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Collaboration With Community Partners to Enhance Clinical Practice

Susan Keesey Western Kentucky University, susan.keesey@wku.edu

christina noel Western Kentucky University, christina.noel@wku.edu

Nancy Hulan Western Kentucky University, nancy.hulan@wku.edu

Pete Hoechner Western Kentucky University, peter.hoechner@wku.edu

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Collaboration With Community Partners to Enhance Clinical Practice

Abstract

Teacher preparation programs are shifting focus to models that integrate pedagogy and coursework into an applied clinical teaching model. Research clearly supports this change to help new teachers prepare for the demographics of today's classrooms. Teacher preparation is improved through the implementation of high-leverage practices, the key skills new teachers are expected to know and apply. This article highlights a collaborative professional development day designed to strengthen the clinical partnership by developing a shared vision and common language by incorporating high-leverage practices.

Keywords

Clinical teaching, high-leverage practices, common language, collaboration

Collaboration With Community Partners to Enhance Clinical Practice

As classrooms continue to become more diverse, the need to rethink how educators reach and teach all students is at the forefront of teacher training. The past several decades have seen increased discussion on the importance of clinical practice to better prepare teachers for the changing landscape. The National Council for Accreditation of Teacher Education (NCATE) Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Learning (2010) called for clinical "practice at the center of teacher preparation" (p. 3). This theme was reemphasized as the central proclamation of the Report of the American Association of Colleges for Teacher Education (AACTE) Clinical Practice Commission (2018). The National Research Council (2010) named clinical practice as one of three key components to developing teacher candidates capable of impacting student outcomes, along with content knowledge and quality candidates. The recommended direction for teacher training is clear; educator preparation programs (EPPs) are charged with the mission of developing quality teachers by turning traditional teacher education "upside-down" (NCATE, 2010, p. 2) by integrating pedagogy and coursework into an applied clinical setting where teacher candidates use data and actual students to continually hone their teaching skills.

The onus of responsibility for clinical practice does not fall strictly on the EPPs; it must be a collaborative effort with community schools through shared responsibility and vision (AACTE, 2018; NCATE, 2010). Incorporating community partners by teaming with local schools creates simultaneous renewal (Goodlad, 1994) by building the university/school partnerships while also supporting and improving the learning outcomes of the P-12 learners. These partnerships present the opportunity to lessen the gap between how teachers are prepared and what schools need (NCATE, 2010) provided high quality instruction is consistently provided throughout the clinical experience. This becomes possible through a common language and shared vision of effective clinical pedagogy (McDonald, Kazemi, & Kavanagh, 2013).

1

High-Leverage Practices (HLPs) in Special Education (McLesky et al., 2017) were created to be this common language. A large-scale initiative by a team of experts developed 22 skills deemed critical for all teacher candidates to know and integrate into their teaching when entering the field, and then charged EPPs with the delivery of these meaningful practices (Sayeski, 2018). Mastery of HLPs require targeted and repeated practice opportunities with feedback that allows teacher candidates to hone their skills under the guidance of experienced coaches (McLesky et al., 2017). Success is contingent on mentor teachers that not only know their content and how to effectively deliver it, but also are skilled in coaching and mentoring. A meta-analysis completed by Kraft, Blazar, and Hogan (2018) suggest the quality of coaching is more critical than the number of contact hours. Due to the newness of clinical practice, many mentor teachers were likely trained in a more traditional educational model and may not have experience or expertise in clinical mentoring. Additionally, teacher candidates tend to replicate practices they observe in the classroom and consequently, without strong mentor teachers, this may lead to the perpetuation of teaching practices that do not effectively improve student outcomes (Gelfuso, Dennis, & Parker, 2015).

Therefore, it is critical that EPPs and their partner schools work together to develop strong teacher candidates ready to apply these HLPs in the classroom. One opportunity to enhance this relationship is through a collaborative professional development. The remainder of this paper provides an example of how an EPP can collaborate with its school partner to deliver a day-long professional development that emphasizes key stakeholders [teachers, university instructors, and teacher candidates] (a) use a common language, (b) learn tangible practices to solve common problems in the classroom, and (c) have time to debrief and discuss with one another as colleagues. HLPs are the vehicle to bond that relationship. Building a bond between all key stakeholders is especially important because the clinical model, when delivered effectively, provides teacher candidates with effective pedagogy under the supervision of experienced professionals.

