REALITY AND REFORM IN CLINICAL TEACHER EDUCATION

EDITED BY

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Foreword: 1000 Leaps Ahead in Clinical Education

Virginia Richardson Koehler

This volume is concerned with clinical teacher education, believed to be the most useful form of teacher education and staff development but seldom and poorly practiced. Clinical education has its place in preservice teacher education—primarily during student teaching—in beginning teacher programs, and in inservice education.

Student teaching involves structured teaching experiences in the natural setting of the classroom, in combination with positive and corrective feedback from a college supervisor and the cooperating teacher in whose classroom the student is practicing. Summaries of research on preservice teacher education point to the importance of the student teaching experience.[1] Practicing teachers who are asked about the relative importance of their courses in preservice teacher education invariably rate student teaching the highest. It is only later on—starting from their third to fifth year—that they begin to appreciate the academic elements of their preservice preparation.

But preservice students should not be expected to become effective teachers on their first day of teaching. No other professions expect this, and the teaching profession should not either. Furthermore, recent research points to the developmental nature of learning how to teach. Beginning teachers think about their classrooms in very different ways than experienced teachers.[2] Beginning teachers should therefore be receiving the type of help that is an extension of student teaching; that is, they should be working with a clinical professional who is able to observe them teach and provide helpful feedback. Thus, the beginners can be helped through those difficult early years to become truly effective, experienced teachers who have not developed a set of coping mechanisms that are detrimental to learning.

Observation and feedback have been shown to be also important in helping inservice teachers improve. The literature on improving and effective schools points to the importance of norms of collegiality, in which teachers talk to each other about instruction, and observe and provide feedback to each other.[3] In learning how to teach, and learning how to teach better, observation with feedback—in other words, clinical supervision—can be a powerful tool. Unfortunately, clinical supervision, although mentioned often, is seldom used in inservice—including beginning—teaching. And Little points out the paucity of school situations in which the norms of collegiality exist.[4]

While acknowledging the importance of clinical supervision at all stages, one also has to consider the quality of its application. Investigations of clinical feedback during student teaching have found it lacking in substance, criticism, and depth. The RITE study of preservice clinical education found little in clinical feedback sessions that related to the student teachers' formal pedagogical education, or to research on teaching. The feedback was particularistic and provided few explanations.[5]

This volume presents a conceptual framework of clinical education and ways of thinking about its application. It will make an enormous contribution toward improving this extremely important process. Three attributes of the material presented here extend the work on clinical supervision by leaps and bounds. First, it is research-based. This work is based on three major studies which themselves were based on extensive reviews of the research literature (see Appendix A). Second, the framework is generic, and can therefore be applied to preservice, beginning, and inservice programs. And third, and most importantly, this framework incorporates a research-based model of effective teaching. For the last fifteen years, prescriptions for clinical supervision have been process-oriented. That is, they have suggested how a supervisor should approach the meeting with a supervisee—be direct or nondirect, have a goals-oriented or open-ended discussion, etc. But seldom has there been a discussion of the content of clinical conferences. What are the supervisors to look for? What aspects of teaching and learning should be discussed? The framework in this book encompasses current research on effective teaching along with other knowledge bases which, in turn, can become the content of the clinical process.

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This volume, then, will allow us to make sense of clinical education and therefore to move forward with a solid research base to improve this most important element of teacher education.

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The authors wish to express their gratitude to the National Institute of Education and in particular to Joe Vaughan for his support and encouragement in the preparation of this book. Also, a special thanks to Freddie Green who has served the RITE research effort faithfully as administrative assistant throughout its history. Her attention to the multitude of details associated with the symposia that formed the basis for this book and her diligent working through of the many drafts of this manuscript are much appreciated.

Introduction

The Research in Teacher Education (RITE) program of the Research and Development Center for Teacher Education at The University of Texas at Austin was formed in the fall of 1980 under the direction of Gary A. Griffin. Plans were laid at that time for a comprehensive investigation of the clinical component of teacher education programs at preservice, induction, and inservice levels. In the years that followed, RITE researchers conducted a series of three major studies. The first was a multi-site, multi-method investigation of the preservice clinical teacher education experience commonly referred to as student teaching. The purpose was to describe the people, practices, and outcomes of the student teaching experience, with attention given to the characteristics of the participants, their interactions, and the nature of the contexts within which student teaching takes place. The second effort was a quasi-experimental inquiry into the effects of leadership training for staff development personnel on teacher effectiveness and development. The focus of this study was clinical teacher education at the inservice level. The third study was an effort to describe how certain state-mandated teacher induction programs affected the transition from student of teaching to teacher. (See Appendix A for brief descriptions of the three studies.)

