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A Descriptive Case Study of Professional Development for Cooperating Teachers in a Clinically-Based Model of Student Teaching

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Concordia University–Portland
College of Education
Doctorate of Education Program

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A Descriptive Case Study of Professional Development for Cooperating Teachers in a Clinically-
Based Model of Student Teaching

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Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Higher Education

Jerry McGuire, Ph.D., Faculty Chair

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Concordia University–Portland

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Abstract

The specific purpose of this study is to discover what trainings and professional development are most beneficial to, and meet the needs of, clinical supervising teachers who work with first-year practicum student teachers and second-year resident student teachers within a clinical model of student teaching. The information from this study is relevant because it seeks to meet the mandatory requirements of Oregon Senate Bill 83 which states that cooperating teachers must be trained. However, specific training that is needed or required has not been clarified at the state level. Ten clinical supervising teachers participated in this study. They took part in focus groups, interviews, and documents in the form of exit tickets and peer reflective forms were collected from them. A literature-based checklist was used to determine areas of growth needed that were yet unidentified as needs by the participants. Findings of the study show that clinical supervising teachers are experts in pedagogy but need more training in adult learning theory. In examining the results, the researcher found that clinical supervising teachers need to understand the success criteria for practicum and resident teachers, and they require more training in mentoring strategies, co-teaching strategies, culturally responsive teaching, classroom management, and edTPA. Trainings to fill these gaps should include practical strategies that are targeted and delivered throughout the school year, matched to need, rather than providing one-size-fits-all information prior to the start of a clinical supervising teacher's experience.

Keywords: Adult learning, clinical model, teacher training, clinical supervising teachers

Dedication

This dissertation is dedicated to my husband, Jonathan, my sons, Micah and Asher, and all my extended family and friends who supported me throughout this process. I am so grateful for the encouragement and grace you have shown me over these past few years.

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Chapter 1: Introduction

In 2010, the National Council for Accreditation in Teacher Education's (NCATE) Blue Ribbon Panel outlined best practices for student teaching in a document, *Transforming Teacher Education Through Clinical Practice: A National Strategy to Prepare Effective Teachers*.

Changing student teaching from a more traditional model to a clinical model is meant to change the method of learning for student teachers by "flipping" it (NCATE, 2010). Rather than taking classes and then having a culminating experience of student teaching in a classroom, this model gives context to theory by providing classroom experience while integrating theory into practice. The clinical model calls for more rigorous accountability, partnerships between universities, districts, and participants, stronger candidate selection and placement, and the revamping of curricula and staffing (NCATE, 2010). "Together, these partners can shift a program's emphasis from learning about teaching to using knowledge to develop practice that effectively addresses students' needs" (NCATE, 2010, p. 9).

In response to the suggestions of the NCATE Blue Ribbon Panel's report, the Council for the Accreditation of Educator Preparation (CAEP) created standards for teacher preparation. These standards are used by Oregon and have influenced statutes, such as Oregon's Senate Bill 83, which requires training of staff who oversee student teachers. District and university partnerships that utilize the clinical model have begun trainings for clinical supervising teachers, mostly focused on district initiatives. The exact types of trainings that would be most beneficial for clinical supervising teachers has yet to be confirmed. This study seeks to explore this issue by asking the question: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to prepare and support them in supervising practicum and resident student teachers?

Background, Context, History, and Conceptual Framework for the Problem

The Public Broadcasting Service's *Only a Teacher* series (n.d.) explains that in the late 1700s, the early stages of the formation of the United States, schools that existed were mainly private or religious. As time passed, it was common for the instructors in these schools to have little more than an eighth-grade level education. There were no available options for educating school teachers because colleges did not yet have programs for this profession.

In the 1820s and 1830s, influential educational advocate, Catherine Beecher, and secretary of the Massachusetts Board of Education, Horace Mann, played large roles in the formation of public education. Common Schools were proposed, which were free, non-sectarian, and meant for educating all children and improving society as a whole. Common Schools were the birth of the public school system. Taxes and some fees from parents financially supported these schools. The public school system underwent many changes because it switched from local to more regional control, eventually leading to other states adopting similar systems. Employers supported the idea of schools because they valued the teaching of punctuality, following directions, tolerance for long hours of tedious work, and a minimal ability to read and write (Gray, 2008). However, once these schools were established, concerns were shared about the low standards for teachers and teacher education (PBS.org, n.d.).

In response to this concern, Normal Schools, so called because they were meant to establish methodological teaching norms were created in the late 1830s in Massachusetts (Harper, 1970). They were developed to teach pedagogy and content to future teachers. Prior to this development, teachers rarely had expertise in teaching, nor an education that went much further than that of their students. Soon after Normal Schools had been established, laboratory schools were created for soon-to-be teachers to practice what they had learned. Normal schools

that did not have laboratory schools created partnerships with local public schools. The student teaching experience within Normal Schools and partnership schools often lasted less than a couple weeks, and in some cases only a few days (PBS.org, n.d.). Normal schools later evolved into teaching colleges and universities.

At the turn of the 20th century, John Dewey studied teaching and learning within a laboratory school at the University of Chicago. Dewey (1904) stated, “I shall assume without argument that adequate professional instruction of teachers is not exclusively theoretical but involves a certain amount of practical work” (p. 1). He complained about ineffective teaching methods that were being used and gave suggestions as to how to teach in a more effective manner. He emphasized the need for teachers to understand the mental process of learning, not the production of correct answers, as the measure of educative growth (Dewey, 1916). Dewey’s thoughts and theories made a great contribution to the teaching profession. Colleges in the United States continued to refine the curriculum and student teaching process throughout the 1900s.

Teacher preparation has been a national issue since Common Schools were created. In 1965, President Johnson signed the Elementary and Secondary Education Act. This legislation emphasized high standards and accountability. In the act, there were specific funds set for professional development of teachers. Another major phase of public education reform took place in the early 1980s. In 1983, the U.S. Government’s National Commission on Excellence in Education released a document called *A Nation at Risk*. This document depicted teachers who were underqualified for their positions and called for a back to basics approach to education. This landmark report stated, “the educational foundations of our society are presently being eroded by a rising tide of mediocrity that threatens our very future as a nation and a people”

(United States, 1983, para. 1). Later, in 1986, another document was released entitled *A Nation Prepared*, in which the government proposed improving teacher education and restructuring the teaching force. The focus on teacher quality continued with Section 207 being enacted in 1998 as part of the reauthorization of the Higher Education Act. “This legislation requires colleges and state governments to report information on teacher quality, including pass rates on licensure examinations as well as the number of teachers holding emergency or alternative certificates” (Roth & Swail, 2000, p. 1). In the 1990s and into the 2000s there was an increase in the number of teachers who received their bachelor’s degrees or a graduate degree (Warner-Griffin, Noel, & Tadler, 2016). However, at times when there were shortages in teachers, individuals who did not hold credentials, yet did hold a college degree, were hired with emergency credentials. These alternate means of acquiring teacher certification beyond the traditional methods are still integral to the educational landscape (Stoddart & Floden, 1995). There have also been multiple reauthorizations of the Elementary and Secondary Education Act: No Child Left Behind in 2002 and Every Student Succeeds Act in 2015.

With the release of these and other national documents focused on the state of the United States’ educational system, standards and assessment have become a main focus of the last couple decades demonstrated with the adoption of Common Core State Standards and the Smarter Balanced Assessment in 2009. Brown (2015) suggests that big business and the desire for global economic competitiveness are the ideological drivers behind standard-based education. This applies to K–12 education, as well as to teacher preparation. In terms of pre-service teacher training, the National Council for Accreditation in Teacher Education (NCATE) was formed in 1954 to accredit teacher education programs throughout the United States. Then in 1997 the Teacher Education Accreditation Council (TEAC) was founded. TEAC was

dedicated to improving academic degree programs for pre-K–12 professional educators. Later in 2009, NCATE and TEAC joined forces to create the Council for the Accreditation of Educator Preparation (CAEP) to build on the strong foundation of the accrediting bodies that had come before them. In 2016, CAEP standards for teacher preparation were fully implemented with NCATE and TEAC legacy standards no longer being used (CAEP, 2015). Oregon’s Teacher Standards and Practices Commission (TSPC) get their educator preparation standards from CAEP.

CAEP’s second standard focuses on the clinical model of student teaching and university partnerships. The standard states, “The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P–12 students’ learning and development” (CAEP, 2015, para. 1). This standard is a driver for the district and university partnership this study examines. CAEP standards are also influential in the development of legislation related to teacher preparation. TSPC carries out these rules and regulations, as do the Oregon Department of Education (ODE) and the Higher Education Coordinating Commission (HECC). One major change to the assessment process for student teachers is the recent implementation of the Education/Teacher Performance Assessment (edTPA). This student teaching assessment was developed by the Stanford Center for Assessment, Learning and Equity (SCALE) and is used in Oregon, as well as in more than 41 states and the District of Columbia. The passing score became effective January 1, 2018, which directly affects practicum and resident teachers within the clinical model being studied (TSPC, 2017).

Statement of the Problem

Senate Bill 83 mandates training of clinical supervising teachers who oversee student teachers. However, the specific training that is needed or required has not been clarified at the state level. These trainings are intended to support clinical supervising teachers in providing high quality clinical experiences that meet student teachers' developmental needs, but extensive research on what training the supervising teachers need at each phase of a 2-year long clinical model has not been shared.

Purpose of the Study

The specific purpose of this study is to discover what trainings and professional development are most beneficial to, and meet the needs of, clinical supervising teachers who work with first-year practicum student teachers and second-year resident student teachers. Rather than implementing trainings for clinical supervising teachers based solely on district initiatives or university priorities, my desire for this study is to get input from the clinical supervising teachers; to hear what is going smoothly, as well as the needs, struggles, and difficulties related to being a clinical supervising teacher, so that future trainings are needs-based and do not waste precious time, energy, and money.

Research Questions

The main question of this study is: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to prepare and support them in supervising practicum and resident student teachers?

In addition to this question, the study also addresses the following sub-questions:

- What recommendations do clinical supervising teachers have for future professional development

- How do the professional development needs differ for supervising teachers overseeing practicum teachers and those overseeing resident teachers?
- What are the perceived barriers for relevant professional development of clinical supervising teachers?
- What strategies do clinical supervising teachers need to know in order to help their practicum or resident teacher?
- What theories do clinical supervising teachers need to know in order to help their practicum or resident teacher?

I believe that training for clinical supervising teachers should be purposeful and fill gaps. It should not occur simply to meet legislative demands. Therefore, understanding the nuances of the clinical supervising teachers' roles, responsibilities, and needs are important to this study. I also believe that andragogy, the methods and principles of adult education, provide a foundation of thought for researching professional development opportunities for clinical supervising teachers. Malcolm Knowles (1984), the father of the theory of andragogy, identified the principles of adult learning as self-direction, internal motivation, goal driven, practical, and relevant. Knowles acknowledged that adults also need to feel respected by those who are teaching them, and that adults desire for their life experiences and background knowledge to be recognized.

Significance, Relevance, and Rationale of the Study

This study is significant because it is connected to national teaching preparation standards and it applies to a gap within a statute. The CAEP standards, which are upheld by TSPC, must be followed by public educators in Oregon. These organizations strive to improve the teaching profession and pull their standards from literature and research. Literature from NCATE's

(2010) panel report, *Transforming Teacher Education Through Clinical Practice*, is the main rationale behind the CAEP standard. The standard draws from the panel's recommendation that clinical supervising teachers should be "trained to work with and provide feedback to candidates" (p. 21).

The information from this study is relevant because it seeks to meet the mandatory requirements of Senate Bill 83 Section 1, part B, section iii, which states that a clinical supervising teacher, "is trained to supervise the applicant during the applicant's supervised clinical practice experience and to work in partnership with the applicant's supervisor from an approved teacher education program" (2015). Since district and university partnerships need to follow the statute regarding clinical supervising teachers' training and the partnership desires to create effective teachers, then it makes sense, both financially and methodologically, that those partnerships should meet the training needs clinical supervising teachers.

Certain strategies and theories must be included in the trainings for clinical supervising teachers in order to fill the gap in the statute. Methods of delivery and discovery may be just as important as the content for these trainings. Teaching involves "creating conditions that have the potential to transform the learner on many different levels (cognitive, emotional, social, intuitive, creating, spiritual, and other)" (Johnson, 2010, p. 1). Therefore, intentional strategies must be used by a clinical supervising teacher to meet the myriad needs of their practicum or resident teacher. Clinical supervising teachers must be trained in these strategies before they can be expected to use them with their student teachers. Relevant theories need to back these strategies. I have created a checklist (see Appendix A) to help determine the areas that the clinical supervising teachers still need training in. Adult Learning Theory, Social Constructivist Theory, Reflectivity Theory, mentoring strategies, co-teaching strategies, and culturally relevant teaching

strategies are areas of interest on this checklist. Clinical supervising teachers' interviews, exit tickets, and reflective tools were used to check off strategies and theories that the participants were already using with their practicum or resident teacher. "Today there is strong evidence that teacher residency programs are having an impact on student achievement and teacher retention, improving outcomes for high-need children" (National Center for Teacher Residencies, 2015, para. 1). Training clinical supervising teachers in strategies and theories that fit their needs will only make these programs stronger.

Definition of Terms

Clinical educators. “All educational preparation providers (EPP) and P–12-school-based individuals, including classroom teachers, who assess, support, and develop a candidate’s knowledge, skills, or professional dispositions at some stage in the clinical experiences” (CAEP, 2016, para. 12).

Clinical supervising teachers. All individuals who oversee, assess, support, and develop a practicum and/or a resident student teacher’s knowledge, skills, or professional disposition during the clinical period.

Clinical cooperating teachers. Used synonymously with clinical supervising teacher.

Partner. “Organizations, businesses, community groups, agencies, schools, districts, and/or EPPs specifically involved in designing, implementing, and assessing the clinical experience” (CAEP, 2016, para. 3).

Partnership. “Mutually beneficial agreement among various partners in which all participating members engage in and contribute to goals for the preparation of education professionals. This may include examples such as pipeline initiatives, Professional Development Schools, and partner networks” (CAEP, 2016, para. 4).

Practicum teacher. A student teacher within his or her first year of the clinical model of student teaching (M. Potter, personal communication, May 15, 2017).

Resident teacher. A student teacher within his or her second year of the clinical model of student teaching (M. Potter, personal communication, May 15, 2017).

Stakeholder. “Partners, organizations, businesses, community groups, agencies, schools, districts, and/or EPPs [Education Preparation Programs] interested in candidate preparation or education” (CAEP, 2016, para. 11).

The terms master teacher and student teacher are not used in the clinical model of student teaching being studied, as they have been used in the past within the traditional model of student teaching. Instead of master teacher, the term used is clinical supervising teacher or clinical cooperating teacher. Student teachers in their first year of a clinical model are referred to as practicum teachers. Student teachers in their second year of a clinical model are referred to as resident teachers. The term student teacher appears in Chapter 2 as part of the literature review.

Assumptions, Delimitations, and Limitations; Summary and Transition

My assumption is that with training that is specific to the needs of clinical supervising teachers, a better educational experience could be provided for practicum and resident teachers. Ultimately, this stronger educational experience would benefit students within their future classrooms.

Delimitations of this study include the decision to bound the case to narrow the focus to the clinical supervising teachers, their training, and professional development. Doing this helped me to determine the scope of my data collection. It also separated data about the subject of my case from the external data or context (Yin, 2014). This research was done within the clinical model of student teaching within an existing partnership between a suburban school district and a state university. The clinical supervising teachers were the main focus of this inquiry, so practicum and resident teachers did not participate in this study.

This research was limited to the context of a 2-year clinical teaching model within a large suburban school district. It was also limited by the time provided for the study, which fell into the first and second semesters of the 2017–2018 school year. I chose to begin this study after the clinical supervising teachers had three days of initial professional development provided by the school district in an attempt to meet the criteria of Senate Bill 83.

The education system that was formally established in the 1800s has evolved, resulting in public education that is functioning today. Teacher preparation stems from the formalization of the public school system and the need for qualified instructors. This need has continued with standards and accreditation at the center of this structure. With standards-based education comes national and state legislation meant to uphold these standards. Senate Bill 83 is one of these standards. This study sought to explore the gap in this policy. Although the mandate for training of clinical supervising teachers has been established, the details of that training have yet to be determined.

