Essential 2: “clinical practice” is what professional development schools do

Rebecca West Burns
University of North Florida, Jacksonville, Florida, USA and
Kutztown University of Pennsylvania, Kutztown, Pennsylvania, USA
Bernard Badiali
Pennsylvania State University, Malvern, Pennsylvania, USA
Cynthia Coler and Michael Cosenza
California Lutheran University, Thousand Oaks, California, USA
Krystal Goree
Baylor University, Waco, Texas, USA
Drew Polly
The University of North Carolina at Charlotte, Charlotte, North Carolina, USA
Donnan Stoicovy
State College Friends School, State College, Pennsylvania, USA, and
Kristien Zenkov
George Mason University, Arlington, Virginia, USA

Abstract
Purpose – The purpose of this article is to unpack more deeply Essential 2: Clinical Preparation. This article offers a comparison of the first and second editions of Essential 2 and also provides resources and activities partners can use and engage in to deepen their work on the clinical preparation of teachers.

Originality/value – This article is being resubmitted so that it can be reprinted with the other Nine Essential articles.

Keywords Collaboration, Teacher education, Clinical preparation

Paper type Practitioner paper

Introduction
This article in this PDS Partners “Essentials” series examines Essential 2, “Clinical Preparation” (NAPDS, 2021). The original Essential 2 was summarized by this statement: (see Table 1)

A school-university culture committed to the preparation of future educators that embraces their active engagement in the school community.

© Rebecca West Burns, Bernard Badiali, Cynthia Coler, Michael Cosenza, Krystal Goree, Drew Polly, Donnan Stoicovy and Kristien Zenkov. Published in PDS Partners: Bridging Research to Practice. Published by Emerald Publishing Limited. This article is published under the Creative Commons Attribution (CC BY 4.0) license. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this license may be seen at http://creativecommons.org/licenses/by/4.0/legalcode
Revised Essential 2 is now summarized in the following way:

A Professional Development School (PDS) embraces the preparation of educators through clinical practice.

The full revised Essential 2 includes this description:

A PDS is committed to nurturing and developing the next generation of educators by engaging candidates and valuing them as active members of the school and PDS communities. In a PDS, educator preparation is a joint responsibility involving all partners in shared decision making. PDSs serve as authentic educational preparation settings where coursework and clinical experiences are closely coupled, ensuring that educators are profession ready (NAPDS, 2021, p. 15).

What’s in the revised essential 2

With regard to Essential 2—the focus of this article—the revised essential attends to clinical practice as a central feature of educator preparation. This revision is in response to policy documents and recommendations from national organizations over the last decade calling for reform in teacher education to increase clinical practice and school-university partnerships collaboration (AACTE, 2018; NCATE, 2010). The revised Essential 2 echoes this transformation in teacher education by stating that a PDS embraces the preparation of educators through clinical practice; it expands beyond teacher preparation to be more inclusive not only of teachers but of all educators for schools. The revised essential also recognizes and values the necessary co-mingling of theory and practice as well as the importance of experiential learning in schools. It recognizes that educator preparation is a shared responsibility, honoring the critical role that skilled school- and university-based teacher educators play in supporting educator learning in clinical experiences. By placing an emphasis on clinical practice in educator preparation, the revised Essential 2 emphasizes that PDSs serve as an authentic and ideal context for preparing high quality educators.

Key concepts related to the revision

In order to best support PDS partners in understanding and readily implementing the revised Essentials, each is now enhanced by specific glossary terms included in the full Essentials publication. The following definitions are provided to articulate the key concepts in Essential 2 (NAPDS, 2021):

**Clinical practice:** Clinical practice is a form of what has traditionally been known as “field work” or “field experiences.” Providing articulated benefits for all participants, the clinical practice model supports the development of educators’ knowledge and pedagogical skills through embedded, sequenced coursework and clinical experiences.

**Educator:** An educator is a professional in a school, university, or other educational context who supports the learning of another.

**PDS partner:** A Professional Development School Partner is an entity involved in a PDS partnership, which could include but is not limited to P-12 schools/districts/divisions, universities, colleges and other organizations.

<table>
<thead>
<tr>
<th>Original essential 2</th>
<th>Revised essential 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A school-university culture committed to the preparation of future educators that embraces their active engagement in the school community</td>
<td>A Professional Development School (PDS) embraces the preparation of educators through clinical practice</td>
</tr>
</tbody>
</table>
Impact and implications of revised essential 2 for PDS efforts

The impact and implications of Essential 2: Clinical Preparation for PDS efforts are significant. While PDSs have always attended to clinical teacher preparation, the revised Essential 2 aligns with national calls to increase clinical practice and partnerships. PDSs have been long standing “significant exemplars for practice” (AACTE, 2018, p. 9), but the previous essentials did not clearly articulate this connection. Now, however, PDSs clearly stand for what they have long been doing - attending to the intentional and thoughtful clinical preparation of educators through partnership between schools and universities.