As the third study approached completion, the RITE staff began to turn their attention to the task of integrating the findings from these three studies in terms of implications for effective clinical practices. A number of strategies were employed to achieve this end. First, members of the RITE research staff conducted secondary analyses of the data from the studies with the goal of uncovering patterns of effective clinical practice. The aggregate data base for the three studies is extensive. Participants in the studies included 93 student teachers, 125 experienced classroom teachers, 25 university personnel, 16 first-year teachers, and 24 administrators/staff developers. There were 494 interviews conducted and transcribed, 3,367 journal entries collected and reviewed, and 557 classroom observations made and summarized. In addition, data were collected on many of the participants using a variety of tests, questionnaires, and inventories.

The second strategy was to engage the services of a group of consultants to assist the RITE staff in the task of integrating these findings across studies. Four outstanding researchers in teacher education worked with the project for over a year assisting in the analysis and interpretation of the RITE data. The consultants were Hilda Borko, Willis Copeland, Beatrice Ward, and Kenneth Zeichner. They brought to the project not only their individual expertise in the area of clinical teacher education, but also fresh perspectives on the research that had been conducted.

The third strategy was to convene a series of three one-day colloquia on the topic of effective practices in clinical teacher education. The first colloquium was held on the campus of the University of California at Santa Barbara and focused on clinical practices at the inservice level. The second was held in Falls Church, Virginia, and hosted by Virginia Tech University. It focused on clinical practices at the induction level. The third was held at the University of Illinois at Chicago and focused on the preservice level. The RITE staff and the consultants attended each of these colloquia. The key participants were local experts in clinical teacher education who were invited to discuss the RITE findings (see Appendix B). During these sessions, a theoretical framework for clinical teacher education derived from the RITE research was presented and discussed. Participants in the colloquia offered their responses and suggestions. As a result of these interactions, the framework was revised and extended. These sessions also provided an opportunity to examine carefully the implications of this framework for effective teacher education practices at the preservice, induction, and inservice levels.

What evolved from this year-long process was, first and foremost, an integrated RITE proposal for effective clinical teacher education, with its implications for reform in practice. This framework and its implications are the primary focus of this book. However, in the process, the RITE framework outgrew its original "authorship" or "ownership." What started as a localized RITE research team effort became a collective effort of all those who contributed their ideas and vision, especially the consultants and the experts who participated in the colloquia. Though the individual chapters in this book carry author identification, the reader will often find use of such terms as "we" and "the RITE group" in reference to the clinical teacher education framework. This language correctly reflects the source of the framework and the degree of advocacy taken by each of the authors represented in this book.

JAMES V. HOFFMAN
SARA A. EDWARDS

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1

Clinical Teacher Education

Gary A. Griffin

What is good teaching? Who is the effective teacher? These questions occupy the thoughts of professional educators, researchers, and, it is safe to say, a large segment of the general public. Professional educators, whether in a school system or a college or university, answer the questions explicitly and implicitly as they select candidates for teacher education programs, provide learning opportunities for preservice students, appoint teachers to schools and classrooms, provide professional development opportunities, evaluate teachers, and accept or reject teacher candidates for certification and licensure. All of these activities are, in some manner, guided by a conception of what is "good" in teaching and in teachers.

Some of the conceptions of "good" are rooted in recent research on teaching (e.g., a good teacher appropriately delivers direct instruction),[1] others in propositions about teaching derived from philosophical stances (e.g., a good teacher empowers students to attain the ideal of "the good life"),[2] still others in beliefs about the importance of interpersonal relationships (e.g., a good teacher has consistently positive rapport with students),[3] and still others in a set of expectations about the impact of schooling on the larger society (e.g., a good teacher believes that schools can and should "dare to change the social order").[4] Each of these conceptions of the ideal teacher rests upon assumptions about effectiveness, assumptions that guide professional education, evaluation, certification, tenure, and more recently, the award of "mastery" status.

