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Approaches to Improving Clinical Practice

**Describing how NGEI sites are
reforming clinical placement
experiences and candidate
feedback systems**

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Introduction

As new standards are adopted, including the Common Core State Standards (CCSS) and the Next Generation Science Standards (NGSS), teachers must adapt their practice. Yet, across the country, teaching in K–12 classrooms is not yet consistently aligned to new instructional standards.¹ One approach to improving teaching quality is to ensure teachers entering the workforce are prepared to provide instruction aligned with new standards. In this context, teacher preparation programs have been engaged in a variety of reforms aimed to improve the preparation of teachers to effectively implement the standards as they enter the teaching profession.

The New Generation of Educators Initiative (NGEI), funded by the S.D. Bechtel, Jr. Foundation (hereafter “the Foundation”), seeks to strengthen the current teacher preparation system in California so that new teachers enter the workforce prepared to implement CCSS and NGSS. The Foundation decided to focus its efforts on the California State University System because of a commitment to strengthening existing public systems and because of the potential for scale; this system produces more teachers than any other institution in the state. The Foundation’s Key Transformation Elements (KTEs, see Appendix 1) express a theory of action to guide the reform strategy through five prioritized areas of work: partnership (KTE 1), prioritized skills (KTE 2), practice-based clinical preparation (KTE 3), formative feedback on prioritized skills (KTE 4), and data-driven continuous improvement (KTE 5).

WestEd and SRI International are conducting a formative evaluation to track NGEI implementation and outcomes at the campuses that received comprehensive grants² in Phase 1. Periodically, we produce Evaluation Cycle Reports to synthesize current work across campuses and, at the system level, highlight best practices, and provide information on how the initiative as a whole is progressing toward the KTEs. The first Evaluation Cycle Report, released in December 2015, summarized initial reforms of grantees (i.e., campuses and their district partners) relative to the teacher pipeline and the KTEs. The current report describes selected continuing grantees’ approaches to improving clinical practice during NGEI Phase 1 (July 2015–June 2016).³

¹ Opfer, V. D., Kaufman, J. H., & Thompson, L. E. (2016). *Implementation of K–12 state standards for mathematics and English language arts and literacy*. Santa Monica, CA: RAND Corporation.

² The larger of two funding categories in Phase 1.

³ Among the six Phase 1 comprehensive campuses funded to continue work in Phase 2, five campuses intended to change clinical experiences through their NGEI reforms.

Context for Reforms to Clinical Practice

Together, the KTEs lay out a vision for how grantees will reform teacher preparation so that credential recipients are better prepared to teach to standards. KTE 1 and 2 are foundational for the initiative: KTE 1 calls for campuses to maintain and deepen their partnerships with K–12 districts based on local needs, creating a key context for all NGEI work. KTE 2 calls for campuses and their partners to “identify, in partnership, the key skills, knowledge, and dispositions (‘prioritized skills’) of a well-prepared new teacher.” This joint selection of prioritized skills is to guide decision-making about the most important knowledge and skills for candidates to have in order to receive a credential and is intended to serve as the basis for all NGEI work.

While they collaborated in Phase 1, campuses and their district partners generally did not make great strides in jointly identifying the prioritized skills around which to make substantive changes to their preparation program. Both continuing and new grantees are starting to tackle this strand of work in Phase 2.

In Phase 1, grantees did start to make some of the structural changes to clinical work that may foster candidates’ learning of prioritized skills. This work falls under KTEs 3 and 4. KTE 3 calls for grantees to build and refine opportunities for candidates to gain fluency with prioritized skills during clinical preparation. Under KTE 4, campus and district partners identify and continue to strengthen opportunities for candidates to receive feedback on their mastery of prioritized skills during clinical preparation. Collectively, grantees made the following types of reforms to the clinical practice components of their preparation programs:

Clinical Preparation (KTE 3): NGEI campuses worked with their school and district partners using several levers to improve candidate learning in clinical experiences, including:

- Restructuring of student teaching,
- Selection, support, or professional development for cooperating teachers and/or university supervisors, and
- Integration of coursework and clinical experiences.

Candidate Feedback (KTE 4): NGEI campuses also pursued two approaches to improve the feedback candidates receive:

- Modification of formative feedback system and forms, and
- Increase in frequency of informal feedback.

These structural reforms to clinical work are the subject of this report. Exhibit 1 provides more detail on the types of changes each campus made to candidates' clinical experience.

Exhibit 1. Types of Clinical Reforms within Teacher Preparation Programs among NGEI Comprehensive Sites

Reform Focus	Channel Islands	Fullerton	Long Beach	Cal Poly San Luis Obispo	Stanislaus
Improvements to Clinical Placements					
<i>Restructuring student teaching experience</i>					
Consistent school site throughout student teaching	✓	✓	✓		
Length and timing of student teaching	✓	✓			
Strategic clustering of candidates at sites (e.g., anchor schools, lab schools)	✓	✓	✓	✓	✓
Revised cooperating teacher roles (e.g., co-teaching)	✓	✓	✓		✓
Revised supervisor roles		✓	✓		✓
<i>Selection, support, or professional development</i>					
Cooperating teacher support	✓	✓	✓	✓	✓
Revised cooperating teacher selection		✓	✓		
Integration of coursework and clinical experiences		✓	✓		✓
Improvements to Candidate Feedback					
Modification of formative feedback systems		✓			
Increase in frequency of informal feedback	✓	✓	✓		✓

The remainder of this report provides an overview of the ways in which NGEI campuses reformed their clinical placement experiences and candidate feedback systems. In regard to clinical placement reforms, we discuss restructuring the student teaching experience; modifying cooperating teacher selection, support, and professional development; as well as integrating coursework into clinical experiences. Then we examine approaches to improve candidate feedback, specifically through modifying feedback systems and the expectations for feedback providers.

