

Teacher Inquiry and Clinical Partnerships Help Transform Teacher Preparation

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Abstract: This article focuses on the benefits of teacher inquiry and strong clinical partnerships at the core of clinically rich educator preparation. The work of the AACTE Clinical Practice Commission provides a foundation for the fusion of theory and practice to enhance teacher candidate professional growth while bridging university and school based contexts to establish a model of deeply embedded clinical practice. Implications for teacher education programs, partnership development, and P-12 student learning are provided.

KEYWORDS: teacher inquiry, reflection, clinical practice, partnerships, PDS, professional development schools

NAPDS NINE ESSENTIALS ADDRESSED:

1. A comprehensive mission that is broader in its outreach and scope than the mission of any partner and that furthers the education profession and its responsibility to advance equity within schools and, by potential extension, the broader community;
2. A school–university culture committed to the preparation of future educators that embraces their active engagement in the school community;
3. Ongoing and reciprocal professional development for all participants guided by need;
4. A shared commitment to innovative and reflective practice by all participants; and
5. Work by college/university faculty and P–12 faculty in formal roles across institutional setting.

Introduction

The purpose of this article is to share the efforts set forth by the American Association for Colleges of Teacher Education’s Clinical Practice Commission (CPC) to provide a strong voice for clinically rich educator preparation. The work of the CPC represents a wide spectrum of educators, including but not limited to: PK-12 teachers and administrators; university deans, faculty, and staff involved in teacher preparation with clinical field components; and representatives from several national associations for education. With a broad representation, the CPC aims to take a professional position to establish a vision for unifying the profession by identifying a set of core tenets required for educator preparation programs engaged in clinically rich practices. The authors, members of the CPC themselves, provide a brief historic

overview of the development and work of the CPC. Next, we offer an analysis of the importance of embedded clinical practice that bridges the dichotomy of university and P-12 school based contexts as well as the fusion of theory and practice to enhance teacher candidate professional growth. We focus on the importance of identifying a set of core practices that teacher education programs should embrace while focusing specifically on teacher inquiry as a critical component at the core of teacher education. We conclude with implications for the field for teacher education, the impact on developing partnerships to embrace clinically rich practice, and the importance of this model for P-12 student learning.

AACTE's Clinical Practice Commission

In 2015, the American Association of Colleges of Teacher Education (AACTE) created the CPC in an effort to define clinically rich practice for all parties involved in the preparation of new teachers. Strong leadership from both PK-12 school and university partners was critical to this dialogue and the development of a common understanding of clinically rich educator preparation as a unified PK-20 voice. Representation from various professional education associations across the country, including the National Network for Educational Renewal, National Association for Professional Development Schools, National Board for Professional Teaching Standards, Association for Teacher Education, and the Council of the Accreditation of Educator Preparation (CAEP) State Alliance teams, were essential to establishing a shared vision for the profession, for unifying the field, and ultimately for elevating the professional status of the teacher workforce.

In 2010, the National Council for Accreditation of Teacher Education (NCATE) commissioned the *Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning*. This report called for teacher education to be “turned upside down” moving away from a central emphasis on college coursework and moving towards programs more aligned with clinical practice as the focus:

“...prospective teachers must be prepared to become expert practitioners who know how to use the knowledge of their profession to advance student learning and how to build their professional knowledge through practice. In order to achieve this we must place practice at the center of teaching preparation” (NCATE, p. 2).

The CPC was charged with revisiting this report and providing an action-oriented blueprint for implementing the recommendations. Thus, the CPC set out to first define “clinically rich practice” as a common denominator for educator preparation programs. Subsequently, the CPC would identify and highlight exemplary programs around the country and develop a set of indicators for high quality, clinically rich educator preparation programs as a way to upraise the profession. Thorpe (2014) asserts:

Teachers, administrators, and others whose work is designed to support best practice in our schools must seize this moment to rethink every aspect of the trajectory people follow to become accomplished teachers. Getting that path right and making sure all teachers follow it asserts the body of knowledge and skills teachers need and leads to a level of consistent quality that is the hallmark of all true professions. (p. 1)

The CPC's collective voice asserted the need for action, not another document that would sit on a shelf awaiting a future educational reform effort for educator preparation. Our “call to action” began with a focus on consistency for the field in the form of a common lexicon (or vocabulary)

that would eliminate the fragmentation of the field through improved articulation of the roles of individuals engaged in clinically based teacher education.