Chapter 2: Literature Review

Coverage

I used Concordia University's electronic library to find relevant articles. The databases that provided full text articles related to adult learning and meaning making included Education Database ProQuest, ERIC ProQuest, and JSTOR. Concordia library staff assisted in locating articles using interlibrary sharing.

Multiple methods of research and a variety of literature, including research reports, books, and current policies were eligible for inclusion. Publications from other countries were considered and a few were relevant to this study and chosen for inclusion.

After much consideration, I chose to include early and mid-twentieth century literature to support the conceptual framework. John Dewey's seminal works were included, as well as Vygotsky's and Piaget's studies. The theories and information being reviewed was published between 1904 and 2017. Many of the policies and reports that were used have been published within the last decade.

The publications included were used to research the following attributes of the researcher's conceptual framework: social constructivism, reflectivity, adult learning, meaning making, student teaching models, pragmatism, and policies relevant to the student teaching process.

Social Constructivism

With the help of an instructor to guide, students can actively and independently engage with curriculum to make meaning. This idea comes from the renowned philosopher, John Dewey (1916), who was a man of many educational theories that have impacted teaching practices all over the world. John Dewey believed that meaning was made by students when

they interact with their environment and the curriculum they are given, as well as when they use higher level thinking skills to reflect on the meaning making process (Dewey, 1916). His pedagogy emphasized social content, active engagement, and connecting past experiences with present learning and knowledge (Dewey, 1916). His belief was that students' interests were important to the learning process. He also believed that students make meaning when there is cohesive instruction which connects topics to help students understand whole ideas (Dewey, 1916). Dewey also emphasized the acquisition of pragmatic skills, rather than only focusing on theory. He believed that it was important to deal with things realistically for the betterment of society. Dewey observed that students learn best when they construct their own meaning, rather than sitting passively, receiving information from an instructor. Dewey found equal importance in the roles of the teacher, student, and content. With the help of a teacher as a guide, the student could actively and independently engage with the curriculum to construct new knowledge. Out of this central idea came the birth of the theory of Constructivism.

Jean Piaget's theory of cognitive development focuses on the reorganization of information through assimilation and accommodation (McLeod, 2009). Piaget believed that biological maturation and environmental experiences both played a part in cognitive development, learning, or making meaning. Like Dewey, Piaget believed that children construct meaning. He believed that children learn to adjust when there is a gap between what a child already knows and what they discover. This addition to Dewey's theory became known as the theory of Cognitive Constructivism.

Later in the 1970s, the psychologist Lev Vygotsky introduced his social development theory, which emphasized social interactions for the purpose of developing cognition. Vygotsky placed importance on context and language for understanding society (Derry, 1999; McMahon,

1997). “Experience teaches us that thought does not express itself in words, but rather realizes itself in them” (Vygotsky, 2012, p. 266). Within Vygotsky’s social development theory there is also importance placed on interactions between peers and practice of a skill that is just beyond one’s current level. A More Knowledgeable Other (MKO) acts as a helper or tutor to his or her partner. Vygotsky (1978) believed “all the higher [mental] functions originate as actual relations between human individuals” (p. 57). The scaffolding, or fading amount of help that is needed over time, allows for the learner to work through their Zone of Proximal Development (ZPD) to ultimately grasp a new skill. “Pedagogy must be oriented not to the yesterday, but to the tomorrow of the child’s development. Only then can it call to life in the process of education those processes of development which now lie in the zone of proximal development” (Vygotsky, 1993, pp. 251–252).

Piaget’s (1952) theory differs from Vygotsky’s theory in that Piaget focused on “universal stages of cognitive development and biological maturation. He failed to consider the effect that the social setting and culture may have on cognitive development” (Manuchander, Brindhamani, & Marisamy, 2016, p. 50). While Piaget emphasized children playing an active role in constructing knowledge, which is a founding principle for constructivism, the social aspect which Vygotsky highlights is important this research.

There are three core beliefs around the ideas of reality, knowledge, and learning in social constructivism. The first belief is that human reality is constructed through human activity and interactions. Vygotsky (1978) explained that people experience, communicate, and understand reality through both language and culture. Members of society create the world around them (Kukla, 2000). It is not that one must discover reality. It is that social interactions invent reality. Secondly, knowledge is socially and culturally constructed and is a product of humans (Ernest,

1999; Gredler, 1997; Prawat & Floden, 1994). Within social constructivism, it is believed that partners co-construct knowledge during interactions from guided learning within the zone of proximal development. And lastly, learning is a social process that takes place through actions with external forces (McMahon, 1997). Meaning is made when people interact with one another, which requires individuals to take an active role, rather than remaining passive.

Social constructivism can be applied to the reciprocal process of both teaching and learning. Teachers who follow the theory of social constructivism try to understand students' pre-existing conceptions and then provide learning opportunities for conceptual changes to occur. This is a student-centered model of teaching and learning. Because they hold the belief that knowledge is socially constructed, the teacher does not just disseminate information. Social constructivist teachers understand that discourse plays a large role in students' grasping new concepts, and they believe that students need to play an active part in their learning. The teacher does not simply give lectures and he or she does not want the student to spew back the same information. The act of thinking about information that is heard and constructing an appropriate response on a particular subject causes a student to process information. The constructivist teacher wishes to create autonomous thinkers who can integrate concepts, ask questions, and seeks answers (Grennon-Brooks & Brooks 1993, in Straits & Wilke, 2007).

One study using the theory of social constructivism was done by Mercer, Wegerif, and Dawes (1999). The researchers studied children's talk and the development of reasoning in the classroom. Their experimental teaching program was designed to improve student reasoning and collaborative abilities through language awareness and development by setting certain ground rules for talking with peers. The study participants were 60 students in a British Primary School, along with their teachers. These students were ages 9 and 10. They were split into two groups, a

control group and a test group. The test group students' performance on the Raven's Progressive Matrices test of nonverbal reasoning, along with verbal interactions among the students were analyzed and compared to the interactions of students in a matched control group. The study showed through qualitative and quantitative analyses of discourse that students who followed the ground rules did better on reasoning test problems and on the Raven's test. A sociocultural view of cognitive development is supported by these findings, as well as the value of explicitly teaching how to use language for the purpose of reasoning.

Vygotsky's theory is closely tied with Jerome Bruner's constructivist learning theory. Bruner believed that an individual progresses through a series of intellectual stages, and that mental models are created for the purpose of making meaning. Like Vygotsky, Bruner's ideal was to get students to become autonomous thinkers by actively participating in the learning process. Bruner (1966) states, "We teach a subject not to produce little living librarians on that subject, but rather to get a student to think for himself, to consider matters, to take part in the process of knowledge-getting. Knowing is a process, not a product" (p. 72). Language was also very important to learning. Bruner believed that questioning techniques, such as the Socratic method, were important to constructing meaning. He also believed that an integrated and spiraling curriculum was needed to help build upon what students had learned in the past. Bruner's Social Learning Theory supports the idea that people learn from each other, which reinforces certain aspects of social constructivism.

Another study by Rojas-Drummond, Mercer, and Dabrowski (2001) researched the collaboration, scaffolding, and problem-solving strategies in Mexican preschoolers. Using the research Mercer and his colleagues did earlier in Britain provided a foundation for this study. Two groups were formed. A control group taught the 5-year-olds mathematical skills using a

conventional and directive approach, while the other group used an interactive, collaborative, supported, and scaffolded approach. Using both quantitative and qualitative comparisons to describe, compare, and evaluate the two models, the researchers found that the collaborative model had more effective teacher-learner interactions. Through discourse analysis and statistical analysis, the researchers also found that the teachers in the more collaborative and scaffolded group more successfully enabled their students with problem-solving skills, learning strategies, and content understanding. Rojas-Drummond, Mercer and Dabrowski (2001) state,

Our earlier research showed that the induction of children into an explicit, collaborative style of reasoning which we call Exploratory Talk led to gains in children's individual scores on the Raven's Progressive Matrices test of nonverbal reasoning. These gains, first demonstrated for children in Year 5 in British primary schools, were subsequently replicated in other year groups and in primary schools in Mexico. (p. 196)

While the Mercer studies support social constructivism, a notable study by Chall (2000) found different results. Chall reported less desirable results in a student-centered, constructivist study. Chall found that more learning occurred in teacher-centered classroom than in student-centered classrooms. This was especially true for students in lower socioeconomic homes, but it had little influence on students from middle to higher SES homes. The research showed that there could actually be negative repercussions for low-SES students to be in student-centered classrooms where the desired behaviors were not attained. Chall (2000) also mentioned that there was no empirical support found for the individualized learning of low-SES students, and that direct instruction by the teachers and group activities were most beneficial to this population of students. Cues, engagement, corrective feedback, and reinforcement happened more often in a teacher-centered classroom. Initially this report looks to be against the value of social

constructivism in low socioeconomic classrooms. However, it points to the necessity of training teachers and students to balance the power between the two of them. A student-centered classroom does not mean that the students are in control of all aspects of the curriculum, nor does it mean that the teacher should not guide, direct, or provide structures for the students to behave or be successful academically.

Additionally, a theory of teaching, or pedagogy, is different from a theory of knowing. Social constructivism does not mean that students are not taught directly by the teachers. It does assume that the knowledge is constructed from the previous knowledge in a social context. Knowledge is believed to be acquired through involvement with content instead of imitation or repetition (Kroll & LaBoskey, 1996).

There are theories and methods that stand in direct opposition to social constructivism. One such method is the transmission model of teaching. The transmission model is a teacher-centered model where the teacher is the holder of knowledge and distributes that knowledge in a predetermined order. With this model of learning, students often take on a passive role. Others, such as experiential learning and transformative learning theory, add to social constructivist theory. Experiential learning theory supports social constructivism, because the learner must take on an active role and reflect on the interactions that have taken place. Transformative theory is also a constructivist approach. Transformative learning is where a disorienting dilemma occurs that causes self-examination, alienation, discontent, new behaviors to begin, confidence to form, plans for a course of action, implementation of those plans, experimenting with new roles, and reintegration. All these stages help the learner understand and interpret his or her experience in order to make meaning.

The model and philosophies around student teaching have shifted with the adoption of the clinical model of student teaching. This model emphasizes equal partnerships between districts, universities, and the pre-service teacher. It also emphasizes more time spent in schools, active participation of the student teacher, and collaboration between the student teacher and cooperating teacher. The transmission model, where the student teacher remains passive and then copies exactly what the cooperating teacher does is no longer acceptable. Finally, experiential learning which leads to transformation has become the focus of pre-service teachers' education. Instead of frontloading these pre-service teachers with theory for which they have no context, these teachers are getting experiences, which create context for learning. The emphasis I placed on the theoretical backing of social constructivism is based on the need for student teachers to understand the importance of and the mandatory policies of the collaborative nature of teaching, both with other professionals and with students. It is also to emphasize the social and cultural contexts of individual children and different school settings. Student teaching is more than assimilation of new knowledge. It is a process where the student teacher coalesces himself or herself into a knowledge community. With the emphasis on diversity becoming greater and with the adoption of new standards for English Language Learners around discourse, as well as professional teaching standards that focus on student engagement, teaching styles are changing from a traditional, objectivist models didactic, or passive, copy-cat, memory-oriented transmission models (Canella & Reiff, 1994) to a more social constructivist approach where students play an active role in their learning.

Understanding social constructivism, what it means for the role of the teacher, learner, and the curriculum and how it impacts learning, is helpful for both understanding how children

learn and how adults learn. In a classroom where student achievement is top priority but training a new teacher is happening simultaneously, social constructivism can be at the forefront.

Reflectivity

A person can make meaning from an experience through the process of reflection. Remembering an event is only the beginning of the reflective process. Higher order thinking skills such as understanding, applying, analyzing, synthesizing, and evaluating must be involved to bring about change. It is at the stage of synthesizing where the process of reflection involves the cognitive functions of generating, planning, and producing, which can have significant impact on meaning making.

The American educational psychologist, Benjamin Bloom (1956), and his colleagues, created the Taxonomy of Educational Objectives, which is often referenced as Bloom's Taxonomy. This framework orders thinking skills from lowest to highest. The highest is the skill of creating. In 2001, a group of cognitive psychologists revised Bloom's Taxonomy, adding verbs in the place of nouns to describe the cognitive functions taking place at each level. According to this document created by Anderson and Krathwohl (2001) entitled *A Taxonomy of Teaching, Learning, and Assessment*, the cognitive functions that occur during the creating stage are generating, planning, and producing. These particular activities are also the desired intentions of the process of reflection. Bloom's Taxonomy has become the foundation for Costa's Level of Questioning, which many schools use to help students make meaning. Using Costa's sentence stems to ask basic and higher-level thinking questions can help an individual process an experience, situation, or content.

One can make meaning from a situation or experience they have had through the process of reflection if the highest level of thinking—creating or constructing—is being reached. Both

John Dewey (1933) and Benjamin Bloom (1956) highlight the importance of constructing meaning from experience. Further, Dewey's philosophy on the moral, situational aspects of teaching can be combined with Donald Schon's (1983) process for a more contextual approach to the concept of reflective practice. This, too, supports Vygotsky (1978) and Bandura's (1977) ideas of the importance of social interaction and context. Vygotsky stated, "Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological)" (p. 34). Vygotsky's theory of learning involving a More Knowledgeable Other also emphasizes the need for social interactions. Bandura asserts that individuals learn through observation, imitation, and modeling, which often requires a social situation and other individuals.

The work of Donald Schon (1983) closely relates to the seminal work of John Dewey. Schon, like Dewey, emphasizes that there is a level of uncertainty one must experience and think deeply on that leads to greater understanding. Schon believed that reflection on complexities can lead to a "legitimate form of professional knowing" (p. 69). Schon separated the reflection process into two categories: reflection-in-action (during the experience) and reflection-on-action (after the experience had already taken place). Schon's work connects to the main research question on what professional development is needed for the success of clinical supervising teachers in helping their practicum and resident teachers become competent classroom teachers. Understanding reflection and how to facilitate the reflective process is a necessary element of this research.

Reflection-in-action occurs within an individual during an event. It helps the individual to decide what behaviors to display, and it incorporates thinking ahead, analyzing, experiencing

and critically responding within a particular situation. It takes into account the process the experiencer is having, the way he or she is making decisions, and the feeling he or she is having at the time of the event. With reflection-in-action, an action might occur which triggers a signal (a behavior and/or feeling). Then the individual connects the signal to a past experience. This, in turn, leads the individual to consider adaptation. A quick risk assessment is taken. When the individual's decision is made, and the conclusion is to move ahead, an intuitive action takes place by the individual (Schon, 1983).

In addition, reflection-on-action is the process of thinking back on a particular situation or event to take into account new information or perspectives. One might ask how a situation could have played out differently, or how one might want the situation to play out in the future. The sequence for reflecting-on-action begins with an action that leads to a particular experience. Then the individual revisits that experience. After that, an expression of feelings occurs and/or a re-evaluation of the experience takes place (Schon, 1983). Reflection is a key element in adult learning. "Being reflective enables us to become empowered and informed decision-makers as well as independent learners," (Binks, Smith, Smith, & Joshi, 2009, p. 142). This process can be helpful for adults who work within the realm of education, both those who work with children and adults. Reflection requires thinking, action, and meaning making. Hollins and Crockett (2012) describe the process by stating, "the core of reflective practice is observing, interpreting, and translating students' responses to learning experiences for subsequent instruction" (pp. 11–12). Developing competent teaching practices that are reproducible in multiple environments with different groups of students requires mastery of this reflective process.

Another authority on the subject of reflection is David Kolb (1984). Even though Kolb is known more for his work with Experiential Learning Theory, reflection is a key element in

making meaning. Kolb's life works, like John Dewey's, emphasizes the necessity of reflection within the experiential learning process. Kolb's theory involves four major processes: a concrete experience, reflective observation, abstract conceptualization, and experimentation which can start the process all over again. Kolb and Dewey's theories and steps are often used as a backbone for the use of reflection in research. Dewey (1910) defines reflection as, "active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends" (p. 6). He then goes on to describe the

five logistically distinct steps: (i) a felt difficulty; (ii) its location and definition; (iii) suggestion of possible solution; (iv) development by reasoning of the bearings of suggestion; (v) further observation and experiment leading to its acceptance or rejection; that it, the conclusion of belief or disbelief. (p. 72)

McGlenn (2003) emphasizes that "reflection is an essential element in learning, as an experience in itself does not automatically lead to the formation of new ideas," (p. 143). This idea highlights the reasoning behind the use of reflection in adult learning. McGlenn's study on the effectiveness of reflection using Kolb's (1984) model is of particular importance to this new research, because the clinical supervising teachers will be using a similar process with their student teachers. Their structure uses a collaborative assessment log developed by the New Teacher Center which applies Kolb's theory. Kolb's *Experiential Learning* model structure has students "actively reflect on their experience to develop concepts and plan action by setting new goals and strategies for teaching. The cycle then repeats itself," (McGlenn, 2003, p. 144).