Data Collection Overview

WestEd and SRI conducted original data collection to gather information on reforms to clinical preparation among NGEI comprehensive grantees. We drew upon perspectives from multiple stakeholders to understand implementation and perceived impacts of reforms on the clinical experience in light of the KTEs. From February–June 2016, the WestEd/SRI team interviewed 77 people from the eight campuses including project directors, university supervisors, school administrators, cooperating teachers, and teacher preparation candidates (see Appendix 2). We confirmed the nature and scope of clinical practice reforms with project directors from all eight campuses and analyzed data across all respondents to ascertain the nature and perceived quality of the clinical practice reforms. This report focuses on five of the six Phase 1 comprehensive grantees funded to continue efforts in NGEI Phase 2.⁴

Approaches to Improving Clinical Placements

NGEI encouraged campuses to strengthen the quality of clinical experiences by creating “opportunities for candidates to gain fluency with identified key knowledge, practices, and dispositions during clinical preparation.” As we described in the first Evaluation Cycle Report, campuses reported multiple approaches to achieve these goals, which are summarized in Exhibit 1.⁵

Restructuring Student Teaching Experience

Campuses implemented several reforms to organize student teaching differently through NGEI. Whether changing expectations for placement, duration and timing of student teaching, or modifying the relationships between candidates, cooperating teachers, and supervisors, campuses combined approaches to the structure of clinical experiences.

Allowing candidates to spend more time in a given school setting was a valued reform.

Three campuses modified the structure of the student teaching experience such that NGEI candidates remained at the same school site the entire student teaching cycle, rather than moving to a different school halfway through. In addition, this change in structure

⁴ Although interviews were conducted with all Phase 1 project directors, data collection activities related to supervisors, cooperating teachers, and candidates were only conducted for the five campuses that both intended to change clinical experiences and were continuing in NGEI for Phase 2.

⁵ In addition to reforms geared toward opportunities for candidates, campuses' NGEI efforts included reforms to early field experiences outside the scope of this report.

allowed one campus to introduce the use of cooperating teacher and candidate teams where two cooperating teachers shared two candidates over the course of the semester. Candidates, cooperating teachers, administrators, and university supervisors reported that having candidates spend more time at a given school allowed candidates to become more immersed in the campus culture.

“One of the big changes is when the candidate starts. Originally they came a month in. Now they come in the day you set up for the students, before students have even showed up. They welcomed the kids the first day and got to see how you establish the rules and classroom management skills. It is good for them to see that. When they had the prior program they came into a class that was already running. Now they see the trial and errors, see what skills work well and which don’t. They get to see the struggles teachers have the first weeks going to students and parents and setting up boundaries.”

— Cooperating Teacher, referring to full year student teaching experience

One campus made a substantial modification to the timing of the student teaching experience, stretching the student teaching experience from approximately 18 weeks to include an entire academic year following the district calendar. This campus was able to extend the student teaching experience without changing the number of student teaching credits candidates were expected to complete by reducing number of hours candidates spent at their student teaching placement site each week. Cooperating teachers, clinical coaches, and candidates indicated that changing the student teaching calendar was a critical feature of the NGEI reforms, as it allowed candidates to see everything a teacher takes on over the course of the year and to develop greater rapport with students and faculty at the school site. One school administrator noted, “Candidates were involved in everything. This year they even attended leadership meetings. They were so attached. They attended PD and parent conferences.... They really took ownership. They helped out with all the fundraisers, events, open house, back to school night, and book fairs.” Moreover, almost all respondents at that campus reported a high regard for the new clinical placement structure and noted the resulting development of tight-knit relationships across the placement schools.

Nearly every continuing NGEI campus attempted to impact clinical experiences through clustering candidates at school sites, aiming to enhance the setting or alter the structure of clinical practice.

Five NGEI campuses employed a range of models to cluster candidates at selected partner schools. These models included lab schools, professional development schools, and anchor schools (Exhibit 2).

Exhibit 2. Models for Clustering NGEI Candidates

School Site Model	# of Campuses	# of Schools
<i>Lab School</i>	1	1
<i>Professional Development School (PDS)</i>	1	2
<i>Anchor School</i>	4	26

Note. All campuses clustered candidates. While most utilized one clustering approach, one campus employed both lab and anchor school sites and is thus represented twice in the exhibit.

One campus developed a lab school site where groups of candidates were clustered throughout the academic year to simultaneously complete coursework and student teaching. Compared to before NGEI, university supervisors and cooperating teachers spent more time in the classroom co-teaching with, mentoring, and/or observing candidates. Another campus focused on professional development schools (PDSs) — a specific model focused on collaboratively preparing teacher candidates in settings with closely integrated theory and practice, developing current teaching staff, improving candidate practice, and increasing student achievement — deepening the partnership with an existing PDS and establishing a second PDS site.⁶ Candidates were offered opportunities to complete year-long residencies or traditional student teaching with co-teaching professional development led by experienced members of the school’s faculty.

⁶ Ridley, D. S., Hurwitz, S., Hackett, M. R. D., & Miller, K. K. (2005). Comparing PDS and campus-based preservice teacher preparation: Is PDS-based preparation really better? *Journal of Teacher Education*, 56(1), 46–56. Additionally, Abdal-Haqq (1998) offers the following definition of a PDS school: “Within the PDS, the partnering institutions share responsibility for the following four goals or purposes: (a) maximizing student learning and achievement through the development and implementation of exemplary practice; (b) engaging in sustained inquiry on practice for the purpose of enhancing exemplary practice and student achievement; (c) engaging in meaningful, ongoing professional development; and (d) preparing effective new teachers.” Abdal-Haqq, I. (1998). *Professional development schools: Weighing the evidence*. Thousand Oaks, CA: Corwin Press, Inc. See also Darling-Hammond, L. (1994). *Professional development schools: Schools for developing a profession*. New York, NY: Teachers College Press.

University faculty taught introductory and methods courses on site, with increased opportunities for collaboration between university and K-12 faculty.

In Phase 1, four NGEI sites clustered candidates using the “anchor school” model. For the purposes of this report, anchor schools are defined as school sites hosting clinical placements or coursework with a concentration of teacher candidates (NGEI sites typically placed four to seven candidates per school site) and cooperating teachers, as well as a strong university presence. Each of these campuses developed four to seven anchor schools that hosted a greater concentration of candidates by selecting more cooperating teachers at each anchor site and/or increasing the number of candidates that a given anchor site cooperating teacher worked with during the year. The anchor site approach capitalizes on the selection of strong school sites with high administrative buy-in for the goals of the NGEI work and works under the assumption that securing such sites will result in the

“I loved having the cohort. [It was] nice to know someone is going through the same process that I am. We were there to support each other; it was a great bonding experience.”

— Candidate

identification of strong cooperating teachers. Another desired side effect of clustering candidates is that it facilitates changes to certain aspects of mentor or supervisor roles.