A Common Lexicon for Clinical Practice

Along with identifying and recommending a blueprint for clinical practice, the CPC recognized the need for a common lexicon for the field along with pathways to operationalize their recommended blueprint. Upon further investigation, members of the CPC discovered much confusion within the field regarding the terminology used (Zenkov & Parker, 2017). This was especially true for the roles of individuals engaged in clinical practice, including teacher educators and the status of teacher candidates at different stages of development. For example, a university student in a teacher preparation program might be referred to as a student, practicum student, student teacher, teacher candidate, clinical intern, etc. depending on the status in their program or the institution in which they are enrolled. Below, we share five of the core terms as identified and defined by members of the CPC that we feel are central to the role of teacher inquiry in PDS partnership models (Zenkov & Parker, 2017):

School-Based Teacher Educator- Individuals involved in teacher preparation whose primary institutional home is a school. *School Based Teacher Educators* are a specific type of *Boundary Spanning Teacher Educators* who assume mentoring and partnership responsibilities that are in addition to their school responsibilities. This subsumes the terms university liaison, site facilitator, cooperating teacher, mentor teacher, collaborating teacher, and school liaison.

University-Based Teacher Educator- Individuals involved in *Teacher Preparation* whose primary institutional home is a college or university. *University Based Teacher Educators* are a specific type of *Boundary Spanning Teacher Educator* who engage in evaluation, coaching, instruction, and partnership and assume expanded and multiple responsibilities within, and often across, each of these four domains. This subsumes previously used terms such as university supervisor, university liaison, clinical supervisors, and clinical faculty.

Mentor Teacher- A teacher, identified as an exemplar and formally prepared as a clinical practitioner, who serves as the primary *School Based Teacher Educator* for teacher candidates completing clinical practices or an internship.

Teacher Candidate- An individual formally admitted to an accredited teacher preparation program that leads to teacher licensure.

Clinical Coaching- Clinical Coaching represents the bridge between the work of *University Based* and *School Based Teacher Educators* engaged in teacher preparation and the practices in which these individuals engage. This term subsumes supervision and mentoring.

Members of the CPC feel strongly that a common lexicon would be the first step toward uniting the profession and helping to define clinically rich educator preparation for the future of the field.

Clinically Rich Educator Preparation

The final charge of the CPC was to identify pathways to clinically rich educator preparation. Although the CPC does not endorse a single avenue to clinically rich practice, the

Professional Development School (PDS) model as defined by the National Association for Professional Development Schools (NAPDS) is one avenue of programming that encourages school based teacher educators and university based teacher educators to develop structures that not only work to create a “comprehensive mission broader in its outreach and scope than the mission of any partners” (NAPDS, Essential 1) but also works to create “a school-university culture committed to the preparation of future educators that embrace their active engagement in the school community” (NAPDS, Essential 2). The NAPDS Nine Essentials provides a list of indicators that are used to help guide PDS work (NAPDS, 2008). Other important indicators related to our work include “ongoing professional development for all participants” (NAPDS, Essential 3), “shared commitment to innovative and reflective practice” (NAPDS, Essential 4), and “work by college/university faculty and P-12 faculty in formal roles across institutional settings” (NAPDS, Essential 5). PDS Partnerships encourage the types of reciprocal relationships that must exist in order to create clinically rich educator preparation that connects content, pedagogy, and clinical practice as well as supporting the development of teacher inquiry and reflection.