Understanding the importance of creating a common language among clinical partners, university personnel organized a one-day professional development (PD) for key stakeholders. It was housed at a partner school. The stakeholders in attendance included four university professors teaching in the clinical model, 24 mentor teachers from the three partner schools, and 52 teacher candidates currently working in the clinical model. The university is a regional university in the southeastern United States. The partner schools are three urban schools with 100% free and reduced lunch status and over 24 languages represented among the students.

Prior to the professional development, university personnel met with the principals of each of the participating schools and together identified HLP categories beneficial to both the mentor teachers and teacher candidates. This resulted in four sessions over the course of the day—overview of HLPs, literacy, classroom behavior, and providing quality feedback. University personnel reached out to presenters with expertise in each of the four topics to deliver a one-hour workshop teaching a specific skill and aligning the skill to the associated HLP.

The overview of HLP rotation explained the four categories of HLPs (i.e., collaboration, assessment, social/emotional/behavioral, and instruction) with discussion about these 22 critical skills that all beginning teachers should know and be able to do (McLeskey et al., 2017). Although many of these HLPs are already present in the partner classrooms, this discussion promoted a common language and more focused expectations for both the teacher candidates and mentor teachers. Following the HLP discussion, the teaching teams worked together to determine several HLPs to focus on in their classrooms.

The literacy rotation focused on phonological awareness and incorporating HLPs by providing scaffolded supports (HLP15), using explicit instruction (HLP16), incorporating strategies to promote active student engagement (HLP18), and systematically designing instruction towards a specific learning goal (HLP12). Discussion began by detailing the newly-adopted legislation from

Kentucky defining Dyslexia as difficulties that result from a deficit in the phonological component Published by Ofinlanguage (KRSn:158, 307, 2018). The various skills that make up the phonological awareness

continuum were explained and the systematic progression of these skills were demonstrated by introducing games from the Florida Center for Reading Research addressing each of the steps within the phonological awareness progression. The teachers worked together to develop ways to scaffold instruction and increase student engagement. Explicit instruction was demonstrated through multisensory strategies with sand/shaving cream writing, air writing, sandpaper letters, word building, tapping out sounds, Shared Reading, and the "read it, build it, write it" progression.

The classroom behavior rotation incorporated HLPs specifically focusing on establishing a consistent, organized, and respectful learning environment (HLP7) and providing positive and constructive feedback to guide students' learning and behavior (HLP8). This was accomplished by training participants on the Good Behavior Game (GBG, Barrish, Saunders, & Wolf, 1969). The GBG was chosen because it was successfully utilized in several partner classrooms. The GBG is a classroom management strategy that uses an interdependent group contingency to promote prosocial behavior. The GBG is one strategy that incorporates elements of HLPs and was used as a way to think through other classroom management strategies and link them to HLPs. It has the added benefit of being an evidence-based practice that mentor teachers and teacher candidates can take back and immediately implement in their classrooms. As part of the rotation, the teacher candidates and mentor teachers learned about the GBG and then planned how to implement it in their classrooms.

The fourth rotation focused on providing effective feedback (HLP22). This discussion was dual-purpose, focusing on providing feedback for the K-12 students as well as mentoring feedback to support the teacher candidates. Overall, the session highlighted the importance of immediate, behavior specific praise, and providing clear, specific, corrective feedback that verifies and elaborates on learning. Additionally, time was spent on expectations for both mentor teachers and teacher candidates and how to provide and receive feedback so all parties understand the relationship and expectations between the teacher candidates, university faculty, and mentor

4

During each of the rotations, the teacher candidates were partnered with the mentor teacher in whose classroom they were assigned for the semester. Each group moved together through four rotations with the goal of the day to start the dialog of common language and shared vision to improve the clinical experience. Additionally, time built into each rotation allowed for the mentor teacher and teacher candidates to debrief content, plan how to incorporate that content into their lessons, and discuss the strengths and weaknesses of each approach.

Stakeholder Feedback

A brief four-question pre- and post-assessment was developed by each presenter and completed by all participants after each rotation. Feedback suggest that both teacher candidates' and mentor teachers' knowledge of HLPs increased (see Table 1). Gains varied considerably between topics; however, similar gains were observed for the teacher candidates and mentor teachers. The greatest gains occurred for the HLP and literacy sessions where short answer responses were requested with less robust gains observed for the multiple-choice responses utilized in the behavior and feedback sessions. Through these data, it is apparent all participants share the same basic information about HLPs. It is not clear, yet, whether this changed the practice of the teacher candidates or mentor teachers, but serves as a springboard for continual discussion when planning and debriefing with the teaching teams.