Anchor sites, almost by definition, require close collaboration between the university and school, which opened up opportunities to negotiate changes to the structure of student teaching or hosting a university course on a K-12 campus. Additionally, because of candidate clustering, university supervisors spent less of their time traveling between their supervisees and could spend more time at a single campus or at a small number of campuses — making reforms more feasible. In fact, the most extensive changes in

“I didn’t see the same type of collaboration before [NGEI]. I feel so welcome in the classroom with the mentor teachers. You feel like you are part of the classroom.”

— Clinical Coach

candidate support in Phase 1 of NGEI were at anchor sites, which served to facilitate and centralize multiple key clinical reform elements during Phase 1.

Individuals from the majority of the campuses noted that anchor sites fostered an increased sense of community among candidates, as they had regular interaction with peers going through similar student teaching experiences. Both candidates who described themselves as struggling and candidates who thrived in their teacher preparation programs viewed the “cohorting” approach as valuable, noting that it

promoted conversation and collaboration across candidates. Similarly, cooperating teachers noted that the anchor site approach promoted stronger relationships between cooperating teachers and the CSU campuses. School administrators, cooperating teachers, university faculty, and supervisors reported that university faculty and supervisors were present and participated at anchor school sites to a greater degree than their typical engagement with student teaching placement sites. The increased presence of university supervisors provided the opportunity to build relationships, increase trust, and support collaboration across the anchor school site and the university according to both cooperating teachers and university supervisors. In addition, administrators appreciated the presence of cohorts of candidates on their school campuses and believed that the candidates served as good role models for the students. We discuss an example of this in the text box below on anchor sites (Box 1).

Box 1. A Perspective on Anchor School Sites

On two campuses, there was an especially high level of consistency from multiple perspectives on the benefits of anchor sites. In collaboration with district and school partners, these campuses developed anchor sites that were highly regarded by candidates, cooperating teachers, university supervisors, and school administrators. Partners were well-informed about the expectations for the anchor sites and the sites' staff had buy-in into the goals of the teacher preparation program. The initial relationships and clear communication about goals and expectations reportedly created a foundation for the development of the anchor sites. To ensure a continued strong relationship, these two campuses carried out initial professional development with cooperating teachers to inform them about their roles and responsibilities.

Continual and close interactions with university faculty was another common feature of these anchor sites that informants considered to be successful. At both campuses' anchor school sites, the role of the university supervisor shifted to more closely align with the responsibilities of a coach. This shift allowed for more frequent, informal interactions between coaches, cooperating teachers, and candidates. Cooperating teachers felt comfortable discussing needs and issues with the coaches and candidates felt supported by their coaches.

Although most reactions to the development of anchor sites were positive, interviewees also identified some drawbacks to this approach. For example, candidates noted the tension between the benefits of experiencing a consistent school site throughout student teaching and the perceived reduction in the diversity of teaching styles candidates saw because they spent all their time at a single school site. In addition, cooperating teachers at two campuses voiced concern about having too many responsibilities and/or having to deal with too many transitions in the classroom to accommodate the higher volume of candidates at the anchor sites under the NGEI reforms. Finally, some respondents

reported that finding appropriate placements for all candidates within a given school site was challenging.

Three campuses changed university supervisor roles to increase the focus on coaching, shifting from an evaluative toward a capacity-building stance.

A subset of campuses modified the role of the university supervisor to improve clinical

“I like that [the field coach] is taking [candidates] around [on observational rounds]. I personally feel like that’s super powerful, and I wish that I had had that opportunity in my own student teaching, because it’s such a window. You think, oh, every teacher is doing direct instruction or writing the objective, but there’s so many ways to do it. I love that she has a goal for each visit.”

— Cooperating Teacher

placements. Reforms in this domain focused on increasing collaboration among university supervisors and cooperating teachers and ensuring supervisors had a strong presence at selected school sites. These reforms aided supervisors and cooperating teachers to better support candidates in developing their teaching practice.

One campus developed a new clinical coach position, which replaced the university supervisor position for Multiple Subject and Education Specialist candidates and worked with content-specific university supervisors for Single Subject candidates. Another campus hired a staff person from a partner district to work half-time for the university and half-time for the district to take on the role of university supervisor for Multiple Subject candidates at anchor sites, with the hope that having a

university supervisor with a background in the district’s functioning and context would strengthen relationships with cooperating teachers. A third campus modified the role of supervisors so that they spent more time on site at the anchor school and are more deeply involved with candidates, leading observational rounds in each cooperating teacher’s classroom and providing more frequent feedback to candidates. To highlight the difference, they referred to individuals assuming that role as “field coaches” instead of supervisors.

“I really like those 15-minute observations, no big pressure, just looking at something specific. That really helped me as a teacher, you are in there by yourself and you need that coaching, you don’t learn that in the [university] classroom.”

— Candidate

Candidates, coaches, and cooperating teachers reported that having university faculty focus on coaching rather than, or in addition to, evaluating candidates promoted a greater sense of trust and rapport among all three parties. At one anchor school, a cooperating teacher noted that candidates benefited from additional learning opportunities through observational rounds and debriefs led by the university field coach. Similarly, candidates at another campus reported that focused visits introduced by the clinical coaches were immensely helpful. During the four focused visits each semester, the clinical coach conducted a brief observation of approximately 15 minutes, focusing on a small number of skills that the candidate was working on. Immediately afterwards, the candidate and clinical coach stepped outside to discuss the observation. Focused visits were intended to provide timely feedback on a few select skills that the candidate could immediately implement in the classroom.

While the vast majority of feedback on these changes was positive, some concerns arose about the university supervisor and clinical coach roles. Respondents identified the need to clearly define the new roles to prevent confusion regarding respective responsibilities. Additionally, candidates on one campus raised concerns about the calibration of supervisors and whether supervisors shared common expectations in helping candidates make progress toward meeting standards for their credential.

Selection, Support, and Professional Development

In Phase 1, campuses demonstrated their belief in the importance of cooperating teachers to clinical practice through two approaches: reforming cooperating teacher selection and reforming professional development and support.

A minority of campuses began reforms to their cooperating teacher selection process.

Prior to NGEI, campuses typically made placements based on the availability of cooperating teachers, which resulted in haphazard processes for candidate placement. In Phase 1, two campuses began working toward modifying the cooperating teacher selection process directly. This approach emphasized the identification of strong, cooperating teachers capable of supporting candidates within the framework of the campuses' NGEI reforms. In particular, one campus formalized cooperating teacher selection criteria in writing and another campus began discussions with district partners about potential criteria. The development and process for using these new criteria are in early stages.