Bridging Theory to Practice and School/University Dichotomies

Teacher preparation programs that embed clinically rich practice, like those found in PDSs, naturally bridge the university and P-12 contexts. Clinical coaches and mentor teachers alongside university based and school based teacher educators work together to guide and support teacher candidates as they develop professional and pedagogical knowledge and shape their professional dispositions (Shulman, 2005). As a profession, it is imperative that an agreed upon set of core practices be identified and triumphed by the field that are central to all teacher education programs in order to help diminish some of the challenges that many teacher candidates face as they straddle the theory to practice dichotomy. This dichotomy is described by Lampert (2010) with a mind/body analogy in which *theory* is relative to *thinking* and *practice* is relative to *action*. On the contrary, deeply embedded clinical experiences focused on core practices that include high leverage habits leading to engaged learning alleviate this dichotomy. The creation of boundary spanning, nurturing environments that incorporate core practices helps deepen teacher candidate professional knowledge (i.e. the act of thinking) while developing pedagogical knowledge (i.e. the act of doing) resulting in a seamless transition between university and school based contexts.

Through clinical practice, teacher candidates can discover more about student learning and the science of teaching by utilizing three key concepts related to pedagogical practice as identified by Grossman and colleagues (2009):

1. *Representations of practice* comprise the different ways that practice is represented in professional education and what these representations make visible to novices;
2. *Decomposition of practice* involves breaking down practice into its constituent parts for the purposes of teaching and learning; and
3. *Approximations of practice* refer to opportunities to engage in practices that are more or less proximal to the practices of a profession. (pp. 2055-2056)

This approach to clinical practice guides teacher candidates as they bridge the theory to practice dichotomy supervised by their university and school based teacher educators as they directly apply pedagogical methods within the context of a clinical experience. Teaching and learning as well as

explicit and implicit impact on P-12 students is at the forefront of their practice under the guidance of the mentor teacher. As a result, teacher candidates become more knowledgeable, decisive, and reflective in the process (Cochran-Smith & Villegas, 2015).

Finally, the CPC identifies a set of core practices that align with the Professional Development School (PDS) model and combines Hollins (2011) epistemic practices of focused inquiry, directed observation, and guided practice. These core practices include: 1) focused observation, 2) coaching, 3) co-teaching, 4) direct dialogue, 5) inquiry, and 6) reflection on teaching (Yendol-Hoppey & Franco, 2014). Not only do these pedagogical practices support teacher candidate learning, but they also embrace a cyclical process of research, implementation, and reflection, referred to as teacher inquiry (Dana & Yendol-Hoppey, 2009). For the purpose of this article, we focus specifically on the interplay between teacher inquiry and reflection on teaching at the core of teacher candidate learning within clinical practice.

Teacher Inquiry and Reflection in Clinical Practice

The CPC's work involves a particular research paradigm, *teacher inquiry*. Teacher inquiry can be viewed as "how teachers make explicit and prove further their wonderings, reframe and modify their questions and enlighten their perceptions and sense-making of their classroom practice" (Dana, Gimbert, & Silva, 2001, p. 51). Although this may sound similar to teacher reflection, they are not synonymous. Rather, reflection is an intricate part of the teacher inquiry cycle and not the whole process in and of itself. Some distinctions exist between inquiry and reflection. First, reflection is something teachers do without planning. It becomes second nature to teachers to consider how well a lesson was delivered, how the students responded, and what could be improved. Sometimes, reflection may not occur unless a problem exists during the learning process. This may all happen without scheduling time in their day to do so; it is more whimsical in nature. In contrast, inquiry is much more intentional (Dana & Yendol-Hoppey, 2009). Teacher inquiry is a deliberate process that involves homing in on an identified focus question or challenge within the context of one's classroom. The act of identifying a question or challenge provides a pre-existing condition to probe. It allows the teacher as researcher to consider aspects of the teaching and learning process prior to teaching. Because the teacher acts as researcher, inquiry is quite "intentional, critical, and systematic" (Dana & Yendol-Hoppey, 2009, p. 4).