McGlinn found that student teachers received multiple benefits from going through the reflection process. These benefits included:

- “provided an opportunity to look back at my goals for the day and see that they were met.”
- “opened the door for constructive criticism and growth.”
- “helped me to inform more concrete impressions of my teaching.”
- “didn’t make me feel as ‘on the spot’ as talking about teaching right after I’m done.”

(p. 146)

Student teachers also reported that a strong relationship with the supervising teacher was built through the use of the reflection cycle. “Trust was built along with a sense that they were both working together for the same goals,” (McGlinn, 2003, p. 147). Supervising teachers also saw benefits from the reflection process. One supervisor in particular mentioned that it “changed the relationship with the student teacher from authoritative to collaborative” (McGlinn, p. 146).

Reflection enhances the meaning of one’s work, encourages insight and complex learning, draws on cognitive, social, and emotional information, involves synthesizing and evaluating, and foster’s growth when one control’s his or her own learning. Reflection provides scaffolding by linking current experiences with previous experiences. It can be done alone, but it can be enhanced when we think through and reflect with another individual. Ultimately, it means taking what is learned and applying that new knowledge in other contexts (Costa & Kallick, 2008).

In Oregon, student teachers are required to reflect on their practice in a number of ways. A post-teaching reflective analysis with the supervising teacher may take place. With edTPA, a “performance-based, subject-specific assessment and support system used by teacher preparation

programs throughout the United States to emphasize, measure and support the skills and knowledge that all teachers need from Day 1 in the classroom” (edTPA, 2018). Preservice teachers are now also required to video themselves and reflect on the lesson they taught. Reflective journals and action research projects are encouraged in most programs.

These reflection policies are supported by the research of K. C. Stoiber (1991) who studied two groups of student teachers. The first group focused on teaching techniques, principles of classroom management, and technical conditions for teaching. The other group focused on reflective and constructive processes of examining and extending conceptions of classroom management. Stoiber (1991) found that the group that was focused on reflective practices was better able to articulate their reasons around decision-making and express a greater sense of responsibility for motivating student learning. The reflective process showed positive effects on the learning context. Stoiber’s findings are supported by Freidus’ (1997) case study on reflection centered on one teacher/graduate student. Exploration and reflection on her practices led her to validate new pedagogical learning around what good teaching practices are, which differed from the teacher’s beginning position. Originally the teacher favored traditional direct instruction. This new learning that was acquired through the reflective process confirms that deep reflection can lead to new understandings, ultimately leading to new ways of doing. New ways of doing have the power to change the learning context.

Furthermore, there are superficial ways of reflecting on a situation and deep ways of reflecting. One must take into account the aspects of adult learning. According to Knowle’s (1980) *Principles of Adult Learning*, adults desire to be self-directed and need to feel like what they are doing is relevant to them. If for some reason someone in a position of authority has not explained the relevance, an adult may put less time and effort into the reflective process. Forcing

an adult into reflecting may lead to compliance but does not always lead to transformation. Another study by Jennifer Kaywork (2011) involved analyzing the reflection opportunities of a group of early childhood student teachers for growth and development as reflective practitioners. Kaywork's data revealed that oral and written reflections were often surface level, and they rarely questioned what or why a particular experience was happening. Most written or oral reflections were actually just descriptions of a particular account. Kaywork found that over time, when the group of student teachers had become more cohesive, the reflection went slightly deeper. Although student teachers would often feed off each other's assumptions, rather than challenging those assumptions to encourage true reflection, the use of artifacts or documents as evidence encouraged deeper conversations and more reflection. Another key finding of this research was the power of an active facilitator to aid participants in the reflective process. The role of a facilitator can help an individual understand that a key element of reflection is the action that takes place because of new insights.

The difference between superficial and deep reflection was also reinforced by research done by Jennifer Moon in 1999. Moon (1999) explains the relationship between reflection and learning by looking at the tasks meant for learning and categorizing them as surface or deep. Surface tasks are those that are meant for memorizing or recalling. They use the lower level thinking skills on Bloom's Taxonomy. Simply having someone write about an experience they have had is just recalling information. This could have been another factor in Kaywork's (2011) findings. The method used for reflection addressed the lowest levels of thinking on Bloom's Taxonomy. Deep tasks meant for learning cause the learner to intentionally integrate new learning with previous ideas, possibly altering understandings. The integration of new knowledge into existing frameworks connects directly with Vygotsky's (1978) theory. Moon

names the stages of learning as noticing, making sense, making meaning, working with meaning, and transformative meaning. Within this framework, reflection is seen as an essential part of deep learning in the making meaning, working with meaning, and transformative phases. Eisner (1991) explains that individuals learn from representing learning that has taken place and this re-processing of information is a process of reflection that enables us to go deeper in one's learning.

According to Bloom's revised taxonomy (Anderson & Krathwohl, 2001), the highest level of thinking requires creating. This action is an essential part of reflection. When reflection leads to planning of new ways of doing, experimentation takes place, and new ways of doing are created, meaning can be made. This process of thinking and doing has the potential to allow for transformation.

Adult Learning

Andragogy, the methods and principles of adult education, provide a foundation of thought for working with teacher candidates and cooperating teachers. Malcolm Knowles (1984), the father of the theory of andragogy, identified the principles of adult learning as self-direction, internal motivation, goal driven, practical and relevant. Knowles acknowledged that adults also need to feel respected by those who are teaching them and that adults desire for their life experiences and background knowledge to be recognized. These principles can be used with all ages, not just adults.

When focusing on professional development with both cooperating teachers and student teachers, it would be beneficial to follow Knowles' (1984) advice of involving adults in the planning and evaluation process, to use experiences, including mistakes, for learning opportunities, and to be relevant and problem-centered, rather than merely being content-oriented (Kearsley, 2010). One way of accomplishing this is to adjust the timing of content

delivery by providing certain professional development and content once context has been established.

Social constructivism supports the theory of andragogy. Knowles' (1984) advice for using experiences, including mistakes, for learning opportunities relates to social constructivism when considering the student teaching experience. With the help of a supervising teacher as a guide, the student teacher could actively and independently engage with students, parents, other educators, and the curriculum to construct new knowledge. Student teachers need to play an active part in their learning within the context of the classroom. The dynamics that occur inside a school are relevant, necessary, and social experiences that involve plenty of discourse. A chief theorist on constructivism was Jerome Bruner (1966). Bruner's ideal was to get students to become autonomous thinkers by actively participating in the learning process. One major goal of the student teaching experience is to get the student teacher to a point where they can take all the social dynamics, learning objectives, and teaching strategies into consideration and make decisions as to what to do and when. Because this is the case, both social constructivism and adult learning theory are reinforced.

Reflectivity also reinforces andragogy. If the principles of adult learning include self-direction, practicality and relevance, and adults prefer to be involved in the planning and evaluation process, and they also prefer a problem-centered focus, then using the reflection cycle is an appropriate approach to teaching and learning. The reflection cycle of experiencing a situation, reviewing what took place, analyzing the situation, planning new ways of doing, and taking action to try out new ways supports the growth of a novice in his or her new profession, rather than focusing on the content taught and evaluation of the student teacher. Reflection takes the learner through the entirety of Bloom's (1956) Taxonomy from the lowest level of simply

remembering an experience to the higher-level thinking skills of understanding, applying, analyzing, synthesizing, and evaluating. Both of Schon's (1993) categories of reflection: reflection-in-action (during the experience) and reflection-on-action (after the experience had already taken place) can be tied to the importance of the social context, supporting social constructivism, and andragogy. Binks et. al (2009) states, "Being reflective enables us to become empowered and informed decision-makers as well as independent learners" (p. 142), which is both the preference and goal of andragogy.

In addition, andragogy is rooted in pragmatism. According to a study done by Smith and Lev-Ari (2005), student teaching is the most practical part of a pre-service teacher's learning. Four hundred eighty student teachers responded to a questionnaire with 68 closed questions asking about various components of their teacher preparation. The findings show that the practicum was the most highly valued aspect of their learning. Theory was found to be important as well, but not as much as the practical experience. Teaching theory embedded in practical experience supports the problem-centered approach that adults prefer over content-oriented learning that often occurs outside an authentic context. Vygotsky (1978) emphasized that development cannot be separated from its social context. He also believed that we assimilate new information into an existing framework. If partners co-construct knowledge during interactions from guided learning within the zone of proximal development, and this happens within a social context through the use of language and experience, then it makes sense that the practicum would be the most impactful part of teacher preparation.

Theory that is taught by weaving it into practical experience supports and enhances the time spent in a student teaching situation. Some of the main goals of student teaching are to provide practical experiences where student teachers are able to interact with the situational

problems that arise in classrooms, learn from those interactions in order to become more autonomous thinkers, and make decisions that enhance student learning. Making meaning of the content and context within a practical experience allows the student teacher to understand necessary elements of teaching and learning.

Time. Research emphasizes that the amount of time one spends in student teaching matters. Complaints have been made for decades that the length of the student teaching period has been too short. One argument is that a shorter student teaching assignment “does not allow the student teacher sufficient time to begin to develop even the basic and necessary skills” (Fabiano, 1963, p. 106). Another argument for time relates to student teachers’ outlooks and feelings on the profession.

Research conducted by Nagel (1959) reveals that attitudes of student teachers on the teaching profession are influenced by the amount of time spent in a student teaching situation. Nagel’s study compares three groups of student teachers: student teachers who taught 12–hours a day, student teachers who taught for half a day, and student teachers who taught full-time. Using the Professional Attitudes Measure (PAM), Nagel measured the sub-groups’ attitudes toward students, school-community relationships, and teaching in general. Nagel found that the more time a student teacher spent in his or her student teaching experience, the more desirable his or her attitudes were toward the profession.

From the beginning of formal student teaching in the United States, universities and teaching colleges have used different models and time frames for student teaching. Stiles’ (1947) study on the organization of student teaching in universities report compares the average amount of time in weeks devoted to student teaching. Seventy-nine universities participated in the study. Thirty-seven percent reported that their students participated in student teaching for

one-semester, eighteen weeks. Twenty-one percent of participating universities had student teaching periods of twelve weeks. Eight percent reported that student teaching lasts twenty-four weeks. Three percent reported that student teaching lasts twenty-seven weeks. Twelve percent of universities reported that their student teaching experiences last the whole school year, which is thirty-six weeks long. Students' attitudes, perceptions, skills, and confidence can be influenced by varying amount of time spent in student teaching. In this particular study the jurors agreed that "keeping the student teacher in the training program until confidence develops" (Stiles, 1947, p. 712) is key.

Course-based model. A course-based model of student teaching is often referred to as the "traditional" model. Many successful teachers have been trained through a course-based approach. This traditional model focuses on the student teacher and his or her learning. The student teacher often has field experiences such as observations or actual teaching that are in multiple grade levels but those experiences can be fragmented. The traditional model has a strong focus on course-work. This course-work may or may not be integrated with the student teaching experience. A gradual release of responsibility is used in many student teaching situations, with the culmination being the student teacher's solo teaching experience. During this time, the cooperating teacher does not teach and often leaves the student teacher alone with the students. There has been very little emphasis on the training of cooperating teachers with the course-based model (Henning & Middleton, 2014).

Clinical model. The clinical model of student teaching is centered on K–12 learning, rather than the student teacher being the focus. This model was taken from the field of healthcare, where the emphasis is on practice with people and time spent in the field learning from other professionals in a social context. Professional interns are spending longer periods of

time in classrooms, with the average being one full year. Clinical courses take place in the field, rather than in the university setting. Context, advocacy, and social justice, as well as outreach and engagement are emphasized (Henning & Middleton, 2014).

It is NCATE's (2010) belief that the clinical model addresses the context for teacher education preparation by stating,

Briefing papers prepared for the Panel cite research suggesting that teachers benefit from preparation programs that provide well supervised field experiences (analogous to medical school internships) that are congruent with candidates' eventual teaching, and that feature a capstone project – often a portfolio that reflects the candidate's development of practice and evidence of student learning. (p. 2)

Teacher preparedness and retention have become issues in the past few decades because of the lack of focus on the appropriate placement of pre-service teachers. Placing teachers in clinical classrooms that reflect their future teaching positions helps pre-service teachers anticipate the types of issues they will deal with in their first years of teaching, and in turn helps them to be more prepared and successful (National Council for Accreditation of Teacher Education, 2010).

Those who have evaluated teacher education programs for decades have emphasized the need for strong partnerships to exist between universities, schools, and participants. This is evident in the articles written by Stiles (1947), Steeves (1958), Ediger (1964), and by many others including NCATE's Blue Ribbon Panel Report (2010).

In the past many schools have exerted little effort to organize student teaching in such a way that the student would receive maximum value from it. There has been a tendency to endorse experience for experience sake...to accept student teaching on faith. (Stiles, 1947, p. 706)

This way of thinking is changing. With the creation of Common Core State Standards, InTASC teaching progressions, and the strengthening of partnerships, student teachers are receiving much more highly organized clinical experiences with student success at its very core. The clinical model provides more time, more experience, and a bridge between theory and practice.

Within the clinical model cooperating teachers mentor and co-teach with the intern. Collaboration with colleagues is stressed. Significant support and training are provided for the cooperating teacher, which is a new development (Henning & Middleton, 2014). Some states are creating policies that demand cooperating teachers be trained. However, specifics on what training and professional development is needed and should be provided has yet to be decided. This gap in policy is the main reason for this study.

Professional development. Professional development centered on how to work with adults who are professional interns has not been the focus of schools, districts, or universities in the past. However, professional development for teachers has been around for decades in hopes of increasing teacher effectiveness and student achievement. Money has been provided both federally and locally for these efforts. “Think of all the Eisenhower (currently Title IIa), National Science Foundation, and other funded projects that utilized a summer or after-school workshop model for science teachers” (Lumpe, 2007, p. 125). Even though most educators and stakeholders would agree that professional development is an ongoing process, not a one-time event, it has been treated as such time and again. “One shot, workshop-based professional development is passé. It is common knowledge that teachers seldom apply what they learn during workshops in their classrooms” (Lumpe, 2007, p. 125). Research proves that “the best professional development is ongoing, experiential, collaborative, and connected to and derived from working with students and understanding their culture” (Edutopia, 2008).

Major changes in professional development took place with the implementation of Professional Learning Communities. PLCs shifted the focus away from a presenter who held the knowledge and was sharing what they knew toward a more collaborative approach that valued inquiry, data collection, reflection, and implementation of newfound knowledge. “DuFour (2005) identified the following three big ideas that characterize the basis of all professional learning communities: ensuring that students learn, building a culture of collaboration, and focusing on results” (Lumpe, 2007, p. 126). Later, the Southwest Educational Development Laboratory helped to identify a few more attributes of professional learning communities: shared and supportive leadership, shared values and vision, collective learning and application, supportive conditions, and shared personal practice (Lumpe, 2007). There are very significant changes that have been made to professional development through the use of PLCs. Rather than the whole group, content-driven approach, which most school districts have used in the past, this model engages team members, requires participation, and focuses on the needs of the team. This model is successful for some professional development that occurs, however there are other considerations to keep in mind that may push the boundaries of the PLC structure.

“In the past few years, science educators have expanded their views of professional development by addressing such factors as school contexts, teacher belief systems, support systems, follow-up, classroom application, and leadership (e.g., Czerniak, Beltyukova, Struble, Haney, & Lumpe, 2006; Loucks-Horsley, Love, Stiles, Mundry, & Hewson, 2003). The application of these models has demonstrated some impact on student learning” (Lumpe, 2007, p. 125). These are factors to consider with the diversity of school populations that has increased in the last decade. School demographics and context need to be addressed in professional development when dealing with the whole of children. Knowledge in pedagogy, beliefs, and

behavioral management can be addressed using PLC protocols of inquiry, action research, data analysis, planning, implementation, reflection, and evaluation, yet may not be an appropriate focus for an entire team or school with different levels of expertise.