Social validity data were also collected at the end of the day using a likert-like scale from 1 (strongly disagree) to 6 (strongly agree). Results suggest all participants found the day beneficial with an overall mean of 5.7 for both the mentor teachers (see Table 2) and teacher candidates (see Table 3). Additionally, the participants were asked what they found most beneficial. Getting to spend time with mentor teachers was the most common response followed by strategies and HLPs to take back to the classroom.

Conclusion

Developing strong partnerships between EPPs and community partners is essential for the Published by sustainabilitytofclinicalopractice. This PD provided the foundation. Key stakeholders learned a

common language (i.e., HLPs) and began constructing a shared vision through discussion and collaborative planning. Feedback suggests learning occurred for the teacher candidates and mentor teachers, and perhaps more importantly, relationships were strengthened and clarified among those in attendance. Anecdotally, the common language (i.e., HLP) is now present in the classroom and during planning and debriefing. Data sharing and joint projects have also increased since the PD. This suggests similar events should continue, and possibly be expanded to include administrators (e.g., principals, curriculum coordinators) to create an even stronger bond. Hopefully future PDs will include increased input from community partners and a more shared agenda. Further research is needed to quantify the effectiveness of similar collaborative ventures and other opportunities to strengthen clinical partnerships.

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Tables

essment Data			·		
Mentor Teacher			Teacher Candidate		
Pre-test	Post-test	Percent	Pre-test	Post-test	Percent
(% correct)	(% correct)	<u>Gain</u>	(% correct)	(% correct)	<u>Gain</u>
17.6	94.1	76.5	16.9	91.2	74.3
29.8	82.8	53	29.8	82.8	53
64.3	71.4	7.1	65.4	81.5	16.1
55.5	87.5	32	54.8	80.6	25.8
	M Pre-test (% correct) 17.6 29.8 64.3	Mentor TeacherPre-test (% correct)Post-test (% correct)17.694.129.882.864.371.4	Mentor Teacher Pre-test Post-test Percent (% correct) (% correct) Gain 17.6 94.1 76.5 29.8 82.8 53 64.3 71.4 7.1	Mentor Teacher Tea Pre-test Post-test Percent Pre-test (% correct) (% correct) Gain (% correct) 17.6 94.1 76.5 16.9 29.8 82.8 53 29.8 64.3 71.4 7.1 65.4	Mentor TeacherTeacher CandidatePre-testPost-testPercentPre-testPost-test(% correct)(% correct)Gain(% correct)(% correct)17.694.176.516.991.229.882.85329.882.864.371.47.165.481.5

Social Validity – Mentor Teacher		
Questions	Mean	Range
1. This was an acceptable professional development for the elementary school	6	6
2. Most teachers would find this professional development to be appropriate	5.6	4-6
3. This professional development was effective in meeting the purposes of training teachers and students on High Leverage Practices	5.7	4-6
4. I would suggest this professional development to other teachers.	5.6	4-6
5. The professional development was appropriate to meet the school's needs and mission.	5.6	4-6
6. I will use High Leverage Practices in the school setting.	5.9	5-6
7. This professional development will be appropriate for a variety of students.	5.7	5-6
8. This professional development is consistent with those I have used in school settings.	5.8	5-6
9. Overall, this professional development was beneficial for elementary school students.	5.7	4-6

 Social Validity – Mentor Teacher

<i>ocial Validity – Teacher Candidate</i> Questions	М	Range
. This was an acceptable professional development for preservice teachers	5.8	4-6
. Most preservice teachers would find this professional levelopment to be appropriate	5.8	4-6
This professional development was effective in meeting the purposes of training preservice teachers on High Leverage Practices	5.7	4-6
A Attending this professional development with my cooperating teachers makes me feel more connected to the eacher.	5.7	2-6
Attending this professional development with my cooperating teacher makes me feel more connected to my chool	5.4	2-6
5. After attending this professional development, I feel like I have a better line of communication with my teacher.	5.6	2-6
. This professional development was beneficial for preservice students.	5.8	5-6
8. Overall, this professional development was beneficial for preservice students.	5.8	4-6

Table 3

Keesey et al.: Clinical Collaboration