Clearly articulating the connection to clinical practice also allows PDSs to connect with other models of teacher preparation and school-university partnerships. For example, teacher residencies have focused on intensive clinical teacher preparation. It is possible that many PDSs either have or could have teacher residencies as the clinical preparation component of their design. California Lutheran University, who won the NAPDS Exemplary PDS Award in 2021, has a teacher residency as part of their PDSs. Likewise, Penn State University requires yearlong internships where undergraduate teacher candidates spend the entire year - from preplanning until the last day - in their classrooms working alongside their mentor teacher. Although not called a residency, the yearlong internship in Penn State’s two-time award-winning PDS design has intensive and extensive clinical preparation likened to that of a teacher residency and a definite example of exemplary clinical practice for Essential 2.

Finally, articulating the connection of clinical practice in educator preparation with PDSs recognizes and values the importance of collaboration and partnership in the future of education. PDSs have shared governance structures and opportunities for school and university voices to be heard and valued. Necessary decisions about the clinical preparation of educators can be made in those shared spaces where all voices can be heard, ideas can be deliberated and revisions can be made that better meet the needs of schools and educator preparation.

Deepening your learning about essential 2

Clinical practice is critical in the preparation of future educators. As you work to deepen clinical preparation within your partnership, we would like to offer some resources and activities.

Resources to inform your work on essential 2

There are many resources available to support deepening Essential 2: Clinical Preparation in your PDS or school-university partnership. In this section, we identify two books, two articles and two policy documents that might be useful. The entire citations can be found in the References.

Recent books. Two recent books have focused on teacher education program redesign and included helpful information on clinical preparation: (1) Hollins and Warner (2021), Rethinking Teacher Preparation Program Design and (2) Jacobs and Burns (2021), (Re)Designing Programs: A Vision for Equity-Centered, Clinically Based Teacher Preparation. In Chapter 6: Clinical Experiences in Authentic Contexts of Hollins and Warner’s (2021) book, the authors argue for alignment between philosophical stance and theoretical perspective in clinical preparation. They provide a beginning structure for organizing clinical practice in schools. In Chapter 4: Building Intentional Clinical Experiences of Jacobs and Burns (2021) book, the authors provide activities, processes and procedures for designing carefully sequenced and developmentally appropriate clinical experiences. These two books complement each other well with the first offering readers a strong theoretical basis for
clinical preparation and the second providing practical tools for actualizing high-quality clinical preparation.

**Recent articles and policy documents.** A really helpful article for understanding the history of clinical preparation is McIntyre and McIntyre’s (2020) article, *The Evolution of Clinical Practice and Supervision in the United States*. The authors chronicle the history of clinical preparation and its evolution over the last two hundred years. For some examples of clinical practice around the globe, read Burn and Mutton’s (2015) article on research-informed clinical practice. These authors reviewed research and provided examples from Australia, the Netherlands, and Finland. In terms of policy documents, we recommend that you read the entire document *What it Means to Be a Professional Development School: The Revised Nine Essentials (2nd ed)* to give you a deeper understanding of all the essentials and to see how Essential 2 is situated among and connected to other essentials. In addition, reading the American Association of Colleges for Teacher Education Clinical Practice Commission’s Report, *A Pivot Toward Clinical Practice, Its Lexicon and the Renewal of Educator Preparation*, is helpful as this document outlines ten proclamations that should be present in high-quality clinical preparation. Further, Badiali, Polly, Burns, and Garin (2021) edited a special issue of the *Peabody Journal of Education* in 2021 which focused on clinical practice. That special issue includes multiple thought-provoking conceptual articles and clear examples about how school-university partnerships can advance the quality of clinical practice experiences for teacher candidates.

**Activities to deepen your implementation of essential 2**

We would also like to offer some activities you can use with your colleagues in your partnerships to enhance clinical preparation of educators. Jacobs and Burns (2021) have excellent activities in their “Before You Read” (pp. 89-91) and “Exercises for Action” (p. 113) section of their chapter, *Building Intentional Clinical Experiences*. Those activities require the reader to learn the history of clinical practice in their educator preparation program as well as to analyze your current program with regard to the characteristics of quantity, duration, breadth, diversity and depth of clinical experiences. In addition, we have drawn upon the School Reform Initiative’s Feedback Carousel, Consultancy Protocol and Tuning Protocols to create a process for “fine tuning” clinical experiences in your partnership.

**“Tuning” your clinical experiences**

**Directions:** Gather together a group of school and university stakeholders who can provide insight and expertise about clinical preparation of educators in your context. Best group sizes are 8-10. Break up larger groups into smaller groups of 8-10 and then share out responses across the groups at the end.

