Walking the walk: The need for school leaders to embrace teaching as a clinical practice profession

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Abstract

There have been longstanding concerns with teacher pre-service education. The model of university coursework plus practicum has been criticised. Despite attempts to rectify this situation, only a minority of beginning teachers in Australia rate themselves as being well prepared or very well prepared when they begin teaching.

This paper examines such concerns before offering an alternative. There are two aspects to this new model.

Firstly, a clinical approach to teacher pre-service education coupled with new roles, practices and structures designed to overcome the so-called theory practice gap and enable implementation of evidence-based interventionist practice. One such approach is highlighted.

Secondly, the adoption of a clinical approach to teacher education and teaching practice requires understanding, knowledge, commitment and support from education leaders. Educational leaders require a thorough grounding in instructional leadership for clinical teaching if real change towards evidence-based teaching practice for improved student achievement is to occur in schools. Approaches to addressing these needs are outlined.

Introduction

'I can't understand why people are afraid of new ideas. I'm frightened of the old ones.'

(John Cage, Composer)

The importance of the teacher to student outcomes

The teacher is the major in-school influence on student achievement. While research has given a clear picture of what good teaching looks like, teacher quality varies widely, and more so within than between schools (Rowe, 2003; Dinham, 2008; Hattie, 2009). Wright, Horn and Sanders have noted (1997, p. 57):

the most important factor affecting student learning is the teacher ... more can be done to improve education by improving the effectiveness of teachers than by any other single factor.

Ensuring a quality teacher in every classroom is vital in terms of equity and improving the life chances of every student. It also has wider social, political and economic ramifications. While factors such as Socio-Economic Status (SES) and family background can each have moderate to large effects on student achievement (Hattie, 2009, pp. 61-63), these are not life sentences: 'Life isn't fair, but good teaching and good schools are the best means we have of overcoming disadvantage and opening the doors of opportunity for young people' (Dinham, 2011a, p. 38).

In improving the quality of teaching, pre-service education is critical but it is not sufficient. Ongoing professional learning and informed, committed leadership are required to improve teaching practice within schools and to lift student achievement (Dinham, 2007; Robinson & Timperley, 2007).

Concerns with teacher education

There have been consistent concerns with teacher pre-service education for decades (Dinham, 2006; Labaree, 2004). The model of university coursework plus practice teaching has been found wanting (Hattie, 2009, pp. 109-112).

In Australia there has been, on average, one major state or national enquiry into teacher education every year for the past 30 years. Inevitably and unfortunately, 'Each inquiry reaches much the same conclusions and makes much the same recommendations, yet little changes' (Dinham, 2006, p. 1).

Darling-Hammond and Baratz-Snowden (2005, p. 37) provide a succinct summary of these concerns and an emerging trend:

In the recent past, traditional teacher preparation often has been criticised for being overly theoretical, having little connection to practice, offering fragmented and incoherent courses, and lacking in a clear, shared conception of teaching among the faculty. Programs that are largely a collection of unrelated courses and that lack a common conception of teaching and learning have been found to be feeble agents for effecting practice among new teachers ...

However in response:

Beginning in the late 1980s, teacher education reforms began to produce program designs representing more integrated, coherent programs that emphasise a consistent vision of good teaching ... The programs teach teachers to do more than simply implement particular techniques; they help teachers to think pedagogically, reason through dilemmas, investigate problems, and analyse student learning to develop appropriate curriculum for a diverse group of learners.

There is growing recognition that teachers need to be able to 'diagnose' individual student learning and provide appropriate 'prescriptions' for improvement i.e., to be clinical, evidence-based, interventionist practitioners in the manner of health professionals. Teachers have been told for decades that they need to cater for individual student differences and to 'personalise' learning, yet generally, have not been shown or taught how to do this.

Darling-Hammond and Baratz-Snowden (2005, p. 43) have noted that successful clinical teacher education programs exhibit:

- Clarity of goals, including the use of standards guiding the performances and practices to be developed
- Modelling of good practices by more expert teachers in which teachers make their thinking visible
- Frequent opportunities for practice with continuous formative feedback and coaching
- Multiple opportunities to relate classroom work to university coursework
- Graduated responsibility for all aspects of classroom teaching
- Structured opportunities to reflect on practice with an eye toward improving it.

Addressing clinical practice in a graduate entry teacher education program¹

In 2008 the Melbourne Graduate School of Education (MGSE) at the University of Melbourne began phasing out its undergraduate pre-service teacher education degrees and introduced the Master of Teaching (MTeach), a new graduate program with early childhood, primary and secondary streams.

¹ This section is drawn from McLean Davies et al., (in press).

The design of the MTeach, a two-year full-time equivalent program, was influenced by concerns over traditional approaches to teacher education and by developments at leading international pre-service teacher education institutions.