Campuses aimed to enhance the quality of NGEI clinical experiences by providing new professional development opportunities for cooperating teachers and university supervisors.

Although cooperating teacher professional development occurred to some extent at all five campuses, cooperating teachers and university supervisors agreed that the training was insufficient. In regard to the content of professional development, all campuses held initial trainings for cooperating teachers that provided a general orientation to the NGEI work and the cooperating teacher role. Additionally, each of the five grantees offered professional development for cooperating teachers, university supervisors, and faculty focused on specific pedagogical approaches and instructional models intended to guide practices and structures within school sites hosting clusters of candidates. Topics for these trainings included co-teaching, project-based learning (PBL), and the specific partnership expectations of a professional development school (PDS).

Cooperating teacher training most commonly centered on co-teaching between cooperating teachers and candidates. To educate cooperating teachers and candidates about the use of co-teaching, four campuses provided professional development opportunities before student teaching began and, in some cases, information on co-teaching or co-teaching expectations over the course of the year. Although some

“The word co-teach was thrown around a lot but we never learned about it. Maybe I didn’t understand it...”

— Cooperating Teacher

cooperating teachers and candidates reported implementing co-teaching strategies, many reported that they did not fully understand the concepts behind co-teaching strategies or how to implement the strategies. Candidates, cooperating teachers, and university supervisors consistently emphasized the need for stronger training on co-teaching. On the other hand, project directors reported that scheduling trainings was a major challenge.

Across sites, project directors, university supervisors, and cooperating teachers indicated that the initial exposure to the NGEI work, pedagogical approaches, and instructional models was valuable but should only be viewed as a starting point for more intensive cooperating teacher training in subsequent years. In particular, cooperating teachers and university supervisors reported the need for more guidance on the roles and responsibilities of cooperating teachers and the use of prioritized pedagogical approaches and instructional models to ensure cooperating teachers can successfully support candidates.

Integration of Coursework and Clinical Experiences

Although most Phase 1 campuses pursued curricular revisions to some degree, as we described in the first Evaluation Cycle report, we focus here on the subset of campuses that explicitly worked to integrate coursework with clinical experiences.

Three campuses offered school-based seminars and methods courses. Individuals involved in the incorporation of coursework and clinical experiences voiced high satisfaction with the integration.

Three campuses began holding university courses at clinical placement sites through the NGEI reforms. One campus focused on providing seminars at some clinical placement sites that also served as anchor sites. Both the location and content of the seminars differed from those attended by traditional candidates. For example, candidates perceived that seminars at the university campus often focused on university or credential requirements while seminars at clinical placement sites focused on skills to improve teaching practices. Cooperating teachers and university faculty, and in some cases administrators, identified topics for and delivered the seminars for NGEI candidates at anchor sites. Cooperating teachers had freedom to select topics that they felt they could speak to and would benefit the candidates. Overall, candidates perceived these seminars as useful, though a few indicated that they may not have received as much exposure to information about university requirements and the TPA process compared to some of their peers.

Another campus held a subset of Multiple Subject and Education Specialist methods courses at one anchor site. All NGEI Multiple Subject and Education Specialist candidates came to this specific anchor site for methods courses, whether or not it was their designated anchor site. Administrators at the anchor site provided a classroom for credential coursework and teachers at the anchor site allowed candidates to come to their classrooms to observe. Clinical coaches and cooperating teachers reported the value of being able to immediately observe practice after learning about teaching strategies. One cooperating teacher described the additional benefit of candidates observing different teaching skills: “When [candidates] do rounds they don’t just see their own [cooperating]

“Our seminars were very helpful ... When I compared what I heard about other seminars it sounded like ours were better because they were taught by people that are actually in the field, not university supervisors who are out of date. A lot of ideas in our seminars I will use in the classroom.”

— Candidate

teacher, they see teachers in the school that are not part of the program. They find teachers on site that have certain skills and they go and watch.” Locating courses on school sites came with some bureaucratic challenges. For example, at one campus, although the integration of coursework into clinical sites was successful for Multiple Subject and Education Specialist candidates, there were barriers from the university in obtaining approval to hold Single Subject courses off campus. This campus is continuing to work through the approval process for the Single Subject program.

Over the course of Phase 1, grantees made considerable efforts to improve the clinical experience using diverse approaches that centered on modifying the structure of student teaching; how cooperating teachers are selected, supported, and trained; and where candidates receive instruction. Many of these changes were perceived positively by candidates, cooperating teachers, university supervisors, and school administrators. While direct changes to clinical placements were one avenue to improve the clinical experience, a subset of campuses also elected to modify their candidate feedback process as they implemented other changes to clinical placements.

Approaches to Improving Candidate Feedback

One approach to improving the clinical experiences of NGEI candidates was through modifications to the ways in which candidates received feedback and the content of the feedback they received. Changes to feedback could be a key lever for program improvement because it provides opportunities to help candidates understand their own strengths and growth areas in light of expectations for teaching quality.

One campus developed new processes and tools to improve consistency, frequency, and quality of candidate feedback.

In an effort to improve the formative feedback provided to candidates, clinical coaches at one campus carried out the new pre-observation, observation, post-observation (POP) cycle. The POP cycle was scheduled to occur at four occasions during student teaching placements and each cycle began with the pre-observation component. The pre-observation included a meeting between the clinical coach, cooperating teacher, and candidate where the goals of the lesson to be observed were discussed to ensure all three parties had a common understanding about the lesson content and approach. As part of the pre-observation process, the candidate submitted a lesson plan to the

“Planning the lesson with my coach and teacher taught me how to write a lesson plan more than my core classes did. That also really helped me write my lesson plans for my TPAs.”

— Candidate

clinical coach and the clinical coach provided feedback to improve the lesson. Candidates and clinical coaches reported that although only one review was required, in many instances the lesson plan was exchanged several times to refine the plan. Together, these steps supported co-planning between the candidate, clinical coach, and cooperating teacher. Next, the observation portion occurred. During the observation, the clinical coach took detailed notes and used a form developed for the POP cycle to capture candidate performance. In addition, the candidate was video-recorded and expected to review the recording and use the POP form to rate their own performance, which was another mechanism for formative evaluation by supporting self-reflection on a candidate's own teaching practices. After both parties completed the observation, the post-observation component occurred. During the post-observation, candidates discussed areas in which they believed they excelled as well as self-identified areas for continued work. The clinical coaches engaged with candidates in this discussion, providing input based on what they noticed. Although clinical coaches had ideas to further improve this process (e.g., make refinements to the POP schedule and procedure), candidates, cooperating teachers, and clinical coaches spoke highly of the POP cycle. All participant types reported it to be a supportive mechanism for providing feedback outside of the formal end-of-semester evaluations. Box 2 provides a more detailed description of the clinical coach role, the POP cycle process, and reactions to these reforms.