Darling-Hammond, Bullmaster, and Cobb (1995) took data from seven in-depth case studies on professional development schools. In their analysis they found a pattern of teacher leadership that arose. Three claims could be made at the end of the study: teacher leadership was connected to teacher learning, teacher leadership can be embedded in authentic tasks and roles that are not hierarchical, and teacher-led learning and leading may lead to new profession-wide norms that improve the capacity for responding to students' needs.

Marzano, Waters, and McNulty (2005) identified a few factors of professional development that positively impact student achievement. These factors include: effective feedback, cooperation, collegiality, practice-oriented staff development, a culture of shared beliefs, and relationships. This research and insight into effective professional development, along with previous research done, has led to the creation of professional development standards. Learning Forward: The Professional Learning Association has created seven standards for professional development of teachers. The standards are focused on: learning communities, leadership, resources, data, learning designs, implementation, and outcomes. Having clear targets and intended outcomes for professional development helps those who are in leadership positions create learning opportunities for teachers to understand how teachers can get the most out of this time and how they can more effectively impact student achievement. The research cited, along with the professional development standards, provide guidelines for effective professional development of clinical cooperating teachers.

Transformative learning. Transformative learning is the goal of a professional internship. Fostering transformation is the responsibility of the cooperating teacher, which is why training of cooperating teachers is an essential part of the clinical model of student teaching. Transformation creates a complete and permanent change in a frame of reference (Mezirow, 1997). It is a metamorphosis of an individual (Scott, 2006). The adult is literally changed. This transformation does not happen without the learner taking action. The researcher proposes that transformation has occurred in a professional intern when he or she feels comfortable with curriculum, lesson planning, engaging students in meaningful learning activities, and can stand confidently in front of his or her class.

In an ethnographic study of participants in student teaching programs conducted by Head (1992), the researcher found that cooperating teachers who act as mentors “can enhance the developmental process through which the student teacher moves. Instead of just acting in a teacher’s role, proteges can grow to see themselves as *becoming* teachers” (p. 101). Head found that mentors who provided support, challenge and vision for the student teacher helped he or she to become transformed, rather than just fulfilling a transactional obligation. Transformational learning has the potential to change the learner on many different levels, such as cognitively, emotionally, spiritually, socially, creatively, and intuitively (Johnson, 2010). The transformative view supports holistic education, and it sets goals for understanding the interconnectedness of life (Miller, 1996; Narve, 2001).

Jack Mezirow is the father of the transformational learning theory, but his ideas have been elaborated upon by Cranton (1994;1996), Cranton and Taylor (2012), and Boyd (1991). Mezirow (1991) discusses how individuals make meaning and understand experiences. He describes an element of intentional learning that must take place. It is a process of problem

solving. He believed that reflection was also necessary for making meaning. Uncovering errors and distorted assumptions in learning needed to occur. That learning then leads to change through perspective transformation. Mezirow (1991) describes the 10 phases one must go through for transformation. First, a disorienting dilemma must occur in an individual's life, which leads to self-examination with feelings of guilt or shame. Then a critical assessment of epistemic, sociocultural, or psychic assumptions occurs within the individual. After that, there is recognition that one is discontent and the process of transformation is shared, followed by a realization that others have negotiated a similar change in their life. Exploration of options for new roles, relationships, and actions occurs and planning of a course of action takes place. Following that, there is an acquisition of knowledge and skills for implementing one's plans, which then leads to the provisional trying of new roles. Time for the building of competence and self-confidence in new roles and relationships is needed. And finally, there is a reintegration into one's own life on the basis of conditions dictated by one's new perspective. Utilizing the knowledge of these phases can foster adult learning. Mezirow (1991) explains,

Its goal is to help learners move from a simple awareness of their experiencing to an awareness of the conditions of their experiencing (how they are perceiving, thinking, judging, feeling, acting – a reflection on process) and beyond this to an awareness of the reasons why they experience as they do and to action based on these insights. (p. 197)

Taylor and Cranton (2012) push back on Mezirow's theory by arguing that Mezirow has not taken into consideration the role society plays in this transformation. They posit that disenfranchised groups do not experience life, and therefore transformation, in the same way that the enfranchised do. The ethnic, racial, and linguistic diversity of cooperating teachers, professional interns, and students may play a role in how transformation occurs within

individuals. Taylor and Cranton (2012) argue that Mezirow's ideas are very individualistic. In response, they began a discussion about how transformative learning can be applied to society as a whole. Mezirow (1997) also asserts an ideal of it being the educator's responsibility to help the learner reach the learning objective, so that the learner can later become a more autonomous thinker, which leads to a hierarchical approach to education (Taylor & Cranton, 2012). Despite these arguments against Mezirow's theory, the point that the learner must take action, and the learner is completely changed by an experience, is key to training and transforming students into teachers. The clinical model of student teaching is meant to be a prescription for transformation and a call to action according to the report by NCATE's Blue Ribbon Panel (2010).

Pragmatism

There have been efforts in the past to help individuals make meaning in practical ways. John Dewey propelled Charles Sanders Peirce's ideas of philosophical pragmatism forward in the early 20th century, by reinforcing the importance of practicality and real consequences on meaning and truth (Mastin, 2008). Dewey's life work with inquiry and reflection supports this ideology. *How We Think* (1910) is an example of his pragmatism in that he was looking for a realistic solution for unity and simplification for dealing with the individuality of students. Now, the leading experts in education within the United States are looking for practical ways to integrate the theory taught in higher education courses, experiences with students, and professional development in context. The model used in the past with an emphasis on coursework is being revised, with the emphasis now being placed on experiential learning in a social context.

In response to new state and federal policies, a shift in the professional preparation of teachers has begun. Policies that change the educational process for pre-service teachers have

been created within the last decade, with movement away from course-based models of student teaching. Rather, the desire is to teach theory embedded in practical experience. The model is pragmatic, meaning that the focus of it is on realistic and practical matters of teaching and K–12 learning, rather than being focused on theory.

This new approach and the policies surrounding it are meant to shift the focus onto children, in order to better serve them, and to address the complex nature of teaching. NCATE (2010) recommended the clinical model as a national strategy to prepare effective teachers that incorporated clinical practice, academic content, and professional courses. This model relies on a close partnership between the school district and the university that intertwines responsibility, accountability, and decision-making. CATE (2010) states within the introduction of the report,

The report recommends sweeping changes in how we deliver, monitor, evaluate, oversee, and staff clinically based preparation to nurture a whole new form of teacher education. Specifically, the report calls for: more rigorous accountability, strengthening candidate selection and placement, revamping curricula, incentives, and staffing, supporting partnerships, and expanding the knowledge base to identify what works and support continuous improvement. (pp. 6–7)

In 2010, when the Council for Accreditation of Educator Preparation (CAEP) was formed by NCATE and Teacher Education Accreditation Council (TEAC) new standards were formed that supported the clinical model of student teaching. CAEP’s mission is to advance excellent educator preparation through evidence-based accreditation that assures quality and supports continuous improvement to strengthen P–12 student learning. This council’s strategic goals are to raise the bar in educator preparation, to promote continuous improvement, to advance research and innovation, to increase accreditation’s value, to be a model accrediting body, and to be a

model learning organization. It is CAEP who advocates, “To prepare effective teachers for 21st century classrooms, teacher education must shift away from a norm which emphasizes academic preparation and course work loosely linked to school-based experiences. Rather, it must move to programs that are fully grounded in clinical practice and interwoven with academic content and professional courses.” This can be fully recognized in the Blue Ribbon Panel report published by NCATE in 2010. This shift in teacher preparation also creates a new dynamic between universities and school districts. It is made clear in CAEP’s Standard 2: Clinical Partnerships and Practice, which emphasizes the collaboration between districts, universities, and student teachers, and requires high-quality practice. All three parties must play an equal role and share the responsibilities in teacher preparation when using a clinical model.

Every Student Succeeds Act (ESSA) calls for a pragmatic approach to dealing with the needs schools face. NCATE’s Blue Ribbon Report of 2010 makes it clear that the shift to a clinical model of student teaching stems from a change in the needs teachers are seeing in their classrooms, and the level of preparation that is needed by student teachers to take on these new responsibilities. The report points out that public schools are more diverse than ever before, and it is the responsibility of the public schools to support all students. Based on data provided by the National Center for Education Statistics (2016) it is evident that a major shift in demographics has occurred in the past decade. Demands on teachers in public school settings are different because of the cultural and linguistic diversity of the student population. Educators are changing with the times to meet the cognitive, social, emotional, and behavioral needs of their students. With this change for current educators comes a need to prepare the next generation of educators to deal with a dynamic population. A shift to the clinical model prepares preservice teachers for the diverse student populations they will serve. ESSA, signed by

President Obama in December of 2015, which took the place of the No Child Left Behind Act (NCLB) OF 2002, reaffirms that every child, regardless of background, income, race or ethnicity has the right to be fully prepared by the public education system for college or a career.

With this shift, the way teacher candidates are assessed looks different than before. In order to attain a teaching license, beginning in 2017, teacher candidates needed to pass the new teacher performance assessment, edTPA. This performance assessment developed by the Stanford Center for Assessment, Learning and Equity (SCALE), which is now available for nationwide use, was developed by teachers and teacher educators for the purpose of improving and evaluating teacher effectiveness. This authentic assessment is meant to show how teacher candidates analyze student learning and make adjustments when needed. This is the very first research and standards-based, content-specific assessment available nationwide to measure a teacher candidate's performance and teacher quality (TSPC, 2017).

Once a candidate is placed within a school setting for their experiential learning, the InTASC standards guide their professional learning and goal setting. *InTASC Model Core Teaching Standards and Learning Progressions for Teachers 1.0: A Resource for Ongoing Teacher Development* (2013) describes the new vision of teaching needed for today's learners, how teaching practice that is aligned to the new vision develops over time, and it names the strategies teachers can employ to improve their practices both individually and collectively. These standards are practical and helpful in guiding new and experienced teachers in best practices.

Statutes are being created to address the changes in student teaching models. A gap in policy around the professional development for clinical supervising teachers who work with and teach pre-service teachers has been found by the researcher. In 2013, a recommendation was

made by the Oregon Secretary of State's office in an audit report to continue improvement in training, supporting, and providing incentives for coaching teachers. These recommendations have been put into policy with Senate Bill 83 Section 1, part B, section iii, which states that a clinical supervising teacher, "is trained to supervise the applicant during the applicant's supervised clinical practice experience and to work in partnership with the applicant's supervisor from an approved teacher education program" (2015). Since this bill has been passed, Teacher Standards and Practices Commission has listed this requirement. However, now that training has been mandated for clinical supervising teachers, there are still no specific recommendations or requirements made as to what training is actually needed and what it should or will look like for these teachers across the state. This gap in policy is the main focus of this research.

Review of Methodological Issues

Most of the research cited in this literature review used a qualitative method to explore work within the world of education. However, there were also a few studies that contained mixed methods of qualitative and quantitative research. A program evaluation on the pilot for the clinical model of student teaching is also cited. This program evaluation, which contained a qualitative case study, was particularly helpful information.

One qualitative study cited in this literature review was F.A. Head's (1992) ethnographic study. Head used ethnography to systematically study the culture of pre-service teachers in student teaching seminars and to learn more about the world of the student teacher. Over time the study narrowed in focus to with the aim of understanding how student teaching is a rite of passage and an initiation into a new profession. This study included nineteen secondary education teachers who were enrolled at a large university in the southwestern United States.

This ethnographic research methodology was chosen to describe the phenomena that occurs and to shed new light on student teaching.

White (1989) also used ethnography to study the phenomena of rites of passage for student teachers. Over seven semesters, there were groups of 3 to 9 student teachers who participated in the study, with a total of 42 student teachers. Student teachers experienced two back to back student teaching placements which were each eight weeks in length. One of those placements was in a primary elementary grade, and the other was in an upper elementary grade. Data was gathered by audiotaping and transcribing three-way conversations between the student teacher, the cooperating teacher, and the university supervisor, who was also the researcher, at the half-way mark of each eight-week placement. Audiotaped interviews with student teachers and cooperating teachers were also used. Data collection was triangulated with journal entries, which student teachers turned in on a weekly basis.

McGlenn (2003) used case study to find out what development in self-knowledge took place in the lives of the student teachers who participated in the reflection process using Kolb's model. Over four semesters, McGlenn used this model while observing students in multiple disciplines. The study pulled data from four student teachers to use for deeper analysis. Written reflections were also collected and analyzed. Two other university supervisors were brought in to participate in the study by having their student teachers also use Kolb's model.

Another study by Kaywork (2011) used action research and practitioner inquiry, which was helpful for work-based learning. This study involved analyzing the reflection opportunities of four early childhood student teachers for growth and development as reflective practitioners. Kaywork (2011) used four sources for data: printouts of each student teacher's daily written reflections, observation conversation transcripts and the corresponding written reflections,

transcripts of the weekly pedagogical teacher discussion group meetings paired with document summary forms and transcripts of the final interviews.

K.C. Stoiber (1991) studied 67 undergraduate elementary education students who were recruited from advanced educational psychology classes, none of which had prior experience in student teaching. These student teachers were randomly assigned to two different groups. The first group focused on teaching techniques, principles of classroom management, and technical conditions for teaching. The other group focused on reflective and constructive processes of examining and extending conceptions of classroom management. Participants met weekly in small groups of 5 to 10 people for 50 minutes and taught the assigned technique by the researcher or a female graduate student. For a post-test, student teachers were given a problem-solving inventory to complete. Participants were also given a video-stimulated measure to assess reasoning related to classroom management. Post-test comparisons were completed using an analysis of variance (ANOVA), and pairwise comparisons using the Tukey-Kramer method were also used following the significance test.

Other studies used mixed methods for research. Mercer, Wegerif, and Dawes' (1999) study used qualitative and quantitative analyses of discourse. This study involved two classroom teachers and each of their classes totaling sixty 9- and 10-year old students in Britain. One of the classes was designed to develop students' language abilities by setting 'ground rules' for participating in discourse. Students' performance on the Raven's Progressive Matrices test of nonverbal reasoning, along with observations of verbal interactions among the students, were analyzed and compared to the interactions of students in a matched control class where ground rules were not set.

A similar study by Rojas-Drummond, Mercer, and Dabrowski's (2001) also used quantitative and qualitative comparisons to describe, compare, and evaluate two different teaching models that were used. The researchers used discourse analysis and statistical analysis, to gauge problem-solving skills, learning strategies, and content understanding in the area of mathematics with 5-year olds in preschools within Mexico. Two teachers taught in control classes using the traditional teacher directed transmission model of teaching, and two teachers used an interactive model that encouraged routine cycles of planning, implementing, and evaluating their work. This particular model used is referred to as High/Scope model.

I worked with clinical teachers within a large suburban public school district in the Pacific Northwest that is partnering with a large state university. This same school district and university tried to establish a clinical model of student teaching in the 2011–2012 academic year. Within that time period, an outside agency conducted a comprehensive program evaluation. The purpose of the evaluation was to provide the partnership with “descriptive information about the model, stakeholders’ perceptions of its benefits, challenges, and recommendations for program improvement” (Nishioka, 2012). The evaluation of this pilot program was conducted with three student teachers at one elementary school. Three specific questions reviewed and approved by representatives of the different stakeholder groups helped to guide the evaluation. These questions were: (a) What are the components of this clinical model? (b) What is the nature of the relationship among university faculty, master teachers, and student teachers? (c) What are the perceived benefits, barriers, and recommendations for improvement associated with this clinical model among the key stakeholder groups? (Nishioka, 2012). Multiple methods were used to inform this research. Archival documents related to this clinical model and traditional student teaching were used. Focus groups and interviews were also conducted with the following

stakeholder groups: (a) three clinical student teachers, (b) two traditional student teachers, (c) three master teachers/mentors, (d) two school administrators, and (e) two state university faculty members. Information on the similarities and differences between this clinical model and traditional student teaching models, perceived benefits of this clinical model, barriers or areas of improvement for the clinical model, and lessons learned related to implementation were gathered during the interviews (Nishioka, 2012). A descriptive case study was done that described how this clinical model was implemented at the elementary school that hosted the clinical student teachers during the 2011–2012 school year. The evaluation also delivered a Theory of Change and an Implementation Checklist, which were based on information derived from key stakeholder input and relevant research.