A key principle underpinning the MTeach is the focus upon evidence or data about learners to improve teaching practice and to lead to enhanced student learning and development. A second principle is that in order to break the cycle of teachers teaching as they were taught and new teachers being drawn into this prevailing culture, there needs to be more alignment, understanding and collaboration between the university and schools/early childhood settings.

Additional features of the MTeach include:

- Teacher Candidates spend two days per week in a school or early childhood centre from early in their studies and undertake placements in block rounds of up to four weeks in each semester.
- Placement sites (Base Schools [hubs], Placement Schools and early childhood centres) are arranged in neighbourhood groups (networks in early childhood), which have been carefully chosen and where staff have a sound understanding of the program.
- MGSE funds one staff member at each Base School/centre (40 in total) called a
 Teaching Fellow, to be released from 50 per cent of their duties to work across
 the partnership group/network with Candidates, and Mentor [supervising]
 Teachers to ensure coherent and consistent delivery of the placement.
- The Teaching Fellow [0.5] is joined by a university-based Clinical Specialist [0.2] who supports Teacher Candidates to draw on the work undertaken at university as they seek to meet the needs of individual learners. Most Clinical Specialists are also involved in the teaching of university-based subjects and are well placed to make links between theory and practice.
- In order to further embed the links between theory and practice within the
 program, Clinical Specialists, with the support of Teaching Fellows, organise and
 deliver a seminar series that runs throughout each semester at a
 placement/network site.
- These partnerships play a key role in supporting the clinical premise of the Master of Teaching, i.e. that teachers who use a specific form of evidence-based, diagnostic, interventionist teaching have a positive effect on student learning outcomes. The program facilitates the role of the teacher to work in teams and use

- data to enhance decision-making about teaching and learning strategies for individual students, groups and classes.
- Assessment of student work as evidence of learning lies at the core Master of
 Teaching subjects, a key principle being that with a data-driven, evidence-based
 approach to teaching and learning, teachers can manipulate the learning
 environment and scaffold learning for every student, regardless of the student's
 development or intellectual capacity.

A key question concerning the Master of Teaching is the degree to which it is making a difference. A study by the Australian Education Union (2009) asked 1545 new primary and secondary teachers from across Australia their satisfaction with their training as preparation for teaching. Overall, 40 to 45 per cent claimed that they were 'well' or 'very well' prepared (on a five-point scale) when they began teaching. This figure is similar to the findings from earlier samples of teachers in New South Wales, England, United States of America and New Zealand (Dinham & Scott, 2000; see also US Department of Education, 2011).

When the first MTeach graduates (primary and secondary) were asked the same question as part of an evaluation conducted by the Australian Council for Educational Research (ACER) late in 2010, 90 per cent reported being 'well' or 'very well' prepared when they began teaching. The ACER evaluation found (Scott et al., 2010, p. 4):

All respondents [Primary and secondary graduates, Clinical Specialists, Teaching Fellows, Mentor Teachers, Principals, other stakeholders] agreed that the [MTeach] program had impressive strengths, as evident in the:

- Integration of theory and practice.
- Emphasis on evidence-based practice.
- Increased awareness and engagement with aspects of the profession by Teacher Candidates.
- Development of Candidates, who come into the profession with knowledge of 'best practice'.
- Emphasis on deep reflection and on reflective practice in the course giving Candidates an opportunity to change as they go along.
- Recognition that Candidates have an important role to play in increasing standards in the profession.

 High levels of support for Candidates from Clinical Specialists, Teaching Fellows and school-based staff.

The need for educational leaders to understand and support clinical practice

These findings are encouraging – although the MTeach is a work in progress – but producing well-trained clinical practitioners is not enough. If real change in teachers' clinical assessment and interventionist capabilities is to occur, school leaders must be informed, supportive and equipped to assist in this process of changing the way teachers think, what they know and how they teach. A key concern is the professional development of the bulk of the teaching profession who may have decades of service ahead of them. Leaders have a key role here.

Marzano, Waters and McNulty found (2005, pp. 10-12):

A highly effective school leader can have a dramatic influence on the overall academic achievement of students ... a meta-analysis of 35 years of research indicates that school leadership has a substantial effect on student achievement and provides guidance for experienced and aspiring principals alike.

Yet Hallinger (2005) observed that despite interest in instructional leadership – leadership of and for teaching and learning – arising from research into effective schools going back as far as the late 1970s (2005, p. 228):

During the mid-1990s, however, attention shifted somewhat away from effective schools and instructional leadership. Interest in these topics was displaced by concepts such as school restructuring and transformational leadership.

For a time, transformational leadership became popular, restructuring was endemic (Dinham, 1998) and instructional leadership was relegated, and to some degree derided, as outdated.