**Total Time:** about 30-50 min

1. **Preparation:** Give each person a piece of paper that is divided into four parts: Quadrant 1 (Top Left) - Clarifying Questions; Quadrant 2 (Top Right) - Probing Questions; Quadrant 3 (Bottom Left) - Recommendations; and Quadrant 4 (Bottom Right) - Resources. If you are the presenter, please make sure you have prepared a brief (5 min - 10 min) presentation that addresses all components in the Presentation section.

2. **Presentation** (5-10 min): Have an individual or a small group of people share about the current state of clinical preparation, including the context and supporting documents as needed. Other participants are silent and jotting notes on their paper during the presentation. The presentation should address:
• Information about the context of clinical preparation - including demographics and needs about candidates
• The goals for clinical preparation
• The history of clinical preparation at the site - what changes have been made, why have those decisions been made, some dilemmas that have been encountered
• A focused question for feedback from the group. The question should be more specific than the information provided above and should hone in on one aspect of clinical preparation to be tuned.

(3) **Clarifying Questions** (3-5 min). The participants now have a chance to ask questions that they listed in Quadrant 1 (Top Left) during the presentation. Clarifying questions are yes/no or very short answer questions that explain matters of fact.

(4) **Probing Questions** (3-5 min). The participants now ask probing questions they listed in Quadrant 2 (Top Right). Probing questions are more substantive questions, designed to elicit values and assumptions undergirding the presentation.

(5) **Examining the work** (5-10 min). Participants now have the opportunity to reflect upon the presentation and to look more closely at any documents provided. The participants should share where they see the clinical practice is “in tune” with the stated goals and where there might be potential disconnect. Participants may also ask additional clarifying or probing questions at this time. The presenter(s) should listen, take notes and answer questions accordingly.

(6) **Tuning time** (5-10 min). The participants look at their recommendations and resources to offer insight, ideas and suggestions to address the presenter’s initial question. Participants should draw upon Quadrant 3 (Bottom Left): Recommendations and Quadrant 4 (Bottom Right): Resources. It is important to talk about the work in third person. The presenter(s) listen quietly and take notes. The participants should begin with insight about alignment and continuing to possible disconnects and problems. Some possible questions for consideration include:

- What did we hear? What didn’t we hear that might be relevant to clinical preparation?
- What assumptions seem to be operating?
- What questions does it raise for us?
- What ideas do we have? What suggestions would we make?

(7) **Reflection** (3-5 min). The presenter(s) now have the opportunity to say back what they heard, sharing the most salient ideas and thoughts gleaned from the “Tuning” conversation. This is not a time to defend the plan or the presentation. Rather, it is an opportunity to explore interesting ideas and insight that came from the discussion.

(8) **Debrief the process** (3-5 min). Take a few moments to talk about this protocol. Identify what worked and what might need to be adjusted the next time it is used.

**Conclusion**

The purpose of this article was to highlight Essential 2: Clinical Preparation of the revised NAPDS Nine Essentials. Essential 2 states that *a PDS embraces the preparation of educators through clinical practice*. In this article, we explained Essential 2, outlined what was new in
PDSP

this revised essential from the first edition, defined key concepts that undergird Essential 2, described the impact and implications of clinical preparation in PDSs and provided some resources and an activity to deepen understanding about Essential 2. This manuscript argues that PDSs can serve as an authentic and ideal context for preparing high quality educators because clinical practice is what PDSs do.

References


Further reading


About the authors
Rebecca West Burns is the Bill Herrold Endowed Professor & Director of Clinical Practice and Educational Partnerships for the College of Education and Human Services at the University of North Florida, and co-author of the new book, *(Re)Designing Programs: A Vision for Equity-Centered, Clinically Based Teacher Education*. Rebecca West Burns is the corresponding author and can be contacted at: burns@kutztown.edu

Bernard Badiali is an Emeritus Associate Professor of Education at Pennsylvania State University.

Cynthia Coler is an adjunct professor in the Graduate School of Education at California Lutheran University, Thousand Oaks, California.

Michael Cosenza is a professor in the Graduate School of Education at California Lutheran University and serves as Director of the PDS-Residency program.
Krystal Goree serves as the Director of Professional Practice and School-University Partnership Liaison in the School of Education at Baylor University.

Drew Polly is a professor in the Elementary Education program at the University of North Carolina at Charlotte.

Donnan Stoicovy is a retired educator with 45.5 years of experience in public and independent schools with her last three years serving as the Head of School at State College Friends School.

Kristien Zenkov is a professor of Education at George Mason University and co-author of the new book, Fires in Our Lives: Advice for Teachers from Today’s High School Students.