Box 2. A Deeper Look into Clinical Coaches and the POP Cycle

As part of the NGEI reforms, one campus developed a new position to replace, or in some cases work with, traditional university supervisors. The new role of clinical coach was intended to support both the candidates and the cooperating teachers. The major distinctions between a university supervisor and a clinical coach were related to timing of interactions, level of engagement with candidates, and the extent and type of feedback provided to candidates. Clinical coaches began working with candidates and cooperating teachers before the school year and continued collaboration and support consistently throughout the year. Clinical coaches sat down with cooperating teachers and candidates early on to establish that the three individuals should be considered a team. Throughout the year, clinical coaches visited each candidate at their school site at least every other week to provide continual support. The development of the clinical coach role was praised by candidates, cooperating teachers, school administrators, and clinical coaches.

“I saw [my clinical coach] all the time, it was great. I got to know [my clinical coach] very well so we could talk very easily about my practice. When [my clinical coach] would come in for actual supervisor visits it was no big deal to me, other candidates got so nervous but I didn't, that was really nice to have a really good relationship.” — Candidate

Clinical coaches implemented new feedback processes including focused visits and POP cycles. As previously described, focused visits were brief and concentrated on a

small number of skills for which the candidate received immediate feedback. POP cycles were more involved and included meetings to co-plan, reviews of lesson plans, observations, and feedback. These new feedback approaches provided candidates a greater amount of formative feedback to improve practice compared to what was provided previously.

“After 41 years in education and almost 25 years at the university, I don’t think I have run across anything that could impact student teachers as much as what we have discovered through this process.” — Clinical coach

The use of the clinical coaches and the new feedback system took more time for clinical coaches and candidates compared to the pre-NGEI arrangements, though one clinical coach suggested that with a bit of refinement and streamlining the responsibilities could be nearly equal to that of a traditional university supervisor. NGEI candidates noticed that they had additional tasks, such as preparing for and undergoing the POP process, but indicated that they saw the value in the extra work.

“The main differences between NGEI and traditional is more guidance and more clarity on everything. I feel like if my coach wasn’t there as my coach I would be so limited on the things I would have learned... I got more feedback, I got an extra person to really guide you through.” — Candidate

Given the initial positive reactions to both the clinical coach role and the POP cycle feedback system, Box 3 offers suggestions and lessons learned that may be helpful for campuses interested in adopting these approaches.

Box 3. Making the Shift to Clinical Coaches

Developing the clinical coach position and supporting clinical coaches in new formative feedback processes was an iterative process. After conceptualizing the role of clinical coach role, the campus asked three standing university supervisors to serve as clinical coaches for the NGEI candidates. These individuals were already familiar with the traditional supervision process and agreed to try a new approach to supporting candidates. As clinical coaches, they took on different responsibilities than those of a traditional university supervisor.

While a traditional university supervisor was expected to make relatively infrequent visits to observe candidates and primarily focused on providing formal feedback, the clinical coaches were expected to become more enmeshed in their candidates' school site(s) and engage in regular formative feedback activities. This campus combined the reform around clinical coaches with an anchor sites candidate placement approach, allowing clinical coaches to coach multiple candidates at a small number of school sites. The use of anchor sites provided greater opportunities for the clinical coaches to become familiar with the school staff and culture.

To guide clinical coaches and candidates through the new feedback processes, the campus developed forms for both the focused visits and the POP cycles (see Appendix 3). These forms provide explicit instructions to walk clinical coaches and candidates through the observation and feedback process, as well as ensure the observations are aligned with TPEs.

While the introduction of the clinical coach role was met with enthusiasm from candidates, cooperating teachers, and clinical coaches, implementation has required reflection and refinement. First, when the campus originally conceptualized the clinical coach role, it was unclear to what extent the workload and job characteristics would differ from those of a university supervisor. Clinical coaches documented their activities and time spent on those activities. Through these efforts it became clear that the clinical coach truly was a unique position and therefore required a distinct job description.

Second, the frequency and intensity of POPs is still being refined. In particular, candidates and clinical coaches noted that the number of POPs could potentially be reduced and the video component may not be vital for every POP. As the campus continues use of the clinical coaches and the POP cycles, the frequency and format may be revised.

In Phase 1, the most extensive reform of feedback was the use of the POP cycle by clinical coaches.

The clustering of candidates in specific schools (e.g., anchor schools) created more frequent opportunities for candidates to receive feedback from university supervisors/clinical coaches.

For several campuses, the combination of reform efforts contributed to greater conversation and collaboration across university supervisors/coaches, cooperating teachers, and candidates. Having multiple candidates concentrated at anchor sites under the supervision of one university faculty member ensured that the faculty member visited the school site frequently and established a presence on campus. This provided the opportunity to conduct a higher volume of informal observations and provide formative feedback to the NGEI candidates. In addition to observing candidates during a small number of formal feedback events (e.g., lengthy end-of-term evaluations used for grading purposes), university supervisors/coaches were able to visit classrooms to conduct relatively low-stakes, short observations (e.g., focused visits described previously).

Formal training to calibrate feedback was not part of the Phase 1 reforms.

The lack of calibration on feedback given to candidates was explicitly raised as a challenge at three campuses. At one campus where candidates often worked with more than one supervisor per semester, candidates reported frustration at the different expectations from each supervisor. Candidates noted that the amount, focus, and specificity of feedback varied between their supervisors over the course of a semester or year, requiring candidates to get used to new feedback approaches. One candidate, describing her understanding of the university’s priorities for candidates’ knowledge, skills, and dispositions, responded, “While I can look back and say, okay, that is how I have to approach it depending on the supervisor, [prioritized skills] would be one thing I would think the university would want the supervisors to be on the same page with.” Several project directors indicated calibration of feedback as an area of interest for Phase 2.

“And that is some of the feedback that I got from my cohort, is that depending on who your supervisor was, you had to teach a certain way or the expectation was just a little bit different.”