The studies included in this section directly relate to the topic of this inquiry and support the conceptual framework. The findings were valuable to this study.

Synthesis of Research Findings

Based on the methodology reviewed within this literature, it is evident that qualitative studies are prevalent. Ethnography was used to explore a certain phenomenon in two of the studies. Through this study, the researcher attempted to identify what professional development is necessary for clinical teachers, not a phenomenon that is taking place, so the ethnography method may not be a viable option for this study. Case studies were present in the research within the literature study. Case studies allowed for deep analysis, which may be helpful to the researcher in finding out more about the professional development needs of clinical teachers. Interviews, observations, and written reflections were commonly used in the qualitative studies. These sources of data helped provide the studies with different perspectives on a single topic. All of these forms of data collection could be useful in answering my research question. Mixed

methods of qualitative and quantitative studies with the use of statistical analysis using normed tests, discourse analysis, and observations to measure students' problem-solving abilities and communication skills are not necessarily applicable to this study, since there are no normed tests available that address the research question around professional development needed for clinical teachers.

Critique of Previous Research

Many of the studies cited in this chapter, although very informational, contained few participants. The reason for this was that qualitative studies often go deep, rather than wide. These studies were included because they contained information that connected with the conceptual framework of this study, which was also qualitative. However, it would be interesting to see if similar results would be found in studies on similar topics which contained more participants.

The qualitative studies used were triangulated well. For example, Kaywork (2011) used daily written reflections corresponding to observation conversation transcripts, pedagogical teacher discussion group transcripts with document summary forms, and transcripts from final interviews with participants. White's (1989) study used three-way conversations and interviews, which were triangulated with journal entries. Triangulation is necessary for credibility.

The most valuable study cited in this chapter is the program review and descriptive case study done by Nishioka (2011). The context of this particular study is extremely similar to the context of my research. The methodology Nishioka used was helpful in forming my own methodology for data collection. Like Nishioka, I also chose to use focus groups and interviews. The research in this study was also much more current than the other research chosen based on the topic. Nishioka's study considered both the course-based and clinical approaches to student

teaching. The clinical model of student teaching had yet to be created when many of the other studies took place.

Chapter 2 Summary

The focus of this literature review was on how meaning is made in adult learners. Social constructivism describes how individuals make meaning through language. This theory asserts that learners be active, rather than passive. The roles of the teacher, student, and content are all equal in social constructivism. Adult learners also construct meaning through reflection. Reflection is not simply recalling information. Higher level thinking skills must be involved to create change. This is often done through generating ideas, planning, and producing. Adult learning theory contains methods and principles of adult education, which can aid adults in transformative learning. Time is a critical element to experiential learning. Longer amounts of time spent student teaching can help further develop skills and increase positive attitudes toward the profession. Information was also provided to clarify the similarities and differences between a course-based model and a clinical model of student teaching. Professional development on how to work with adults has not become a popular topic in the past, however we have learned that the professional development that is needed should be delivered more than once. Professional development opportunities should be ongoing, collaborative, experiential, and professionally connected to the participants. Pragmatism was a focus of this learning because adults need to understand how practical and relevant professional development is to them.

Multiple studies were used to reinforce the theories used in the literature review. These studies varied in methods used, although many of them were qualitative in nature. These qualitative studies allowed for deep analysis, which was a goal for this study.

Chapter 3: Methodology

Introduction and Purpose of the Study

Sweeping changes are being made to teacher education programs to address needs of students and preservice teachers due to a gap between theory and practice that has been identified by the NCATE Blue Ribbon Panel (2010). To address the changing cultural and linguistic needs and the achievement gap in schools throughout the United States, the amount of time within a field experience has been extended; theory is being embedded into context, rather than being taught in isolation, and preservice teachers are collaborating with, co-teaching with, and being mentored by their cooperating teachers. A strong emphasis of this new model is currently being placed on retaining highly qualified clinical teachers to supervise, work with, and teach preservice teachers. The Blue Ribbon Panel has charged districts and universities to work together in a partnership. This includes identifying qualified cooperating teachers. In Oregon, Senate Bill 83 Section 1.3.iii (2015) mandates training for clinical supervising teachers for quality assurance purposes stating that the clinical supervising teacher from the school district “is trained to supervise the applicant during the applicant’s supervised clinical practice experience.” In attempt to adhere to this bill, the clinical program I studied at the research site gave clinical supervising teachers three days of training on co-teaching, and mentoring in August, prior to the 2017–2018 school year beginning. Culturally responsive teaching practices were highlighted throughout the school year in clinical supervising teachers’ Professional Learning Community meetings. The gap in this policy is the lack of specifications regarding training. I addressed this gap in policy by asking the following question: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to prepare and support them in supervising practicum and resident student teachers?

In this chapter, I describe the research design most valid in terms of the literature and which I believe to be the most effective for gathering the data necessary to address the research question. Research sub-questions that helped define and support the main question are shared. The setting and context for the research are described in detail. The participants are also described without being named. Finally, I describe the specific methods for data collection.

Research Design

I determined that a descriptive case study research design was a relevant research design for this study in terms of the literature, because the topic of supervising teacher professional development has been investigated using primarily a case study descriptive approach. Yin (2012) explained that case studies can be used when the investigator has very little control over the events, when the researcher desires to study a contemporary phenomenon in a real-life context, and when the boundaries between the two are not clear and evident.

I included previous studies that have been foundational for other researchers studying similar topics. One of these studies is an important meta-analysis, which incorporated multiple case studies and shows the rationale for the use of case study. This study by Darling-Hammond, Bullmaster, and Cobb (1995) utilized data from seven in-depth case studies. Their research focused on professional development in schools. In their analysis of the case studies, they found a pattern of teacher leadership. Three claims could be made at the end of the study: teacher leadership was connected to teacher learning, teacher leadership can be embedded in authentic tasks and roles that are not hierarchical, and teacher-led learning and leading may lead to new profession-wide norms that improve the capacity for responding to students' needs. This meta-analysis summary of other studies points to the usefulness of using case study to study professional development in schools.

Freidus (1997) also used case study as a research design. This study on reflection centered on one teacher in a graduate teaching program. The use of case study allowed Freidus to dig deep into this teacher's exploration and reflection on her practices. This process led the teacher to validate new pedagogical learning around good teaching practices, which differed from the teacher's beginning position. Originally the teacher favored traditional direct instruction. The new learning that was acquired through the reflective process confirmed that deep reflection can lead to new understandings, and ultimately leading to new ways of doing. Case study allowed Freidus to explore how the use of reflection impacted a teacher's practices (Ferraro, 2000, p. 4).

Finally, and perhaps most importantly, case study was used in a comprehensive program evaluation of the program I studied. This program evaluation was conducted at the research site by an outside agency in 2012. The purpose of the evaluation was to provide the partnership with "descriptive information about the model, stakeholders' perceptions of its benefits, challenges, and recommendations for program improvement" (Nishioka, 2012, p. i). The first pilot of the program was implemented in 2009 and then again in 2011. The evaluation of this pilot program was conducted with three student teachers at one elementary school. Three specific questions reviewed and approved by representatives of the different stakeholder groups helped to guide the evaluation. These questions were:

- (1) What are the components of this clinical model?
- (2) What is the nature of the relationship among university faculty, master teachers, and student teachers?
- (3) What are the perceived benefits, barriers, and recommendations for improvement associated with this clinical model among the key stakeholder groups? (Nishioka, 2012, p. 1)

Focus groups and interviews were conducted. The descriptive case study described how this clinical model I studied was implemented previously at the elementary school that hosted the clinical student teachers during the 2011–2012 school year.

I chose to use descriptive case study in order to describe the current professional development of clinical supervising teachers to then have those teachers determine what kind of professional development is needed to support them in working with their student teachers. Yin (2012) affirmed that case study is suitable for studying complex phenomena. The case study research design was suited to study the contextual complexities of the clinical model at the research site.

In this study I bound the case to narrow the focus to the clinical supervising teachers and their professional development. Doing this helped me to determine the scope of my data collection. It also distinguished data about the subject of my case from the data external to the case, which was the context (Yin, 2012). This research was done within the clinical model of student teaching. More specifically, it was done with a certain student teaching program that existed within a partnership between a large suburban school district and a large university. The student teachers, often referred to as practicum teachers when in their first year of student teaching, and resident teachers when in their second year of student teaching, were not used in this study. The clinical supervising teachers were the main focus of this inquiry.

For this study, I placed participants in two different focus groups. One focus group was made up of clinical supervising teachers working with year-1 practicum teachers. The other group was made up of clinical supervising teachers who were working with year-2 resident teachers. Like the Nishioka (2012) study commissioned earlier by the school district, I gathered data from these different focus groups. “The advantage here is that they not only allow for

analysis of statements and reports about experiences and events, but also of the interactional context in which these statements and reports are produced” (Barbour, 2018, p xvi). Focus groups allowed individuals to share differing points of view and perceptions. They were used to gather information for discovery, benchmarking, evaluating, verifying perceptions, feelings, opinions, and thoughts (Patton, 2001). Focus groups were one way of gathering data to provide insights into the clinical supervising teachers’ professional development experiences on supervising and mentoring student teachers. Greenbaum (1993) suggests that focus groups help determine information on new programs, determine the strengths and weaknesses of a program, and can help with assessing the level of success of that program. In each of the focus groups I conducted a self-identified list of professional development needs were created by the participants. The information that was gathered in focus groups helped reveal areas that could be explored in more depth at a later time.

One-on-one interviews were also conducted. This allowed me to gather more detailed information, allowed more time for the supervising teacher to participate in personal reflection with facilitation, and allowed for a supervising teacher to share more openly than they would in a small group setting, such as the focus group. The sensitive psychosocial support that supervising teachers give to practicum and resident teachers warranted the extra effort to meet individually for interviews, rather than just in focus groups. On the topic of interviews, Seidman (2013) stated:

It is a powerful way to gain insight into educational and other important social issues through understanding the experience of the individuals whose lives reflect those issues. As a method of inquiry, interviewing is most consistent with people’s ability to make meaning through language. It affirms the importance of the individual without

denigrating the possibility of community and collaboration. Finally, it is deeply satisfying to researchers who are interested in others' stories. (p. 14)

The information and experiences the clinical supervising teachers had was extremely valuable to this study.

Documents were also gathered for analysis. Supervising teachers utilize a reflection tool with their practicum (Year 1) and resident (Year 2) student teachers. These logs address the successes and challenges clinical practicum and resident teachers are experiencing. They also help to outline what steps the practicum or resident student teacher is planning on taking to address his or her challenges and what support he or she would like the supervising teacher to provide. These reflection tools are also used in the Professional Learning Community meetings between supervising teachers to address the successes and challenges they are facing in working with practicum and/or resident teachers. The rationale for including these documents is to describe the needs of clinical supervising teachers, which could be addressed through informal and/or formal professional development opportunities.

Research Questions

I have found a gap in the yet-to-be fully implemented Oregon Senate Bill 83 (2015), which mandates that clinical supervising teachers must be “trained to supervise the applicant during the applicant’s supervised clinical practice experience and to work in partnership with the applicant’s supervisor from an approved teacher education program” (SB 83.1B.iii, 2015). This gap has led me to the main research question: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to prepare and support them in supervising practicum and resident student teachers?

The answer to this main question can only be found by asking many other questions. Yin (2012) emphasizes the importance of “careful and thoughtful posing of research questions,” (p.

3). The following sub-questions guided data collection and analysis of the data:

- What recommendations do clinical supervising teachers have for professional development that they have yet to receive?
- How do the professional development needs differ for supervising teachers overseeing practicum teachers and those overseeing resident teachers?
- What are the perceived barriers for relevant professional development of clinical supervising teachers?
- What strategies do clinical supervising teachers need to know in order to help their practicum or resident teacher?
- What theories do clinical supervising teachers need to know in order to help their practicum or resident teacher?

Data collected through these questions is needed to provide helpful and relevant professional development to clinical supervising teachers. This data revealed areas and topics for professional development that may have not been covered or revealed in the past. More thoroughly trained clinical supervising teachers can potentially impact the effectiveness of the student teaching experience.

Teacher quality has been consistently identified in the research as being the most important school-based factor in student achievement (McCaffrey, Lockwood, Koretz, & Hamilton, 2003; Rivkin, Hanushek, & Kain, 2000; Rowan, Correnti & Miller, 2002; Wright, Horn, & Sanders, 1997), effectively training individuals who train teachers must also occur. It is a direct pipeline issue.

Far too many teachers say they feel unprepared for the classroom after completing teacher preparation programs, yet we know that there is no more important in-school factor for student learning than having a great teacher, particularly in our highest-need communities. That's why it is essential that we encourage strong and diverse preparation programs that can generate pipelines of new teachers with the right mix of knowledge and skills to meet the full range of needs in classrooms across the country. ("Education Department Releases Final Teacher Preparation Regulations," 2016, para. 3)

If the ultimate goal is to effectively train new teachers to meet the needs of their students, then effective training of clinical supervising teachers must come first.

Context

I gathered data from a clinical model of student teaching located in a large suburban P–12 school district. This is a diverse district with more than 90 languages spoken in classrooms. The diversity of this district is driven by corporations in the area, as well as migration from countries with less stable economic and political structures. The linguistic and cultural diversity is looked upon favorably by the school district, yet this requires many resources and professionals working together to help students adjust to learning within their new setting.

There are three schools in their second consecutive year hosting student teachers using the clinical model. Data was collected from all three sites. The first school has approximately

half of its student population who qualifies for free or reduced lunch. This suggests that many students come from lower socioeconomic backgrounds. Approximately half of the student population is Caucasian and half of the student population is made up of students of color.

The second school has only a quarter of the students who qualify for free or reduced lunch. This school is in a more affluent neighborhood with less diversity than the first school. This school has more parental support, as evidenced by the number of volunteers signed up to help at the school site throughout the day. About two-thirds of the population identifies as Caucasian, with the remaining students identifying with another ethnicity.

The third school's demographics are very similar to the second school with approximately a quarter of the student population receiving free or reduced lunch, and similarly about two-thirds of the population identifying with being Caucasian, and one-third of the population is made up of students of color. A majority of the teachers in all three schools are Caucasian. Students of color have very few examples of professionals in their buildings who can identify with their cultural, racial, or ethnic realities. This means that culturally responsive teaching strategies will be a focus of this study.

There are two additional schools who joined the clinical model this year. One of these schools hosted both practicum and resident teachers. The other school only hosted practicum teachers. Both of these schools are Two-Way Immersion schools that teach curriculum in English and Spanish. Furthermore, slightly over half of the student population at one of these schools identifies as Hispanic. This makes up the largest ethnic sub-group within the school, with Caucasian as the next largest sub-group. Nearly three-fourths of the nearly 600 students qualify for free or reduced lunch.

In the other school new to this program, nearly three-fourths of the population identifies as Hispanic, and almost all of the other students identify as Caucasian. There are nearly 700 students enrolled, 85% of whom come from low income families. These demographics are important to the study because they show how different the schools are that clinical supervising teachers work in. Context is important to the study because it impacts the strategies that may be used in the classrooms.

Target Population, Sampling Method, and Related Procedures

There were 10 clinical supervising teachers that were asked to participate in this study. As all supervising teachers were bound by the case, all were invited to participate through school district email and through an informed consent letter presented in person. Participants in the research received an informed consent letter which explained the purpose and methods of the study and explained their voluntary participation (see Appendix B). Privacy was protected through the use of codes, pseudonyms, and by using private space for interviews. All letters and forms were approved by the Institutional Review Board of Concordia University and the participating school district.

Purposeful sampling was utilized by the researcher to gather specific information regarding professional development needs of clinical supervising teachers who oversee practicum or resident teachers. This sampling was meant to gather rich information that contributed to an understanding of the phenomenon taking place within the two sub-groups. A purposeful sample provides an information-rich case that can enlighten the research questions (Patton, 2001).