Central to any consideration of the effective or good teacher is the set of decisions about how to foster effectiveness, decisions that guide teacher education programs at preservice, induction, and inservice levels of implementation. Teacher education is typically conceived of as collegiate preservice programs, but there is a growing consensus that this view is too limiting when we think of teachers as professionals who learn, grow, and change throughout their careers.[5] Although the divisions are still somewhat arbitrary, both conceptually and practically, an appealing view of teacher education is that it formally begins in preservice programs in colleges and universities, continues during the first years of teaching in elementary and secondary schools, and extends through time until that point when the teacher elects to leave teaching.

Whether considered segmentally or as a comprehensive program of opportunities to learn and grow, in teacher education a number of influences are brought to bear upon the development of teaching effectiveness. Although there are those who believe that teaching is the consequence of certain innate human properties ("You either can teach or you can't"), most scholars and practitioners would agree that, at the very least, teachers must have command of a body of knowledge and skill in order to be consistently effective.[6] That body of knowledge and skill is presented to teacher candidates and teacher professionals in a number of forms, singly and in interaction. (It has been claimed, on the other hand, that teachers teach as they were taught and that formal teacher education programs have little impact upon altering, modestly or radically, that powerful influence.[7] This conclusion, if true, probably rests upon the inadequacy of particular teacher education programs of study.)

Teacher educators and educational researchers, however, are increasingly emphasizing the power of systematic programs of teacher education to cause teaching to occur in certain well-defined ways.[8] This emphasis is largely the result of the growing number of studies of the consequences of teacher education programs. Although there is not clear-cut evidence that certain programs are more effective in causing "good" teaching than others, and there may never be such evidence due to the complexity of the enterprise, it is possible to claim that teachers are more effective as a result of some intentional teacher education activity than when they enter teaching without such preparation.

Teacher education, of course, is a complicated amalgam of program components and personal/professional variables. Because most believe that teachers should be broadly knowledgeable about central cultural ideas and disciplines, general education is usually part of a teacher education program. Those who believe that teachers are powerful influences upon the development and refinement of students' systems of values draw attention to teacher education program features that help to clarify teachers' own positions about the individual in the society and the role of education in empowering students. And, importantly, based on the central tenet that teaching is professional activity that is influenced and guided by what can be called professional studies, most programs include opportunities to learn about, and how to do, the work of teaching.

One element of teacher education programs where many of the essential variables come together is what has come to be called *clinical teacher education.* Clinical teacher education is the set of learning opportunities that take place in ongoing "real world" classrooms and schools. There is strong evidence that it is from these experiences in these places that prospective teachers and career teachers increase knowledge of their craft, come to depend upon some professional practices rather than others, derive their satisfaction and encounter their disappointments, and either grow toward effectiveness or resign themselves to conducting business as usual: that is, where some teachers burn out while others grow in knowledge, skill, and enthusiasm.[9]

It is this component, clinical teacher education, that is the focus of this chapter and of this book. The proposals here have grown out of a program of research studies that began in 1980. It was then that the Research in Teacher Education (RITE) program was created at the Research and Development Center for Teacher Education at The University of Texas at Austin. In the years from 1980 to 1985, the RITE research team conducted a set of studies with the express intention of better understanding the nature and effects of clinical teacher education in the United States. The studies included three major efforts:

1. a comprehensive multi-method, multi-site descriptive study of student teaching (clinical teacher education as a function of cooperative relationships between universities and elementary and secondary schools);[10]
2. an experimental study of inservice teacher education and leadership (clinical teacher education as a function of the relationship between instructional leaders and teachers);[11] and
3. an analytic study of formal state-mandated teacher induction programs (clinical teacher education connected by state law and regulation to the certification and licensure of beginning teachers).[12]

Although the three major studies differed in features, they were all concerned with contributing to understanding how clinical teacher education is carried forward, how participants and outsiders describe it, the influence of context on the educational opportunities, and the effects of the programs both on the participants and on the contexts where they were brought to life. The three studies, then, despite differences in intentions and participants, can be looked at in terms of common features of clinical teacher education that appear to be strongly related to positive outcomes.