— Candidate

Conclusion

Over the course of Phase 1, the majority of the reforms enacted in Phase 1 were focused on clinical preparation and targeted both student teaching (KTE 3) and the feedback candidates received (KTE 4). Campuses generally implemented these clinical reforms, without deepening their district partnerships (KTE 1) by jointly identifying high-priority skills (KTE 2).

In Phase 1, anchor sites stood out as the most widely attempted and well-received reforms of clinical practice. Data suggest this was because of the connections among key stakeholders the model promoted and because the anchor sites served as the hub for other key reforms that supported the quality of the clinical placements. However, informants indicated some concerns around the diversity of placements and alignment between anchor sites and other parts of the teacher preparation programs.

The creation of a “clinical coach” role paired with a specific performance feedback cycle on one campus also stood out for its high regard among informants. While the development of the clinical coach role and improvements to the performance feedback cycle are new and some specifics are being refined, the combination of these strategies offers one possible approach to improving the frequency and quality of candidate feedback.

The Phase 1 work will be continued and expanded in Phase 2 to further focus on KTE 3 and KTE 4, but a focus on reforms relevant to KTE 1, KTE 2, and KTE 5 will be critical to achieving the overall aim of the initiative. To this end, in structuring the Phase 2 grants, the Foundation has underscored the importance of deepening partnerships with districts. In particular, in Phase 2, grantees are instructed to focus on identifying a set of agreed-upon high-priority skills, selecting rubrics which measure those skills, calibrating on those rubrics, and then working toward using the rubrics as a tool for improving the quality of feedback to candidates. This approach is rooted in the concept that identification of critical skills for teaching success and careful planning of coursework and clinical experiences is a key step in ensuring that candidates acquire the necessary skills for success after graduation.⁷

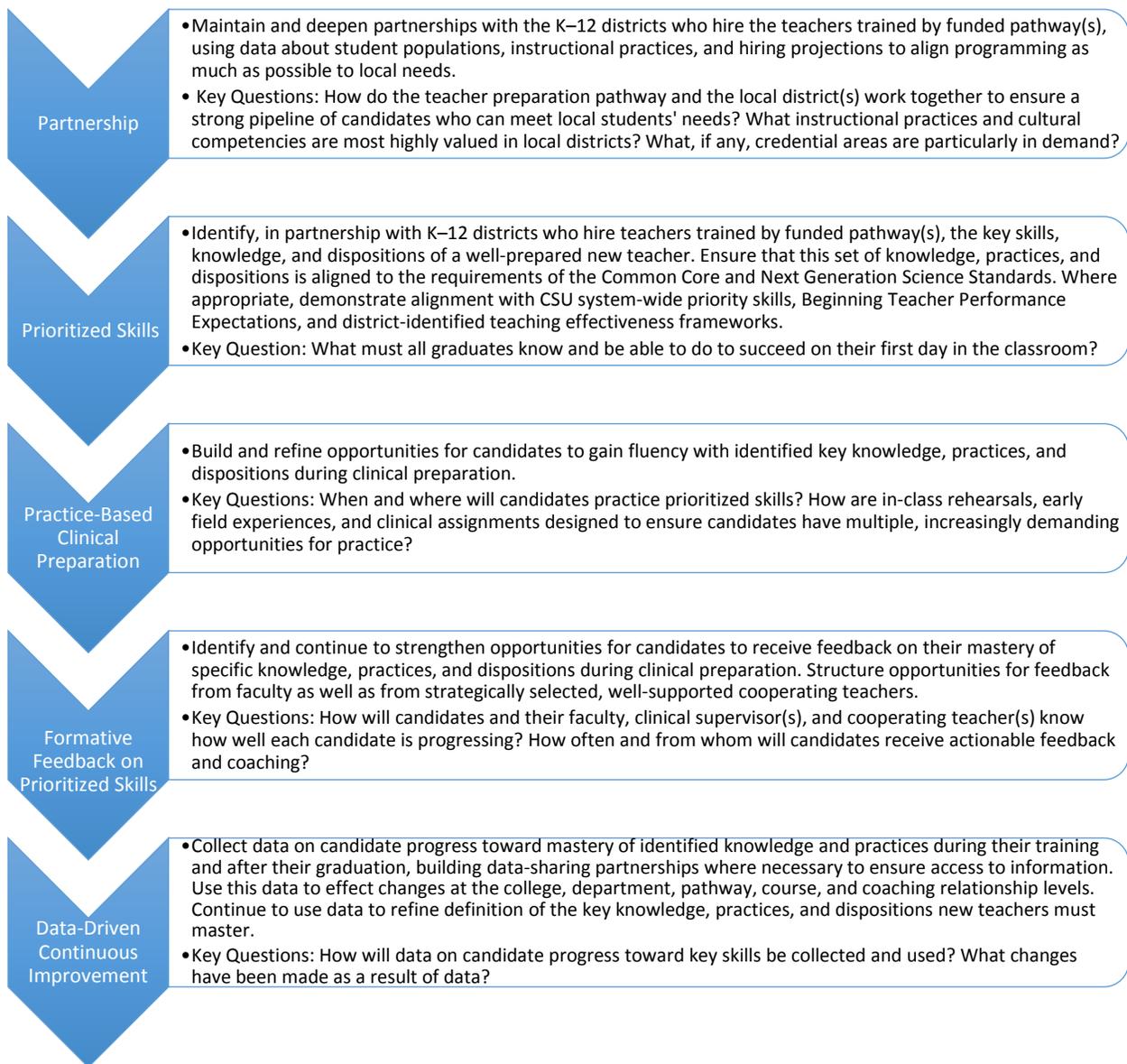
As part of their use of data to drive continuous improvement, campuses are also expected to gather data to assess the extent to which the changes they have made are addressing the underlying issues that presumably led to the adoption of reforms. The added clarity of focus and the continual use of data should lead grantees to make adjustments to clinical preparation in Phase 2 that go beyond structural reforms in order to improve the focus and consistency of the teaching knowledge and skills taught, practiced, and refined in response to feedback in clinical settings.

⁷ Ball, D. L., & Forzani, F. M. (2009). The work of teaching and the challenge for teacher education. *Journal of Teacher Education*, 60(5), 497-511.

Appendix 1. Key Transformation Elements

California State University “Preparing a New Generation of Educators for California” Initiative

The following key elements are drawn from the Request for Proposals designed by the CSU “Preparing a New Generation of Educators for California” Initiative (NGEI) Faculty Work Group. These elements reflect the continuing commitments of the CSU system, the S. D. Bechtel, Jr. Foundation, and all campus teams that are participating in the NGEI.