Instrumentation

Research field notes were gathered during focus groups and interviews to help establish credibility. Audio recordings were taken for the purpose of accuracy. The audio recordings were transcribed soon after recording. The recordings freed me to observe non-verbal actions, make eye contact, and allowed for sincere and effective listening to take place during interviews and focus groups. At the end of bi-monthly program meetings exit tickets matched to a research sub-question were distributed to clinical supervising teachers for reflection and response. A reflection tool was used during bi-monthly program meetings to facilitate structured conversations between peers. The focus of the tool was on what was working well, what challenges the clinical supervising teachers were having, what steps could be taken to work through challenges, and what supports were needed to take those steps.

Data Collection

Focus groups. Data was gathered through focus groups to compare and contrast the professional development needs of clinical supervising teachers with student teachers at differing levels of experience within the clinical program. Focus group discussions occurred before or after the bi-monthly PLCs. This was helpful since the clinical supervising teachers participating in the study already committed to attend these meetings and were already gathered together. Clinical supervising teachers with Year 1 practicum teachers and Year 2 resident teachers were asked the sub-question: Is there professional development that clinical supervising teachers need that they have yet to receive? This question allowed me to see the differentiation needed by groups overseeing student teachers with different levels of experience. I was able to see what professional development was desired. This led to me creating a ranking order of need for each sub-group. A foundation for interviews was created from this first sub-question. The following

sub-question was also asked during both focus groups: What are the perceived barriers for relevant professional development of clinical supervising teachers? Each focus groups took approximately half an hour to conduct. At the end of each focus group a final question was asked: Is there anything else you would like to share regarding this topic? This served as a way to tie up loose ends or misconceptions that may have occurred and to allow everyone in the group to have their voice heard.

Interviews. Interviews were conducted at the research sites. These interviews were approximately 30 minutes in length and took place in a private space. Codes and pseudonyms were used for participants in data collected during the interviews.

The first sub-question that was asked in the focus groups was referred to again in the interview when the ranked order of needs for his or her sub-group was presented. The clinical supervising teachers were asked if the ranked order reflected his or her personal views and if so, why it that was. Then the clinical supervising teachers were asked to explain why they believe certain perceived benefits and barriers exist for them personally. They were also asked to share what recommendations they would personally give to improve the program. Other sub-questions were also asked during the interview, such as: what strategies would be useful for you to learn more about in order to help train your practicum/resident teacher? What theories would be useful to learn more about to help you train your practicum/resident teacher? These questions allowed me to gather personalized information on the strategies and theories clinical supervising teachers already have or desire to know more about.

Documents. Exit tickets without names, but with check boxes that described if clinical supervising teachers were working with a practicum or resident teachers, were collected regularly at the end of the PLCs to allow for anonymity. This permitted participants to share

authentic responses to questions without the fear of judgement from other participants, the program director, or myself. Exit tickets also allowed for a time of personal reflection.

Reflective tools were also collected periodically after PLC meetings. The reflective tools were filled out with a partner, that is, collaboratively with a peer. One participant spoke about what was going well, what was not going well, what their next steps were, and the support they needed. The other person recorded the speaker's thoughts and asked clarifying questions for reflective purposes and verbal processing. Information collected through the reflective tools was used to partially answer the sub-question: What are the perceived barriers for relevant professional development of clinical supervising teachers? The information that was gathered from all the documents was triangulated with the interviews and focus group transcripts.

Identification of Attributes

This case study sought to understand and describe the professional development needs of clinical supervising teachers. The following attributes defined this study: strategies and theories. Together, these attributes guided me to answer the question: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to prepare and support them in supervising practicum and resident student teachers?

Data Analysis Procedures

Once the data had been collected it was analyzed. "Data analysis consists of examining, categorizing, tabulating, testing, or otherwise recombining evidence, to produce empirically based findings" (Yin, 2012, p. 132). Descriptive coding occurred after data was collected from focus groups. Information that was gathered from focus groups informed and guided the interviews. Descriptive and analytical coding occurred after the interviews had taken place.

Information from documents, such as exit tickets and a reflective tool were also used. Finally, the process of thematic coding brought data from all three sources together by finding ideas that were linked together and categorized. All information gathered in the data collection process was compared with the previous Nishioka study (2012) on the program in 2011.

Limitations of the Research Design

This research was limited to the context of a 2-year clinical teaching model within a large suburban school district. It was also limited by the time provided for the study, which fell into the first and second semesters of the 2017–2018 school year. I chose to begin this study after the clinical supervising teachers already had 3 days of initial professional development provided by the school district in an attempt to meet the criteria of Oregon Senate Bill 83. The research was bound to only include the perspectives and opinions of clinical supervising teachers within this clinical model. This study was also limited by my sensitivity and integrity, since I was the only one collecting this data and analyzing it. However, I practiced my interview protocol with critical friends and used the mandatory writing guideline given by the Office of Doctoral Studies at Concordia University.

Credibility. Multiple sources of evidence were gathered, such as documents, information from focus groups, and information from interviews. Member checking of information also took place. The questions I asked and how I asked the questions enabled me to collect “rich” data, which was varied and full enough to reveal a picture of what was actually going on (Becker, 1970). Verbatim transcripts of the interviews, along with field notes, helped me provide a fuller picture and my limit bias.

Transferability. Transferability is the interpretive equivalent of generalizability and refers to the degree to which the results of qualitative research can be transferred to other

contexts with other respondents (Bitsch, 2005; Tobin & Begley, 2004). Transferability seeks to make theoretical extensions of the information provided in a particular case and seeks to illuminate an ideal (Maxwell, 2013). The findings of this research are unique to the specific context. However, a general understanding of what professional development was useful to clinical supervising teachers in 2-year clinical models could be transferable to other programs.

Expected Findings

I expected that clinical supervising teachers with a year of experience, now working with resident teachers, would connect more with the professional development on mentoring and co-teaching that was planned for August 2017. The reason for this was because they already had a sense of context. These clinical supervising teachers were able to connect to the professional development better because of their previous experience. Schema, or mental framework, was already in place for those who have already experienced one year in the program. “Modern cognitive theorists are inclined to view the schema as the cognitive structure which is likely to be recalled from prior learning of information, and thus likely to influence new learning” (Gagné, 2005, p. 8). Those clinical supervising teachers who have had prior experience overseeing a practicum teacher already know some strategies that worked in the past. They can build on those strategies with student teachers in their residency.

I also expected that both groups of clinical supervising teachers would desire to discuss with each other what they were experiencing in their classrooms with their practicum and resident teachers. Along with this, I expected that teachers would want hands-on, interactive, engaging, learner-centered professional development, which utilized social constructivism.

Ethical Issues

The identities of the participants in the study were protected. Within focus groups, answers to questions were provided by numbering individuals, so that individuals remained anonymous in the written research. I also sought and received informed consent by all participating clinical supervising teachers before the study began, so that the participants understood the purpose of the study and to allow for information to be shared. Guba and Lincoln (1981) shared a concern about case study research in terms of evaluation. They referred to it as “unusual problems of ethics. An unethical case writer could so select from among available data that virtually anything he wished could be illustrated” (p. 378). Therefore, readers and researchers need to be aware of biases that can affect the final product (Merriam, 2009).

Researcher’s position. Descriptive case study research can be difficult on the researcher. Yin (2012) states, “The demands of a case study on your intellect, ego, and emotions are far greater than those of any other research strategy. This is because the data collection procedures are not routinized” (p. 58). According to Yin, the skills needed to conduct case study research are: ask good questions and interpret answers, be a good listener, be adaptive and flexible, have a solid grasp of the issues being studied, remain unbiased by preconceived notions, and be sensitive and responsive to conflicting evidence. I believe myself to be sensitive to others’ ideas and positions. I also believe I am a good listener, and I make an effort to build rapport with teachers.

I recognize that there was a power differential between myself and the clinical supervising teachers because I hold a leadership role in the school district. However, I was not a supervisor to any of the participants and my role was separate from the clinical teaching program. I do not evaluate teachers based on their abilities and do not report to an administrator

on specific teachers' abilities. Currently, I work as a Teacher on Special Assignment (TOSA) in a mentoring role for first- and second-year teachers within the school district and in surrounding rural districts. In the 16 years I have worked in the public education setting I have held the following positions in addition to being an instructional mentor: third grade teacher, Title I reading specialist, supplemental math teacher, and English language development teacher. I did not have an established relationship with any of the clinical supervising teachers. However, I did have an established relationship with the director of the school district's clinical student teaching program because we work in the same department.

Summary

Oregon Senate Bill 83 (2015) mandates the training of clinical supervising teachers who oversee student teachers in the state of Oregon. This is to address issues of student teachers being prepared for teaching students. This chapter shared the guiding questions for the research, which focus on the strategies and theories clinical supervising teachers need in order to train practicum and resident teachers. Purposeful sampling took place with the 10 clinical supervising teachers. Information was collected through focus groups, interviews, and documents such as exit tickets and reflective tools. This information was triangulated and categorized based on themes. The findings of this research are unique to this specific program, but a general understanding of what training is useful for clinical supervising teachers in 2-year clinical models could be transferable.

Chapter 4: Data Analysis and Results

Introduction

Oregon Senate Bill 83, which passed in 2015 but will become operative during the 2020–2021 school year, requires all teachers supervising student teachers to be trained. The purpose and central question of this research was to inquire what training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to support them in supervising practicum student teachers in their first year and resident student teachers in their second year. In order to fully realize the answer to the main research question, the following sub-questions were also asked:

- What professional development do clinical supervising teachers need that they have yet to receive?
- What are the perceived barriers for relevant professional development?
- What strategies would be useful for clinical supervising teachers to learn more about in order to help train practicum/resident teachers?
- What theories would be useful for clinical supervising teachers to learn more about in order to help train practicum/resident teachers?

This study took place with 10 clinical supervising teachers within a 2-year Master's level clinical student teaching program. This program exists because of a strong partnership between a large suburban school district and a large state university. There were only 10 clinical supervising teachers that began the year with student teachers in this program because at the time of the study the newly re-established partnership was in only its second year. Most clinical supervising teachers had been assigned either two practicum or two resident student teachers. Since this program lasts two full years, two focus groups of clinical supervising teachers were

created to compare professional development needs at each level. One focus group consisted of six clinical supervising teachers who oversaw practicum teachers. The other focus group was comprised of four clinical supervising teachers who oversaw resident teachers.

Background

My motivation for this study comes from a strong desire to ensure that first-year teachers positively impact their students. Years ago, after supervising a Master's level candidate who aimed to acquire her reading specialist endorsement while never having been a full-time teacher, I realized the passion I had to ensure that the next generation of teachers receive the education they need to be successful in the classroom. That realization required me to turn inward to examine my own practices and needs for professional development. Being able to pass along knowledge required me to learn new information and to learn how to best guide others. This led to me being trained as a mentor of first- and second-year teachers within my region. I received over 12 hours of large-group, research-based training within my first two years of becoming a mentor. I have also taken part in over 50 professional learning community meetings focused on learning and leading with peer mentors. While mentoring first- and second-year teachers, my passion for making sure student teachers enter into their new careers as equipped as possible has become stronger. The impact teachers have on their students, whether positive or negative, is profound. A strong student teaching experience, guided by a nurturing supervising teacher, can shape that impact for the better.

Data Collection

As part of my research, I attended the clinical supervising teachers' bi-monthly program meetings, which function as a professional learning community. These meetings include representation from the school district and the partnering university. I attended these meetings to

get a fuller picture of the clinical supervising teachers' roles and responsibilities. While sitting in on the bi-monthly meetings, I was asked questions related to mentoring first-year teachers and strategies I use with those individuals I mentor. However, outside of these meetings I do not work with or supervise any of the participants. Some data was collected from these bi-monthly meetings: peer reflection forms and exit tickets. I conducted focus groups: one with those who oversee practicum teachers and another with clinical supervising teachers who work with resident teachers. Interviews took place outside of these bi-monthly meetings at the schools where the clinical supervising teachers work, away from others, in a quiet and private setting. Data that were collected were coded by sub-questions and themes, then entered into a matrix based on the origin of the information. A strategies and theories checklist created based on literature was also used to determine areas of professional development that may be needed by clinical supervising teachers (see Appendix A).

Description of the Sample

This case study research took place with 10 clinical supervising teachers (CSTs). Nine of the 10 participants in the study were female. One of the clinical supervising teachers is Latina, and nine of the 10 CSTs are Caucasian. All of the clinical supervising teachers had more than five years of experience in the classroom. Seven out of 10 of the participants work within low-income schools receiving Title I support.

Six clinical supervising teachers work with practicum teachers in their first year of the program while four supervise resident student teachers. The professional roles and responsibilities of those CSTs supervising first-year practicum student teachers differs from those that supervise second-year resident student teachers.

Clinical supervising teachers are responsible for slowly transferring responsibilities over to the first-year practicum teacher. Their pacing is based on the perceived readiness of each individual teacher. The self-defined roles of the CSTs overseeing practicum teachers included modeling best practices in teaching, supporting, coaching, guiding, mentoring, and preparing new teachers. The self-identified responsibilities of the CSTs working with practicum teachers included providing a safe place to learn in a real-world context, explaining how a school functions, answering numerous questions, and modeling how to work with students, parents, and colleagues. They explained the importance of routines, schedules, and classroom management. Their responsibilities also included being transparent with teaching practices, modeling lessons, dissecting lessons, and discussing how lessons can be improved, if necessary. In the first year of the program many CSTs are just beginning to work with practicum teachers on lesson planning.

The four clinical supervising teachers who oversaw resident teachers in their second year of this program reported their roles as mentor, coach, evaluator, and co-teacher. They described their responsibilities as observing resident teachers, debriefing with the resident teacher after observations, co-teaching with resident teachers, and having weekly reflective meetings to determine what is going well and what challenges resident teachers face. These supervising teachers also provide help with lesson planning, take some of the menial tasks off the shoulders of the resident teachers, critique the appropriateness and effectiveness of strategies resident teachers are using. They help their resident teachers determine short-term goals, communicate with the university supervisor about the resident teachers' performance and disposition, and support their resident teachers with professional responsibilities.

All 10 participants in both groups participated fully and continually in the research; there

were no dropouts. Participants were given pseudonyms to protect anonymity. Due to some unforeseen circumstances, another clinical supervising teacher was added to the program and participated in the bi-monthly meetings. However, she was not added to this study and data was not collected from her.

Research Methodology and Analysis

Professional development, mentoring, and transformation are the main foci of this study. At the center of this study is adult learning. Knowles (1984) believed that adults learn best through experiential learning, pragmatism, reflection, and when the learning is problem-based. Dewey (1916) and Vygotsky's (1978) ideas of social constructivism, that is, learning through language, interactions, and experiences, align to Knowles' ideals. Data collected through focus groups and interviews were socially constructed. Reflection is more in-depth than simply remembering or sharing (Schon, 1983). Reflection involves planning and evaluating, then implementing those new ideas. Peer reflective forms were used to collect data. They were also used to allow for meaningful interactions and social constructivism to occur between clinical supervising teachers. Along with recounting and evaluating what was working well for the clinical supervising teacher and what challenges they were facing, this form allowed clinical supervising teachers to process verbally, reason, analyze, and make a plan to address the needs they each had at that time.

Descriptive case study. My review of literature for this study contained several descriptive case studies, verifying my choice of case study as valid in terms of the literature. Case studies allowed for deep analysis (Creswell, 2014), which is why I chose this design for my research on finding out more about the professional development needs of clinical teachers. Yin (2012) explains that case studies can be used when the investigator has very little control over

the events, when the researcher desires to study a current phenomenon in a real-life context, and when the boundaries between the two are not clear and evident. Interviews, focus groups, and written reflections are commonly used in qualitative studies. These sources of data help provide studies with different perspectives on a single topic. Interviews and written reflections were used for my data collection and were useful in answering the researcher question. Focus groups were also used to help compare needs of clinical supervising teachers with student teachers in different phases of a 2-year program.

A pilot of the clinical model of student teaching which was the subject of this study took place within the same district research site during the 2011–2012 academic year. Nishioka (2012) conducted a comprehensive program evaluation that included a descriptive case study describing how this clinical model was implemented at the elementary school that hosted the clinical student teachers during the 2011–2012 school year.

I used purposeful sampling to gather specific information regarding professional development needs of clinical supervising teachers who oversaw practicum or resident teachers. This sampling was meant to gather rich information that contributed to my understanding of the phenomenon taking place within the two sub-groups. A purposeful sample provides an information rich case that can enlighten the research questions (Patton, 2001). Data were gathered from both first-year and second-year supervising teacher groups through focus groups, interviews, and collected documents.