Second, teacher inquiry is more transparent and accessible than reflection. Reflection is an internal cognitive process that cannot be measured by the naked eye. Teacher inquiry is made available for in-depth pondering and engaged conversations among educators as a mechanism for shared "diagnoses" through collective experiences. Also referred to as focused inquiry (Hollins, 2011), the process begins with the teacher identifying a specific classroom dilemma. The problem is investigated through direct observation of students actively involved in the learning process. The teacher then analyzes the learning process of the students, including student reactions, questions, and sample work. Not only do teachers seek to find root causes of the identified challenge, they use it to cultivate a deeper understanding of its impact to the teaching and learning process (Hollins, 2011). The critical analyses are then used to inform the next action step or a change in the pedagogical approach.

Teacher reflection, on the other hand, is viewed as a practice embedded in a larger process (Hoffman-Kipp, Artiles, & López-Torres, 2010). In this case, reflection occurs throughout the cyclical inquiry process described above. While teacher inquiry is the process of analyzing a

situation, setting goals, planning and monitoring actions, and evaluating results, teacher reflection focuses on one's own professional thinking in which an individual "considers the immediate and long-term social and ethical implications of their decisions" (Colton & Sparks-Langer, 1993, p. 45). It is reflective practice that engenders personal and social values, critical stance, and draws on life experiences aligned to one's own consciousness and social responsibility that impact teaching decisions. Working in concert, teacher inquiry and reflection help teacher candidates systematically and intentionally study their own practice while considering how their pedagogical actions align with their own values and awareness of social responsibility as a teaching professional.

Embedding teacher inquiry throughout teacher preparation programming requires clinically based programs to re-examine their curriculum. Helping teacher candidates and teacher educators develop an "inquiry stance" requires inquiry practice to be woven throughout clinical experiences. For example, Pennsylvania State University and their PDS collaboration with the State College Area School District requires teacher candidates to engage in a formal inquiry project during a year-long clinical placement in a partnership school. Mentor teachers participate in the inquiry project as they support the work of their teacher candidate (Burns, Yendol-Hoppey, & Jacobs, 2015). Programs such as this one can serve as exemplar models to programs looking to infuse inquiry into their own curriculum and further emphasize "a shared commitment to innovative and reflective practice by all participants" (NAPDS, Essential 4) associated with a PDS partnership model for clinical practice.

Value of Inquiry for Clinically Rich Teacher Education

The value of teacher inquiry as a core practice for clinically rich educator preparation is that the teacher is respected as an expert in his or her profession. "Outsiders" have been the engineers of the curriculum train where teachers are told not only what to teach but *how* to teach, via compliments of politicians, publishers, external researchers, and others who may not have a background in education. Teachers are the best informants of classroom pedagogy because they are in the trenches of the 21st Century classroom. Through teacher inquiry, their voices are no longer muted as they are given a vocal platform to inquire, analyze, and discuss their findings with others in the education profession. To separate inquiry from teaching implies that the old adage by George Bernard Shaw (1903) is correct: "*He who can, does; he who can't, teaches*" (n.p.). Inquiry combats this motto that criticizes the teaching profession and protects the integrity of the science of teaching (i.e. pedagogy) as well as the complex nature of learning contexts. Thus, teacher inquiry allows for professional growth for both the teacher candidate and mentor teacher.

Teacher educators working alongside mentor teachers and clinical coaches engage in professional development related to teacher inquiry to ensure proper implementation and understanding of the inquiry process. Thus, the collaboration between university and school based teacher educators is essential to the inquiry process as "practitioners clarify the goals and actions of inquiry and validate their activities in the eyes of others" (Díaz-Maggioli, 2004, p. 72). This strategy provides opportunities for professional growth that is embedded in clinical practice as a model for teacher candidates who will benefit from various viewpoints as well as providing "ongoing and reciprocal professional development for all participants guided by need" (NAPDS, Essential 3). If true professional growth is to take place, teachers must inquire about their own practices, pushing the limits of improving their craft, and taking a professional stance. Viewing

the process of teacher inquiry as professional development in and of itself is a modernized way to give teachers opportunities to learn and grow within the context of their own classroom. This can be achieved through clinical practice in which a climate of support is developed for both the teacher candidate and mentor teacher (Danielson, 2011). A PDS model offers that climate of support.