Engage with Initiative Support Providers

- Take full advantage of the opportunities offered by **working with the CTQ and the WestEd and SRI evaluation team** to ensure team has access to the data needed to drive continuous improvement. Show that processes for collecting, analyzing, and using data to make programmatic decisions reflect the best practices that the evaluation team helps to identify.
- **Work with ConsultEd** team to track progress toward short- and long-term milestones, and to make informed changes to activities where needed.

Engage with Learning Community

- Participate fully, alongside K-12 district partners, in the **NGEI Learning Community**, demonstrating a willingness to share what is working – and what is not – and to work together with other campus teams to advance the goals of the entire system.
- Learning community participation may include in-person convenings, web-based collaboration, and sharing of knowledge, tools, and resources.

NOTE: These elements were shared with NGEI teams through the Initiative RFP, and were also provided in campus “kickoff” meetings with evaluators. They have since been reformatted but are substantively unchanged. Campuses should anticipate that these same key transformation elements will be used to guide future funding decisions. Teams may apply to conduct work in addition to these key elements, but, if so, they should be able to demonstrate that these elements are already present to a high degree of quality in all existing teacher preparation programming.

Appendix 2. Spring 2016 NGEI Interview Participants

Role	Individuals Interviewed
Principal Investigators/Project Directors	14
University Supervisors	18
K-12 School Administrators	7
Cooperating Teachers	20
Teacher Preparation Candidates	18

Appendix 3. Focused Visit and POP Cycle Feedback Forms

Focused Coaching Visit Draft Feedback Form				
<p>Focused Coaching Visit: The Clinical Coach will use this form during 15-minute walkthroughs, after the initial POP Cycle, to provide documentation of further coaching and support for the teacher candidate. When the observation is complete, the Clinical Coach will fill out targeted and focused areas in Section II. The Clinical Coach will email the form to the Teacher Candidate within a 24-hour period.</p>				
Section I: Candidate Information				
Teacher Candidate	CWID	Subject Area	Semester	Date of Visit
Cooperating Teacher/Co-Teacher(s)	School/District	Clinical Coach	Supervisor	
Subject and Grade Level	Content Standard and Lesson Objectives	Unit topic	Lesson Title	

Learning Goal: To support the development of professional skills and dispositions		
Teaching Performance Expectations		
<p>TPE 1: Subject Specific Pedagogical Skills</p> <p>TPE 2: Monitoring Student Learning During Instruction</p> <p>TPE 3: Interpretation and Use of Assessments</p> <p>TPE 4: Making Content Accessible</p>	<p>TPE 5: Student Engagement</p> <p>TPE 6: Developmentally Appropriate Teaching Practices</p> <p>TPE 7: Teaching English Learners</p> <p>TPE 8: Learning About Students</p>	<p>TPE 9: Instructional Planning</p> <p>TPE 10: Instructional Time</p> <p>TPE 11: Social Environment</p> <p>TPE 12: Professional, Legal, and Ethical Obligations</p> <p>TPE 13: Professional Growth</p>

Section II: Teaching Performance Expectations (TPE #)	Observation notes with explicit support/suggestions from Clinical Coach
<p>I. ESTABLISHING A LEARNING SET:</p> <ul style="list-style-type: none"> a. presents lesson objectives (5) b. provides rationale for lesson (4) c. relates lesson to previous lesson (9) d. relates material to student interests (8) e. gains student attention at beginning of lesson (10) 	
<p>II. LESSON DESIGN AND DEVELOPMENT:</p> <ul style="list-style-type: none"> a. starts class promptly and has materials ready (10) b. relates teacher input to lesson objective (5) c. emphasizes key points (4) d. keeps students alert and accountable (5) e. models task or activity (4) f. provides guided practice (4) g. provides corrective feedback (4) h. provides internal and concluding summaries (4) i. plans differentiated instruction (9) 	
<p>III. (Co-)TEACHING STRATEGIES:</p> <ul style="list-style-type: none"> a. ensures that strategies are appropriate (1) b. accommodates different learning styles (4) c. makes instructional adaptations (7) d. allows students time to respond (5) e. probes for clarification, elaboration (5) f. presents material in a logical sequence (4, 6) g. provides comprehensible input for all levels of EL (7) 	
<p>IV. TEACHER-STUDENT COMMUNICATION:</p> <ul style="list-style-type: none"> a. provides clear and concise directions (10) b. uses vocabulary appropriate for all learners (7) c. uses the English language orally and in writing with no errors (1) d. supports verbal messages with non-verbal cues (11) e. demonstrates enthusiasm (11) 	
<p>V. CLASSROOM CLIMATE:</p> <ul style="list-style-type: none"> a. effectively manages the classroom (11) b. creates a positive climate for learning (11) c. builds positive self-concept (11) d. encourages cooperation (11) e. communicates high expectations (5) 	
<p>VI. ASSESSMENT:</p> <ul style="list-style-type: none"> a. uses progress monitoring during instruction (2) b. checks for understanding (2) c. uses informal and formal assessments (3) 	

Section III: Target(s) Growth Areas

Held conference with teacher candidate

Held conference with mentor teacher (Please note what topics were discussed.)

Converted form to PDF and emailed teacher candidate on:

**Pre/Observation/Post Cycle
Draft Feedback Form**

Pre-Observation Instructions: The purpose of this form is to provide the basis of coaching and support for the teacher candidate. The Clinical Coach (CC) and the Teacher Candidate (TC) will use this form.

1. The Clinical Coach will email the Teacher Candidate with an agreed-upon day and time of observation and will send this document one week prior to the planned observation.
2. The Teacher Candidate will complete **Section I: Candidate Information** on the POP Cycle Form.
3. The Candidate will complete **Section II: Pre-Observation Conference, Part A: Teacher Candidate Reflection Response**, at least 72 hours prior to lesson.
4. The Clinical Coach will review **Section II: Pre-Observation Conference, Part A: Teacher Candidate Reflection Response** and will complete **Section II, Part B: Observation Notes and Feedback**, at least 48 hours prior to lesson.
5. Additional instructions follow.

Section I: Candidate Information

Teacher Candidate	CWID	Subject Area	Semester
			Date of Visit
Mentor Teacher/Co-Teacher(s)	School/District	Clinical Coach	Supervisor
Subject and Grade Level	Content Standard and Lesson Objectives	Unit topic	Lesson Title

Learning Goal: To coach teacher candidates in meeting the TPE expectations.