Presentation of the Data and Results

First-year practicum supervising teachers. There were six practicum supervising teachers who took part in this study. Shannon was quietly confident, yet very open. Jerri was kind, yet hesitant to speak unless directly ask a question. However, she had a wealth of

knowledge on teaching and children. Abby, having a bit of experience working with student teachers, spoke freely and with assertiveness on the topic, as did Erica. Erica was always ready to give explanations and answers. She was a powerful voice in the focus group discussion. Tara participated in conversations with humility, but with wisdom. Carol, a kind teacher with a quieter personality, contributed but with a tone of skepticism.

These female teachers appeared to be capable, knowledgeable, and distinguished elementary educators. They had been charged with the task of taking student teachers with a range of prior experiences, or lack thereof, and getting them to the point where they could confidently take over a classroom the following school year. Generally, these teachers had strong classroom management, high student engagement, used best practices in teaching, and conducted themselves in a professional manner. Practicum teachers assigned to these supervising teachers were in their classrooms two days a week. A bulk of that time was spent observing the supervising teacher, building relationships, helping out in the classroom and having conversations about what they had observed. Practicum teachers had been assigned small parts of the day to be in charge of some, but not entire, core subjects. The supervising teachers, while being transparent in their practices with practicum teachers, were still the main teacher in the room in charge of students, planning, instruction, and assessment. The job practicum supervising teachers had was one of providing a safe, supportive, introductory context for first-year practicum teachers to make connections between methodology courses and real-life teaching practices. The main desire for professional development were on guidelines and pacing for gradual release of responsibilities to practicum teachers, strategies for mentoring, and also for having a mentor for themselves.

Focus groups. The first step in answering the main question of this study on what professional development is needed to support clinical supervising teachers was to gather the practicum supervising teachers for a focus group. After some time exchanging greetings, sharing the purpose of my research, and reviewing the focus group ground rules, I asked what professional development the supervising teachers had already received. Shannon responded by telling me that all of the clinical supervising teachers had received two or three days of training prior to the beginning of the school year. The answer of three days was confirmed by Abby, another clinical supervising teacher. The group explained that this training was taught by a mentor project director and a couple of her colleagues who are employed by a neighboring district. Their district used a slightly different clinical model for student teaching. When asked what the training covered, Shannon responded by saying:

We learned how to have difficult conversations. They covered a huge range of material, and particularly for those of us just starting out that didn't have any background information it was a lot of really good, very specific information given that seemed to be very practical.

Erica, another clinical teacher who supervises practicum teachers chimed in stating:

One of the things in there was the co-teaching training, which we had taken before as well, that talks about the different ways you can co-teach, and the different ways you can be effective in the classroom. And I know that several of us have had that multiple times between [this program] and co-teaching with ESL teachers in our classrooms.

I learned that this initial three-day training helped orient the clinical supervising teachers. It gave them some strategies they could implement right away. Tara said, "I can't remember the specifics, but I just remember leaving feeling like I had an expectation of what I guess my role

would be, and what would be realistic, and the flow through the two years.” However, it was emphasized by Tara and three other CSTs overseeing practicum teachers, that ongoing, just-in-time professional development to go over current dilemmas is a necessity for them. Jerri also shared that, “hearing from teachers that are doing this for the second year, and hearing from them what worked and didn’t work for them last year has really been beneficial to me.” This response affirmed that having some time in mixed company of practicum and resident clinical supervising teachers, as well as those who are new and those who have had experience as a clinical supervising teacher had been helpful.

As the focus group continued I asked, “Is there professional development for your position as a clinical supervising teacher that you feel you need but have yet to receive?” Tara responded by saying that the bi-weekly program meetings that function as a professional learning community (PLC) help to meet these needs when they arise. Erica then suggested that it might be helpful if one of the university supervisors could perhaps mentor them by observing and giving feedback on how to talk with practicum teachers and how to hand over responsibilities. It was suggested by Erica that this form of one-on-one professional development could help align all the clinical supervising teachers. While Erica saw this alignment as a necessity coming in the form of a person, Abby mentioned the need for alignment, too, but perhaps in the form of a document. Multiple teachers agreed that having some way for knowing how much responsibility to release to practicum teachers, in what order, and at what pace, and would be extremely helpful. Carol, chimed in that having a protocol for what to do if the process is not working might also be helpful. Erica also mentioned that having a way to align the learning experience would be beneficial as new CSTs are added to the program in the future. Jerri suggested more training in mentoring may be required. A quick training allowed her to know the initial

expectations for mentoring and gave some tools, but Jerri mentioned a lot of disequilibrium amongst those overseeing practicum teachers regarding how to mentor. Many CSTs stated that in this particular program practicum teachers are coming in with a range of levels of exposure to education and the classroom. As Carol said, some have “zero experience and zero knowledge of education or school or the classroom; really no background.” The beginning of the program, which starts in August of their practicum year, is the first time some of the practicum teachers have stepped foot into an elementary school since they themselves were in elementary school. They have also yet to have any educational methods courses, so they are not oriented to the way an elementary school functions.

When asked about the perceived barriers for implementing their ideas for the needed professional development, the CSTs answers immediately centered on money, personnel, and time. Erica shared,

I feel like to do it well it's expensive. And I think that this is the best program I have seen as far as the plan, the two years, the coaching....But I think it must be really expensive compared to other just one-year programs where they aren't getting any coaching in their second year. Umm, it's just kind of sink or swim. And I also think it also comes down to getting the right people into positions, so that teachers are modeling instructional practices that they are hearing in their classes.

Along with getting the funding in place and the right people into positions of necessity, it comes down to time. Running a classroom, caring for over 25 students, and mentoring two practicum teachers takes up quite a bit of time. As Abby stated, “The investment of time is big.” Three hours a month has already been allocated for professional development for CSTs at their bi-

monthly PLC. There are many demands placed on CSTs already, and additional time for training could become a burden.

After analyzing the transcript of the focus group for CSTs who oversee first-year practicum teachers, it became clear that three main areas for professional development emerged: guidelines or agreements for pacing and release of responsibilities, mentoring strategies, and one-on-one mentoring for the CST. The clinical supervising teachers were asked to prioritize these three areas of training in an individual interview which was conducted at a later time. They were also asked many other questions that would reveal unknown areas for professional development based on the literature.

Table 1

Practicum Supervising Teacher Focus Group Outcomes

Desired Professional Development (PD)	Perceived Barriers for PD
Pacing guidelines for release of responsibilities	Money
Mentoring strategies	Personnel
Having a personal mentor	Time

Interviews. The next step in my research was to interview the six clinical supervising teachers. After clarifying the grade level they taught and the level of the student teacher they oversee, I asked the clinical supervising teacher to prioritize the list of professional development ideas that had been developed by the focus group. Then the CSTs shared other professional development, if any, that they desired. I asked what the barriers might be for receiving the professional development they wanted, then I inquired into their roles and responsibilities to gain a deeper understanding of why they wanted certain professional development. Finally, I asked

questions relating to the strategies and theories clinical supervising teachers might need professional development in based on literature.

Five out of the six practicum supervising teachers said that professional development around guidelines for where a practicum teacher should be at a certain time of the year was their first priority. When asked during the interview why this is the top priority for professional development, Erica responded, “Knowing where to go and how to get people there is the most important thing. Good teachers have a trajectory. We as teachers have end goals and all the little goals in between.” Abby explained,

It levels the playing field and makes things fair for everyone. For the practicum teacher, they know what’s expected of them. So, if the clinical teachers knew how fast and far to push them, there wouldn’t be so much discrepancy between schools or classrooms. So then when they, the practicum teachers, talk to each other about the responsibilities they are being given they wouldn’t see the discrepancies. Right now, they are questioning. It would also really help new clinical teachers. Right now, we have all had to figure it out on our own.

Other than the three areas, guidelines to follow for what to teach practicum teachers at different points throughout the year, having a mentor, and mentoring practicum teachers with different amounts of past experience in the profession that had been generated in the focus group, no other professional development was recommended by the clinical supervising teachers during the interviews.

When asked about the barriers for this professional development, Erica responded by saying, “I think we don’t have the trajectory because the program is just being built. Last year we just had comfort in numbers. We started the program before the details were worked out.”

Abby mentioned the other barrier around creating guidelines for certain times of the year. “Not all practicum teachers progress at the same speed. They aren’t all ready for the same tasks at the same time. Plus, it could be a little different based on site.”

I then asked questions related to adult learning theory, social constructivism, and reflectivity. The main tenets of adult learning theory are involvement in planning and evaluation, experience, relevancy, and problem-centered rather than content-oriented. Practicum supervising teachers, although experts in pedagogy, had some room for growth in how adults learn best. Tara clearly shared,

Right now, I don’t have the knowledge around working with adults and how to grow teachers. My coaching method is really more about modeling, not giving feedback. I need someone who can mentor me and help me gain skills with working with adults. I am looking for someone to give me ideas on what to do to be a stronger coach.

Erica specifically stated that adults learn, “similar to kids in a lot of ways.” Carol also said, “It’s not that different from how kids learn.” The reasoning for this was that both children and adults learn by doing. Every practicum supervising teacher reported experience as a necessity for adult learning. Based on the literature, this is true (Knowles, 1984). Jerri made a comment on the importance of context for making meaning. Her teachers needed to be able to read about a topic, then see how it played out in a real-life setting. Other teachers made comments similar to Jerri on observing. Tara also believed that adults learn best when “they have a chance to watch and observe and ask questions. Abby mentioned that adults learn through a process “Where you can have someone teach you, but then let you actually implement something, and then reflect.” Shannon also believed that reflection is a necessary part of adult learning. Shannon was the only practicum supervising teacher to mention goal setting. “If it is a personal goal there is more

motivation to improve. If it comes from them it is more likely to stick.” Some aspects of adult learning were understood more than others, but it varied based on the individual. Not one practicum supervising teacher could fully explain the way adults learn best.

In contrast, when asked a question about the types of conversations these teachers had with their first-year practicum teachers, the principles of Social Constructivism were covered by nearly every practicum supervising teacher. It became clear that CSTs and practicum teachers were making meaning through language. Tara said,

When they are here we talk all day every day. I don't just have one time. We are more like co-teachers. So, we are talking during transitions, or during my prep time, or after school. Unless I have a meeting, my time is dedicated to them when they are here.

Abby shared that she and her practicum teachers have many discussions:

during lunch or plan time or whenever we have downtime together we have a lot of conversations, and I ask if they have any questions about anything they saw. A lot of those conversation come from them, but then I try to ask them what they are seeing. And we try to discuss the decisions they are seeing.

The conversations that are taking place between supervising teachers and practicum teachers are centered on pragmatic skills that are often nuanced based on the context. Because practicum teachers are in classrooms two days a week, there is often collaboration between the CST and the practicum teacher, as well as active engagement with content, students, and colleagues.

Practicum supervising teachers were asked questions relating to reflectivity theory. Four of the six teachers mentioned using a form similar to the peer reflective form used in this research (see Appendix C). They were introduced to the form in their three-day training provided at the beginning of the school year. Teachers using the form asked their practicum

teachers what is working well, what challenges they are having, what the practicum teacher can do to address the problem, and what support they need from them. Abby shared that using the form, “There’s a little more purpose to see how I can help them move their instruction forward.” In this process, the clinical teacher is allowing and promoting their practicum teacher to reflect, apply, analyze, synthesize, and evaluate. Many CSTs are also promoting their practicum teacher to reflect-on-action. Abby shared,

Usually, after anything they are in charge of, I like to ask, “How did it go?” I like to start with what they are seeing, and then I share the positives I see. Then at least one thing they could work on. Then, I also try to tell them at the end of my lessons what I am feeling and what I would do better, because I think it’s important to show them that the reflection doesn’t stop or shouldn’t stop.

Reflection-in-action did not come up in the answers CSTs gave on the topic of reflectivity. This could be because many practicum teachers had yet to take over core curriculum and because the CST was modeling most of the instruction for the practicum teacher.

Mentoring was also a topic of conversation in the interviews. Jerri shared that she has tried to get her teachers to use higher-level thinking skills. “I have been trying to ask them more questions, rather than just telling them things, especially by asking, ‘Why do you think we started the lesson that way?’ This is to get them to think about the reasons for why we do what we do.” Asking, rather than telling, to promote reflection is an integral part of mentoring. This reduces submission and transmission learning. Modeling teaching practices is also a key part of the practicum experience. This element of the mentoring experience seemed to be favored by the CSTs. All six practicum supervising teachers mentioned modeling their teaching practices for practicum teachers. When practicum supervising teachers were asked what mentoring means to

them, the responses were similar to each other. Shannon stated that mentoring is, “helping and guiding, being supportive.” Tara mentioned that it does not mean creating a miniature version of herself, but that it does mean to coach someone on the aspects that are essential to the job. Abby also mentioned that mentoring is coaching, and that a mentor is a person who can model, reflect, and problem-solve with someone. Erica shared that mentors move another person forward:

A mentor can be somebody who can step back and become more of an observer. A mentor can be the coach or the cheerleader. I think you just have to walk beside them long enough to figure out what it is they need you to be.

Jerri echoed that she is mentoring by, “supporting and meeting [her practicum teachers] where they are and giving them the supports they need.” Tara also mentioned what mentoring is like for her by saying,

I really like the fact that you can take a while to get to know them, and get to know where they are at, what their needs are, and go from there. I am enjoying this year. The person I am with this year has more experience in education. So, it’s been fun getting to know where she is at and trying to find the places where I can help her move forward.

Some aspects of mentoring were reinforced by the CSTs, yet there were many that were not. Specific mentoring strategies and more professional development on mentoring was desired by all practicum supervising teachers.

The topic of co-teaching was also explored in relation to the clinical model of student teaching. According to St. Cloud State University website, “Co-teaching is defined as two teachers working together with groups of students and sharing the planning, organization, delivery and assessment of instruction and physical space” (“The Academy for Co-Teaching & Collaboration,” n.d.). Based on conversations that took place in the bi-monthly PLCs I learned

that the St. Cloud models of student teaching were briefly covered in the three-day training at the beginning of the school-year. During the interviews CSTs were asked what planning for co-teaching and co-teaching with their practicum teachers looked like. Tara explained that she has not been co-teaching with her practicum teachers yet, but that it was a goal to work toward. She hoped that she and her practicum teachers could take turns leading and assisting. Carol said,

The way we have done co-teaching is, we planned a lesson together. [My practicum teacher] started teaching the lesson and then I stepped in and supported what she said and added more information. So, it was teaching side-by-side. The students were seeing us both as teachers up in front of the classroom.

Yet she went on to explain that preparation was “kind of impromptu.” Jerri said she and her practicum teachers plan ahead of time. Then she explained, “We have taken turns, trading lead and support roles.” Shannon shared that her and her practicum teachers have tried, “one observing- one teaching, and we both teach together. We are teaching together playing off of each other. When one of us is presenting the material, the other can interject without throwing off the class. It’s as one together.” She has also tried a model where one person teaches the class and the other pulls a small group or an individual student to work with. When asked about what the planning for co-teaching looked like, Shannon’s response was, “In the morning, we verbally talk through what we are going to try to do. We don’t really plan to do the co-teaching part, it’s more like one interjects, and it works out.” Abby explained what co-teaching looks like in her classroom:

It could look like different things. We have tried some small groups sometimes, so it’s not always me teaching the whole class. So, they can take a little group, like a reading group, or even just a skills practice or review maybe. Sometimes, even today there was a

writing lesson that I was kind of more of the scribe. I had the practicum teacher lead the class, but then I would also speak. So that was two teachers in front of the class. I like that. I think it was actually... We are getting to that point in the year where we are midway through the year, so that's starting to be an effective strategy when we can teach together. A lot of the times I am teaching and they are watching with a purpose, or watching kids, if there is something to watch for. Or we will switch and I will watch students for certain things.

Abby explained that she is the one doing the preparation at this point and assigning the roles. She does not believe that her practicum teachers are at a point where they can do the planning. Erica has tried parallel teaching with her practicum teacher, which worked out well because of her smaller class size this year. One-teach-one-observe has been practiced with specific goals in mind. One-teach-one-assist is also frequently used. Erica still does the bulk of the planning, especially for parallel teaching. It has become clear that practicum supervising teachers are working together with students. However, "sharing the planning, organization, delivery and assessment of instruction and physical space" as St. Cloud State University (2018) defines co-teaching is not always taking place.

