martin; Butler & Cuenca, 2012). As a result, P-12 practitioners have a significant influence over the values, opinion and perspectives of preservice teachers. In order to engage in a collaborative process, a P-12 practitioner must understand his/her role, the objectives and the goals of the experience. Without a common language and clarification of roles, the chasm between universities and P-12 practitioners will continue to widen. Preservice teachers need more education on how to collaborate and opportunities for co-teaching to develop the skills necessary to impact students (Bennett & Fisch, 2013; Ford, Pugach, & Otis-Wilborn, 2001; McKenzie, 2009; Swain, Nordness & Leader-Janssen, 2012). The creation of a professional vision with a common language will bridge multiple contexts and communities.

One University's Story

In Fall 2012, 11% (of 157) clinical practice candidates were in jeopardy of unsuccessfully completing clinical practice. In Spring 2013, 10% (of 192) candidates were in jeopardy, and in Fall 2013, the candidates in jeopardy jumped to 14% (of 142). Given the size of the program, the respective percentages represented 17-20 candidates per semester. Districts were voicing concerns, placements were becoming difficult, and candidates needed a more successful end to their program. As a result, the university began to work internally to revamp the current program and collaborate with districts to find common solutions that could benefit all. After multiple meetings and exchanges of ideas, two districts opted to be part of a collaborative pilot. The pilot centered on the concept of a collaborative approach to clinical practice. The model utilized a combination of co-teaching and instructional coaching.

University supervisors were trained in instructional coaching. In the traditional model, the supervisor was an observer and evaluator who assigned the final grade for student teaching after visiting periodically throughout the semester. The goal in developing an instructional coaching model was to move from observation to conferring. Data collected during visits was shared, discussed and used to drive further instruction and reflection with the preservice teacher. University supervisors shifted from observer to an instructional leader actively involved in the transfer of theory to practice.

Structure of the Collaborative Model. In the collaborative model, the cooperating teacher and the preservice teacher were both actively engaged in the planning, instruction and assessment within the classroom. The two shared responsibility for all three. The model used the seven co-teaching strategies (described above) and allowed the cooperating teacher and the preservice teacher to pick the one that best fit the students' needs. This allowed for increased collaboration and reflection on teaching and learning. Parity was encouraged from the start of the experience as candidates were seen as equals to the cooperating teacher in the eyes of students. As the preservice teacher gained experience, he or she took the lead in planning, instruction and assessment. The cooperating teacher

might take on the role of "one teach, one observe" to provide feedback on classroom management and instructional strategies, or take on another role within the co-teaching strategies.

The collaborative model provided time for the preservice teacher, classroom teacher, and the university supervisor to set expectations, develop relationships, and plan for the upcoming year. It applied the expertise of two educators in one room through the use of co-teaching strategies. Both the classroom teacher and the preservice teacher shared responsibility for the students and their learning. The model tied the last methods class preservice candidates took to clinical practice, opening up the opportunity for a yearlong experience. Students participating in this pilot were paired with a cooperating teacher for an entire year as opposed to a semester experience.

Coaching was strategically embedded throughout the experience by the university supervisor with support from the cooperating teacher. All three participated in a Team Development Workshop prior to the start of the school year to learn the strategies, meet each other and begin planning for the upcoming semester. Communication between the candidate, cooperating teacher and university supervisor was bimonthly. University supervisors scheduled monthly visits to the schools and facilitated seminars on campus four times throughout the semester. Journals were spaced between visits to allow for additional reflection and feedback. Midterm conferences allowed for a review of progress and goal setting between all members of the triad. Cooperating teachers also received monthly co-teaching highlights and coaching strategies electronically.

Participants. Nine students participated in the pilot study: five Secondary Science and four Language Arts candidates. Candidates applied for this pilot and interviewed or were matched by districts based on personal interests and needs. All classroom teachers and preservice teachers completed a four-hour training focused on co-teaching strategies, roles, and relationship building; the training also included time to plan as a team for the upcoming semester. This workshop was hosted prior to beginning the experience. All cooperating teachers, preservice teachers and supervisors were in attendance.

Pilot Data Collection. Candidates and cooperating teachers shared their thoughts regarding the experience. These were collected electronically and through one-on-one conversations. Cooperating teachers and preservice teachers were asked to share their perceptions of the experience five weeks after the start of the school year and at the end of the experience.

Preliminary Results

Themes emerging five weeks after beginning the school year included:
Candidate comments:

- Feeling part of the school community
- Learning more than expected
- Building relationships with students

Cooperating teacher comments:

- Learning from the candidate
- Having someone with which to collaborate
- Increased desire to improve practice

Themes emerging at the conclusion of the experience included:
Candidate comments:

- Co-teaching strategies would be utilized when solo teaching (ie. small groups, collaborative teams, when working with paraprofessionals)
- More confidence
- Better understanding of classroom set up and management

Cooperating teacher comments:

- Increased student achievement
- Professional growth
- Co-teaching partners would be missed

Many suggestions related to the organization of the practicum time first semester. At times, a candidate's campus course schedule did not align with the teacher's school schedule. One district reported a 10% increase in the proficiency science scores on the NESA. All candidates successfully completed the program.

Discussion

Overall, the collaborative model proved very successful and brought many strategies to the table for discussion during district and faculty meetings. At the conclusion of the year, the following concerns were addressed. Given the number of candidates placed per year, if the university were to keep the current yearlong model, two tracks for candidates would be created for clinical practice. District feedback was that they would not be able to support yearlong placements for every candidate.

The structure for the final methods course and associated practicum prior to clinical practice was by district. For example, all Science candidates were assigned to one district, whereas all Language Arts candidates were assigned to another. Districts would be unable to support a class of 25 Science placements for clinical practice. Content areas would need to spread amongst multiple districts. Faculty were concerned about their ability to provide feedback if candidates were spread throughout multiple districts. In the previous model, the final methods course and associated practicum prior to clinical practice was a five-week daily block of time in a single district.

Although the decision was made not to continue the yearlong model, districts and faculty agreed there was a positive impact from the experience. The decision was made to utilize the collaborative model during clinical practice and to embed the co-teaching and coaching strategies throughout the program with the intent of building the collaborative strategies into all practicum experiences. At the conclusion of Fall 2014, only 4% (of 159) clinical practice candidates were in jeopardy of unsuccessfully completing clinical practice.

Further research is planned to study the collaborative model in a semester experience and to determine if the positive impact on student achievement as seen in other studies (Bacharach, Heck and Dahlberg, 2010) is replicated in this community.

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