Teaching Performance Expectations

<p>TPE 1: Subject Specific Pedagogical Skills</p> <p>TPE 2: Monitoring Student Learning During Instruction</p> <p>TPE 3: Interpretation and Use of Assessments</p> <p>TPE 4: Making Content Accessible</p>	<p>TPE 5: Student Engagement</p> <p>TPE 6: Developmentally Appropriate Teaching Practices</p> <p>TPE 7: Teaching English Learners</p> <p>TPE 8: Learning About Students</p>	<p>TPE 9: Instructional Planning</p> <p>TPE 10: Instructional Time</p> <p>TPE 11: Social Environment</p> <p>TPE 12: Professional, Legal, and Ethical Obligations</p> <p>TPE 13: Professional Growth</p>
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Section II: Pre-Observation Conference	Part A: Teacher Candidate Reflection Response	Part B: Clinical Coach Observation Notes & Feedback
<p>General Lesson Questions Describe the lesson that will be observed. What process, if any, did you take to co-plan with your MT?</p> <p>Standards/Objectives How does the lesson objective relate to the content standard? What will the student be doing to show progress towards mastery of the lesson objectives?</p> <p>Student Engagement How will you make the lesson relevant to all the students?</p> <p>Instructional Planning Talk about the lesson structure (opening, body, and closing). Talk about how the plan uses varied teaching strategies and differentiated instruction to help students meet lesson goals. Talk about how you will progress monitor student learning and reflect on how the results will inform your instruction.</p> <p>Classroom Management Discuss how will you maintain a positive learning environment with a welcoming climate of caring, respect, and fairness. Discuss specific classroom procedures, including c-teaching strategies. What strategies have you considered to prevent and redirect challenging behaviors?</p> <p>Closure Discuss how you will close your lesson and describe how this activity will inform the next day lesson.</p> <p>For your Clinical Coach: What do you want specific feedback on while the CC observes?</p>	<p><i>Candidate: Reflect upon the lesson that will be taught. Use questions on the left hand to guide your reflection.</i></p>	<p><i>How did the TC use reflection and feedback to formulate and prioritize goals for increasing their subject matter knowledge and teaching effectiveness?</i></p>

Observation Instructions:

6. The Teacher Candidate will arrange the details for video capturing the observed lesson. The video will not be made public or shared with anyone other than the Teacher Candidate, the classroom teacher, and/or the Clinical Coach, as necessary.
7. During the lesson delivery, the Clinical Coach will complete **Section III: Lesson Delivery, Part B: Clinical Coach Observed Evidence**. The CC will email the form to the candidate.
8. The Teacher Candidate will view and reflect upon the observed lesson within 24 hours and will complete **Section III: Lesson Delivery, Part A: Teacher Candidate Observed Evidence**. Once completed, the TC will email this form back to the CC.

Section III: Lesson Delivery	Part A: Teacher Candidate Observed Evidence	Part B: Clinical Coach Observed Evidence
Introduction How did the TC introduce the lesson while connecting to prior knowledge?		
Body of Lesson How did the TC facilitate new content? Consider: development of new knowledge and skills sets, real-world application, and interactions		
Lesson Closure How did the TC provide opportunities for students to process and reflect on the lesson?		
Making Content Accessible How did the TC differentiate instruction for individual student needs and whole-class instruction?		
Assessing Student Learning How did the TC implement entry-level progress monitoring or summative assessments? Did assessments target lesson objectives?		
Student Engagement How did the TC maintain a positive learning environment with a welcoming climate of caring, respect, and fairness? How did the TC manage routine tasks and student behavior?		

Post Observation Conference Instructions:

8. The Clinical Coach will email the TC to schedule a post-observation conference within two to five school days.

9. During the Post Observation Conference, the TC and the CC will discuss information recorded from **Section III: Lesson Delivery, Part A and B.**

10. The CC and TC will discuss and complete **Section IV: Post Observation Proficiency Scale** during the post-conference meeting.

11. Finally, the Teacher Candidate will record agreed-upon action items and goals in **Section V: Action Items and Goals.** The TC will update the POP form and email a final version to the CC within three days.

Section IV: Post Observation Proficiency Scale Here

Progressing <i>"I still have some work to do!"</i>	Proficient <i>"I am where I should be, but not where I want to stay!"</i>	Advanced <i>"I am teaching like a second year teacher!"</i>
TC:		
CC:		

Section V: Action Items and Goals

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Appendix 4. Draft Clinical Coach Job Description

Job Description for **TK–Grade 6 Clinical Coach** Working Draft

The Clinical Coach is a crucial member of the teacher preparation team. The Clinical Coach serves as a coach/supervisor of Teacher Candidates throughout the year-long residency placement, guides and supports Mentor Teachers who work with Teacher Candidates, and facilitates a positive and productive relationship between the university and district and school.

Duties and Responsibilities

- Provide support (instructing, modeling, fostering reflective practice) to Teacher Candidates as they engage in clinical experiences; guide Mentor Teachers and other school/district personnel in their respective roles in Teacher Candidates' preparation.
- Establish and maintain mutual respect, trust, communication, and confidentiality with Teacher Candidates, the university, Mentor Teachers, and other school/district personnel.
- Maintain a frequent, recurring presence in the assigned school site(s).
- Follow all rules and guidelines for professional conduct established by the university, school, and district.
- Facilitate Pairs Training (i.e., training in co-planning and co-teaching).
- Facilitate Reflective Learning Walks at the school site in collaboration with the principal.
- Conduct three Focus Visits and two POP Cycles with each Teacher Candidate each semester.
- Hold a final evaluation conference with each Teacher Candidate each semester.
- Attend and participate in ongoing Clinical Coach training.
- Attend block cohort and department faculty meetings as appropriate.
- Work with the Professional Development Facilitator to identify and pursue focus areas for professional development.

Minimum Qualifications

- Master's Degree in Education
- Minimum of 3 years of successful teaching experience in a public school setting
- Experience in diverse school settings
- Expertise in using classroom assessments and student achievement data to inform instruction
- Knowledge of program coursework and current practices and curricula in TK–12 settings
- Strong communication skills with an ability to foster positive and productive working relationships with Teacher Candidates, Mentor Teachers, university faculty and staff, and school/district personnel

Desirable Qualifications

- Appropriate and effective use of technology to support teaching and learning in classroom and professional development settings
- Participation in collaborative and school-based initiatives
- Ongoing participation in professional learning opportunities