However, findings from international research have caused a re-examination of the worth of instructional leadership. Robinson, Lloyd and Rowe concluded from their work on the impact of various leadership approaches (2008, p. 666):

The comparison between instructional and transformational leadership showed that the impact [on student outcomes] of the former is three to four times that of the latter. The reason is that transformational leadership is more focused on the relationship between leaders and followers than on the educational work of school leadership, and the quality of these relationships is not predictive of the quality of student outcomes. Educational

leadership involves not only building collegial teams, a loyal and cohesive staff, and sharing an inspirational vision. It also involves focusing such relationships on some very specific pedagogical work, and the leadership practices involved are better captured by measures of instructional leadership than of transformational leadership.

Thus while the importance of instructional leadership had been recognised for three decades or more (see also Chase & Kane, 1983), the approach has only re-gained prominence within the last decade, due in part to a growing focus on the importance of quality teaching to student achievement as revealed through international student testing regimes such as PISA (the OECD Programme for International Student Assessment, PIRLS (Progress in International Reading Literacy Study) and TIMSS (Trends in International Mathematics and Science Study). Rankings and performance on these measures have increasingly become a matter of concern and importance in many countries (Barber & Mourshed, 2007).

In Australia the imperative for instructional leadership (re-)gained momentum partly due to the context of the National Assessment Program – Literacy and Numeracy (NAPLAN) tests introduced in 2008 and the establishment of the My School website² in 2010. National student testing and publication of school performance and student growth data gained prominence, although broader outcomes other than those from standardised testing (i.e., academic, personal, social, see MCEETYA, 2008) are equally important.

Instructional leadership for clinical practice

While original conceptions of instructional leadership focused predominantly on the principal, the notion of distributed leadership – the leadership practices and effects of others in formal leadership positions in schools along with teacher leadership – has become prominent (see Harris, 2009).

Attention is increasingly turning to the *impact* of teaching and leadership on student outcomes (see Day et al., 2009; Barber et al., 2010).

Hattie found from his extensive meta-analytic work (2009, p. 83) that: School leaders who focus on students' achievement and instructional strategies are the most effective ... It is leaders who place more attention on teaching and focused achievement domains ... who have the higher effects.

² See http://www.naplan.edu.au/ and http://www.myschool.edu.au/

Robinson, Lloyd and Rowe (2008: 636) offered a similar view:

The more leaders focus their influence, their learning, and their relationships with teachers on the core business of teaching and learning, the greater their influence on student outcomes.

Barber et al. (2010, p. 7) found:

High-performing ['top' 15%] principals focus more on instructional leadership and developing teachers. They see their biggest challenges as improving teaching and curriculum, and they believe that their ability to coach others and support their development is the most important skill of a good school leader.

Barber et al. also found that a thorough knowledge of teaching and learning on behalf of leaders is essential if teachers are to be developed and supported to be able to move forward the learning of every student in their care (2010, p. 28):

Leadership focused on teaching, learning, and people is critical to the current and future success of schools.

High-performing principals focus more on instructional leadership and the development of teachers.

However, penetrating the often closed classroom door remains a challenge for principals and other leaders. Wahlstrom and Louis have commented (2008, p. 459):

In the current era of accountability, a principal's responsibility for the quality of teachers' work is simply a fact of life. How to achieve influence over work settings (classrooms) in which they rarely participate is a key dilemma.

Robinson, Lloyd & Rowe's conclusions from their meta-analyses support the existence of a disconnect between approaches to leadership and approaches to improving student outcomes (2008, p. 669):

The loose coupling of school leadership and classroom teaching ... is paralleled in the academy by the separation of most leadership research and researchers from research on teaching and learning, and by the popularity of leadership theories that have little educational content ... Fortunately, the gulf between the two fields is beginning to be bridged by a resurgence of interest in instructional leadership and calls for more focus on the knowledge and skills that leaders need to support teacher learning about how to raise achievement while reducing disparity.

Conclusion

Quality teaching lies at the heart of attempts to raise student outcomes and to close achievement gaps associated with factors such as socio-economic status, family background, geographic isolation, non-English speaking background and Aboriginality.

Research findings are increasingly compelling on the relationship between instructional leadership, effective teaching and student outcomes yet much work remains to be done. As teaching becomes more evidence-based, clinical and interventionist in nature, it is imperative that school leaders are equipped to guide, support and lead teachers in this process.³ This central role is recognised in the recent National Professional Standard for Principals in Australia (AITSL, 2011, p. 2; Dinham, 2011b).

Twenty-first century educational leaders need to be able to 'talk the talk' and more importantly, 'walk the walk' on approaches that place the individual student and his or her advancement at the centre of the school. In order to make best teaching practice common practice (Dinham, Ingvarson & Kleinhenz, 2008, p. 14), preparation for and the enactment of instructional leadership must be congruent with teachers' initial and ongoing professional learning to ensure evidence-based, clinical professional practice occurs in every classroom and for every student.

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