During the period of the RITE studies, researchers in other parts of the United States were also engaged in studying teacher education programs. These studies often included the clinical components of teacher education programs and, therefore, can be used to supplement and complement the generalizations drawn from the RITE work. In some instances, these studies were not conceptualized as inquiries into teacher education, but their research questions, methodologies, and conceptualizations make them natural companions to the RITE efforts.[13] (The effective schools studies, for instance, consistently attend to school variables that contribute to teacher growth and change.)

The discussion of clinical teacher education in these pages is not meant to suggest that learning about and how to do teaching occurs *only* in clinical settings. We believe strongly that clinical education is but one aspect of a broader conception of teacher education. For preservice teachers, this more comprehensive program would include a strong general education component and systematic exposure to and testing of modes of instruction, curriculum planning models, and other professional concepts. For career teachers, clinical education should be embedded in a complex plan of professional growth that includes self-study, participation in advanced graduate degree programs, involvement with professional associations, and the like. (See Chapter 6 for an extended view of a comprehensive teacher education program.) The clinical aspect of a teacher's growth into professional status, then, is considered necessary but insufficient. It is just a part, albeit an important and central part, of a comprehensive program of study and practice.

The features of clinical teacher education programs presented in the remainder of this chapter have been found to be consistently related to positive outcomes, according both to the perceptions of participants in the programs and to expert judgments. It is believed that these features are critical in the planning and conducting of clinical teacher education, whether for preservice students, beginning teachers, or career professionals. Other chapters in the volume will suggest the usefulness of the conceptualization of clinical teacher education presented here for thinking about and improving clinical teacher education programs in the future.

THE IDEAL TEACHER

This chapter began with two questions: What is good teaching? Who is the effective teacher? In order to suggest appropriate and meaningful teacher education programs, we must come to grips with answering those complex questions.[14]

Many propositions about what good teaching is can be found in professional literature, newspaper articles, community talk, and individual perspectives. Because in this chapter we suggest certain critical features of teacher education programs, it is necessary to elaborate on the conception of a "good" teacher that guided the selection of those features. With this conception in mind, the reader can see the relationships between the characteristics of the ideal teacher and the features of the teacher education program.

There are probably as many views about teachers as there are people who have come in contact with them. Typical conceptions range from the strict but kindly teacher (remember Miss Dove?) through the bumbling but eventually effective academician (Mr. Chips?) to the slightly acerbic and mishap-prone post-teenager (Miss Brooks?). In all likelihood, reactions to these and other stereotypes will be shaped and modified by one's world view, notions about the role of the school in the society, ideas about the past and the future, convictions regarding the nature of learning groups, and so on. What follows is a set of teacher characteristics that we value and that have strong support from experts on teaching.

The good teacher is a classroom leader and an authority figure. In this role, the teacher is well-organized, alert to classroom events, concerned about classroom groups as well as about individuals, and skillful in the management of a complex social system. This management takes the form of both exercise of "teacher authority" and delegation of decision-making to students. Furthermore, the management is rooted in a set of beliefs about designated leadership and emergent leadership. The class members' views are solicited and actively listened to. There are opportunities for students to work independently and in both small and large groups. The classroom environment can be characterized as orderly, friendly, attractive, and, with occasional planned exceptions, academically purposeful.

The teacher contributes to this environment through the ability to diagnose cognitive and social behaviors of students, act upon the diagnoses in meaningful and informed ways, and reflect upon the apparent effects of his or her actions. The teacher monitors the understandings of the students systematically and continually. This monitoring is obvious to students and observers alike. The teacher is able to monitor learning as well as more obvious behavior through advanced planning and continuous evaluation. Furthermore, the teacher uses information collected during monitoring to make instructional decisions as well as judgments about student progress.

The ideal teacher is in command of subject matter and is also aware of a set of options for delivering that subject matter so that effective, efficient, and long-term learning takes place. When it is necessary to move beyond what is already known, the teacher engages in self-study of both the content and the nature of his or her instruction. The self-study is a part of sense-making, a central aspect of being a teacher, and is transmitted by example as a valued enterprise to students.

The teacher interacts with others in the school, recognizing that the school's members have shared problems, and works with others on issues of particular concern to the school. Soliciting advice and seeking counsel from

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