When an educator preparation program provides clinically rich experiences that involve teacher inquiry, it is an opportunity for simultaneous renewal for the mentor teacher and teacher candidate. It becomes a collective endeavor to pursue questions about effective pedagogical practices within the classroom. Together, the teachers problematize their questions through collaborative instructional planning to ensure the desired outcome: reaching each and every student in the classroom. The process of teacher inquiry helps to inform the teaching and learning community, how one's own practice impacts the P-12 learner, and as a result, provides Educator Preparation Programs the opportunity to make necessary changes to strengthen their clinical programs. In this scenario, the teachers (both mentor and candidate) benefit by being able to apply the in-depth knowledge gained from inquiry to their future practice to continue their own professional growth and more effectively address the needs of all students through increased levels of differentiated instruction.

Benefits of Clinically Rich Teacher Education

We conclude with implications for teacher education programs, PDS partnerships, and the importance of this model for impacting P-12 student learning. Regarding teacher education programs, teacher inquiry provides opportunities for university-based teacher educators to work closely with school-based teacher educators to identify problems of practice and provide increased support for teacher candidates. Teacher candidates further develop pedagogical and professional knowledge as they engage in active teacher inquiry guided by school-based teacher educators, an important skill to develop before moving into their own classrooms. Teacher candidates also benefit from deeply embedded clinical practices that lend themselves to the acquisition of authentic inquiry experiences alongside experienced mentor teachers and university-based teacher educators to bridge the theory to practice dichotomy where practitioner and academic knowledge intersects (Gutiérrez, 2008; Zeichner, 2010). Opportunities for teacher candidates to explore the contextual factors of a school community through in-depth analysis and discovery also supports active engagement in and commitment to the school community (NAPDS, 2008).

The role of teacher inquiry in PDS partnerships focuses specifically on clinically rich practice and provides articulated benefits for all participants. Russell (2006), a staunch advocate of reflective practice, asserts that “reflective practice can and should be taught” through explicit strategy instruction during teacher preparation (p. 199). Professional partnerships provide the avenue in which reflective practice and teacher inquiry can best support deeper learning of pedagogy and the impact of contextual factors within instructional settings as “college/university faculty and P-12 faculty work together across institutional settings” (NAPDS Essential 5). Teacher candidates who engage with inquiry and professional discourse indicate they “no longer expected easy answers to their questions but expected questions to generate deeper understanding and lead to more inquiry” (Rath, 2002, p. 159).

Integrating teacher inquiry into a teacher education program provides opportunities to further develop and strengthen partnerships while operationalizing the concept John Goodlad

describes as simultaneous renewal (1999) in which partnerships should be deliberate, co-constructed, and mutually beneficial (CAEP, 2013). Thus, a conceptual framework with clinical practice at the core is imperative for teacher candidates to engage in authentic clinical experiences that are reliant on deeply established P-20 partnerships. Through simultaneous renewal, clinical settings benefit from a collective body of knowledge focused on problems of practice from multiple perspectives and a shared responsibility for the inquiry process while teacher education programs gain insights for program improvement directly from experiences within clinical environments.

Finally, the integration of teacher inquiry into the teacher preparation curriculum can have a positive impact on PK-12 student learning in several ways. As previously discussed, a system of shared responsibility is present to identify and solve instructional challenges or problems of practice from multiple perspectives within the context of the instructional environment. Opportunities for increased levels of differentiated instruction as one outcome of teacher inquiry helps meet the needs of all students. Finally, as teachers are inducted into the profession, they have attained increased levels of pedagogical and professional knowledge as well as experiences with teacher inquiry through clinical practice to better meet the needs of their future student

Author's Note: The content of this article is reflective of the collective body of knowledge of the members of the AACTE Clinical Practice Commission (est. 2015).

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