The final questions during the interview with practicum supervising teachers were on the topic of culturally responsive teaching practices. Ladson-Billings (1994) explains culturally responsive is teaching as a pedagogy that emphasizes significance of including the cultural references of students in all aspects of learning. A high priority is placed on high expectations, relationships, and positive perspectives on parents and families. The CSTs were asked how they help their practicum teachers get to know students and their families. They were also asked to describe what culturally responsive teaching practices look like in their classrooms.

Shannon did not mention how she helped her practicum teachers get to know her students. She did state that the bulk of practicum teachers' interactions with families only takes place at Back to School Night and at Parent-Teacher Conferences. She described culturally responsive teaching practices in her classroom by saying, "It's having all students heard and respected. It's giving them all a chance to share their perspectives." Abby's response was almost identical to Shannon's. Abby then stated that she is still learning about this topic. Jerri did not share how she helped practicum teachers get to know her students, and she simply mentioned conferences and other meetings as times for practicum teachers to interact with families. However, she went on to explain,

We just spent six weeks inviting families to come in and present their cultures and traditions, which leads into our diversity unit. We have over 30 languages at our school. So we spent time directly teaching the cultures of our 22 students.

Tara had mentioned to both of her practicum teachers that getting to know students and their families should be their top priority. Her practicum teachers play with the students at recess. They go to the students' basketball games on the weekends. One of the practicum teachers writes to a student who inspires him once a week. The other speaks Spanish and makes calls home to families. Tara is also very transparent with her conversations and text strings with parents. She shares this information with her practicum teachers to keep them in the loop. Tara explained that culturally responsive teaching in her classroom looks like keeping high standards for all students. Erica printed out her class list with photos. She encourages her practicum teachers to take notes on students throughout the day. She explained,

Two days a week makes it hard to establish relationships. So, taking any sort of notes so that when they come back into the classroom they can say something like, "I remember

you were writing that story about the dog, are you still working on that?” That way they can jog their memory before school starts.

She went on to say that she would like more training in culturally responsive teaching practices. She would also like explicit ideas on what to look for and what to teach practicum teachers related to this topic. Carol makes it easy for her practicum teachers to get to know her students. “We talk a lot about the kids and their personalities, their learning styles, and where they are at academically. We have community circle time where kids share a lot of personal information.” Carol also mentioned the importance of having text in the classroom that is reflective of students’ first language. It appears there are many ways in which the topic of culturally Responsive teaching could be further explored by this group.

Table 2

Practicum Supervising Teacher Interview Outcomes

Professional Development (PD) Needed	Perceived Barriers for PD
Pacing guidelines for release of responsibilities	No trajectory yet because the program is still being built
Mentoring strategies	Not all practicum teachers progress at the same speed
Having a personal mentor	
Understanding how adults learn	
Reflection-in-action	
Co-teaching models (with planning)	
Culturally responsive teaching strategies	

Documents. Confidential exit tickets (see Appendix D) were collected at the end of the bi-monthly PLC meetings. These exit tickets had specific questions related to the research sub-

questions. Peer reflective forms were also collected from three separate PLC meetings. The peer reflective forms had four questions partners ask and record for each other.

- What is working well in regard to overseeing your practicum teacher?
- What concerns or challenges do you have in regard to overseeing your practicum teacher?
- What steps can you take to overcome these concerns or challenges?
- How can the clinical who is guiding this conversation help you?

These documents were used to support the information found in the focus groups and interviews.

One question from an exit ticket specifically asked clinical supervising teachers if there was information or training that might help them progress as a clinical teacher? Some answers were focused on more time to plan with other clinical supervising teachers, especially those who worked with practicum teachers the previous year. Two teachers left this question blank. One other teacher said, “Not at this time.”

Another question on an exit ticket focused on the strategies and resources CSTs feel most comfortable using to help practicum teachers meet the needs of all students. Collaboration and open dialogue, consistently meeting, documenting progress of the practicum teacher, using a reflective conversation form, and a seating chart observation to collect data were stated.

On the topic of adult learning theory, another exit ticket had a question that asked what the differences of working with adults (practicum teachers) are versus working with children. One CST shared, “The adults I work with are very helpful and I don’t have to remind them as many times, if at all.” Another teacher shared her insight, “Establishing trusting relationships with adults is different than with children. It is just as important but develops differently.”

Others wrote that adults bring a lot of background experiences into their learning, that is, many preconceived ideas of what teaching is like. There can be more misconceptions that adults are entrenched in. Adults have more biases and feel more judged when given feedback, and they have higher expectations, more responsibility and more accountability than children do. While some of these ideas may be true, the responses demonstrated little knowledge of adult learning theory.

Reflectivity and social constructivism were also topics covered on the exit tickets. Participants were asked, “Has taking time to verbally process and reflect with other clinical supervising teachers helped you? If so, how?” Every CST responded stating that having time to process was valuable. CSTs wrote that taking time to reflect and verbally process with other clinical teachers has led to brainstorming ways to better support practicum teachers, the sharing of ideas, and ultimately, problem solving.

CSTs were asked how they best support their practicum teachers. Teachers responded by listing relational behaviors such as listening, supporting, and encouraging their practicum teachers. Another teacher wrote, “I try to help them improve on areas that they identify as areas of needed improvement and to push them toward identifying possible areas that were not self-identifying that still need improvement. All of this is through reflection and debriefing.”

The last exit ticket included a fill-in the blank statement. I want training in_____ because____. This question was one more attempt at answering the first sub-question of this study: What professional development do clinical supervising teachers need that they have yet to receive? Teachers reported that they wanted more training in culturally responsive teaching to better serve graduate students. Training in co-teaching was also desired because for some it was a new idea within the clinical/practicum relationship. Others wanted more information on

edTPA, the state's performance-based assessment for student teachers. This was desired so that the clinical teachers could support their practicum teachers with a better idea of what is to come. A few of the CSTs wanted more training in completing observations because they had never experienced observing another teacher and providing feedback before. This was an interesting last exit ticket question to ask. It brought the question around full circle from the initial focus group, which was our first real interaction. The peer reflective forms turned out to be helpful for verbal processing and reflection for clinical supervising teachers. The reasoning behind using these forms for this research was to find out areas in which clinical supervising teachers struggled. Identifying these areas could lead to a better understanding of what professional development is needed for CSTs. Concerns that were listed on the peer reflective forms included

- feeling overwhelmed and isolated,
- working with practicum teachers with varying levels of experience,
- having challenging conversations,
- preparing practicum teachers to take over parts of the day,
- clinical teachers struggling to build relationships with challenging students,
- planning with practicum teachers,
- classroom management issues for practicum teachers, as well as
- student engagement issues.

These concerns reflect the human and relational side of the clinical supervising teachers' job.

In summary, the areas that practicum supervising teachers desire professional development include understanding guidelines or agreements for pacing and release of responsibilities, mentoring strategies, and one-on-one mentoring for the CST. It became clear that this group of CSTs, although experts in teaching children, had some room for growth in how

to facilitate learning for adults. Transmission learning seems to be common in the practicum supervising teachers' classrooms. Also, many CSTs do not understand the multiple elements of co-teaching and do not understand culturally relevant teaching.

Table 3

Professional Development Needs Indicated On Practicum Supervising Teachers' Documents

Exit Tickets	Peer Reflective Forms
Adult learning theory	How to have difficult conversations
Culturally responsive teaching	Teaching classroom management strategies
Co-teaching	Teaching student engagement strategies
edTPA	Culturally responsive teaching
Completing observations	Planning with practicum teachers
	Preparing practicum teachers to take on more responsibilities

Second-year resident supervising teachers. In this study, there were four clinical supervising teachers who oversaw second-year resident teachers. Three out of the four CSTs participated in the program last year, making this their second year overseeing teachers. Karen spoke with confidence in herself and on the abilities of those resident teachers she worked with. She spoke in a way that conveyed a very professional, yet hands-off, approach to mentoring. Erin spoke freely in discussions with a jovial tone. She explained that she worked in her resident teachers' classrooms on a regular basis. She always had a pulse on what the needs of her resident teachers. Kyle was a serious and kind contributor in discussions. Although new to this program, his concern and care for his students and resident teachers was evident. Amy's tone was positive, even when she shared concerns because of her complicated role. These four

teachers are highly regarded by their peers and by the school district leadership. They are excellent educators who are strong in their knowledge of pedagogy. All four teachers contributed to a list of professional development they think would be helpful to themselves and others who may enter their role in the future. Several professional development opportunities these teachers desired were centered on professional expectations and learning progressions for their resident teachers and gaining a deeper understanding of edTPA. However, most of the professional development teachers wanted was focused on mentoring, both for them and for their resident teachers.

Focus groups. The second focus group I conducted was with four clinical supervising teachers who oversee second-year resident teachers. This focus group took place prior to doing any interviews. This focus group was done with the intent of finding out how the professional development needs of clinical supervising teachers overseeing resident teachers differs from those overseeing practicum teachers.

The CSTs supervising second-year resident teachers were asked the same questions as those overseeing first-year practicum teachers. The first question concerned the professional development they had already received. This group of four CSTs confirmed that, like the six CSTs supervising first-year practicum teachers, they, too, had attended the three-day training in the summer that had covered mentoring. According to Kyle and Karen, the professional development on mentoring covered different forms of observation, how to have difficult conversations, different methods for giving feedback, and how to have a reflective conversation with a resident teacher. The professional development that has been the most valuable for this group was the ongoing, bi-monthly PLC meetings. The training at the beginning of the year was helpful, but more training in mentoring was desired by all four of these CSTs.

Kyle shared that his principal had been mentoring him on his own mentoring practices:

My principal and I observed Melanie teaching. Then he debriefed with her, and I got to observe him. We debriefed after that. [My principal asked] What did I see? What did I notice? And we are going to follow up where we watch somebody else. I will watch Amanda, and then I'll do the debriefing and he'll kind of sit back, and watch. I have been able to ask my principal for little tips and tricks for collaborating and having difficult conversations.

Erin echoed that having time to observe with the principal was helpful for her as a new evaluator.

“We watched [the resident teachers] together and then collaborated and talked about how we could score each of them because we had no idea what we were doing.” Principals normally observe certified teachers using a rubric adopted by the district that is different from the rubric used for student teachers, which is provided by the university. Karen added, “I’ve done that twice.” Karen observed her resident teachers once with each of the two university supervisors. It was a group consensus that having someone to collaborate with, calibrate with, and to provide feedback was helpful.

When asked about professional development that clinical teachers supervising resident teachers need but have yet to receive, Karen immediately responded by saying that they needed more in-depth training on the topics that were covered over the summer in their three-day training. She stated,

Those three days were good, but it was a lot in three days. And for all of us, we hadn't done this role before. So, now knowing what it's like and knowing what some of the hurdles were, being able to go back and have that training again, and the next level of that training, may be helpful.

On the topic of mentoring, Amy and Erin added that watching videos of a mentor debriefing with an elementary teacher post-observation would be helpful.

Members of this focus group added that having training or some type of guide to know what to cover with resident teachers at certain points of the year would be beneficial. Amy shared, “I have done this for so many years, and I forget sometimes what it’s like to be brand new... Or is it that this really does need to be addressed at this point?” There is a need for assurance on the part of the clinical supervising teachers to know that they have touched on all the topics that the resident teacher may need to know about in order to be a successful teacher that next year.

EdTPA, the state’s student teaching performance assessment, which is submitted by student teachers prior to receiving their initial teaching license, was also brought up. Karen stated,

I would like some more information on edTPA in general. I don’t need to know all the ins and outs, but I can’t answer any questions about it and I’m... I would just like to be more informed about what actually it involves.

Amy shared on the topic of edTPA, “It’s starting to feel a little...whomever you ask you are getting something a little bit different.” Erin added that, “The messages are getting mixed around.” It was clear that training and clarification on what the edTPA includes, entails, and the regulations around it are needed by CSTs, in order to better support their resident teachers and to follow the rules and regulations of the state.

When asked about the perceived barriers for relevant professional development of clinical supervising teachers, Erin was the first to volunteer, “time and money.” Karen and Kyle

affirmed that answer. Karen also added that there is a contradiction in the roles that they have in supervising resident teachers:

One of the barriers could be that this is a unique program in that we are supposed to be their mentors and their coaches, but there's also this: we are their evaluators. So, you know, I read a bunch of mentoring books this summer and like every single one was like, you are not their evaluator, that's separate.

Amy added to this pointed conversation by saying,

It is hard to evaluate somebody and critique them, and then you have to work with them every day without having any kind of animosity between you. Especially for two years! We are together for two years! They need to have a personality and feel okay around you and feel comfortable...

The lack of understanding of the mentor and evaluator roles that seem mutually exclusive seem to be a barrier for the clinical teachers overseeing resident teachers.

A few important topics emerged at the end of this focus group. The resident supervisors wanted more in-depth training, mostly on mentoring. They also wanted a personal mentor to help them. Along with that, they wanted more training on different forms of observing, how to have difficult conversations, and how to mentor/coach along with being an evaluator. Training on guidelines or learning progressions for what is "normal" at different times of the year would also be beneficial. CSTs requested more training on what the edTPA entails. In preparation for the next step in my research the clinical supervising teachers were asked to prioritize these topics for discussion in their individual interviews.

These topics differed from the first focus group, who were mainly interested in understanding how to mentor student teachers with very different levels of prior knowledge on

classrooms and teaching and understanding what the protocols are for student teachers who are experiencing major issues. However, both groups felt that having set guidelines to follow for what to focus on with student teachers, along with having someone to mentor the CST in his or her new role were priorities.

Table 4

Resident Supervising Teacher Focus Group Outcomes

Desired Professional Development (PD)	Perceived Barriers for PD
In-depth mentoring training	Money
Personal mentor for CSTs	Time
Different forms of observing	Simultaneously mentoring and being an evaluator for the resident teachers
How to have difficult conversations	
How to be a mentor and evaluator	
Guidelines or learning progressions	
edTPA	

Interviews. During the individual interviews with the four clinical supervising teachers who oversee resident teachers, two of the four prioritized needing professional development around guidelines, expectations, and agreements for where resident teachers should be at different points in the school year. One CST phrased it as needing to know what is “normal” at different stages. Amy wants to have the ability to “create learning targets for [her] resident teacher.” Kyle also shared that, “It would be helpful for keeping [him] on track.” He needs “success criteria.”

Karen shared this area of professional development as her second priority, stating,

This is a new program, and no one has ever really been with a student teacher for two years. It would give us all clear guidelines to evaluate from, both as mentors and as practicum or resident teachers. Even just a learning progression with clear stages might be helpful. It doesn't need to be black and white but having the progression to refer to with typical timelines could be beneficial for our practicum or resident teachers to self-assess with and for mentors to know where to guide them next.

Erin's top priority for professional development is on the topic of how to have difficult conversations. She explained, "We were never taught how to have difficult conversations with adults. We are taught how to deal with kids, but not really adults." This topic of interacting with adult learners was also Karen's top priority. Karen desired training on how to be a mentor, coach, and evaluator all at the same time. She stated,

I am not so sure that anything else can be addressed if you don't have a solid relationship. It would make everything harder with evaluation if that trust isn't there. The reason I want that first is because all the literature on mentoring explicitly states that you aren't an evaluator, but that isn't true for us. There should be a way for us to explain this to the resident teachers that we aren't evaluating all the time. Coming to a consensus about it might be helpful, so that there is a clear understanding, and it eases fears and builds the relationship. I think that for me it comes from the fact that we aren't a co-teaching school, and I have never been a mentor before. So, the more info I have in my tool kit for the future, the better. I will have more resources to turn to when I need them.

Kyle also shared how the different roles make him question how he should speak with his resident teachers. He wondered,

when to take those different stances. I spoke earlier about how we are in a unique position because we are evaluating, but we are also coaching. So, then it's when to be the right type, when to take the right stance. Do you want to take a more authoritarian, or like dictating, versus a more questioning [stance]?

When asked during the interview if there are any other areas for professional development of clinical supervising teachers, Amy responded by suggesting organizational techniques. Her reason for this is "because you will be doing a lot at one time." Other CSTs overseeing resident teachers did not have additional professional development they desired beyond the list that was created during the focus group. The list these clinical teachers created was lengthy, with six different areas listed.

The barriers suggested in the interview also surfaced in the interviews. Amy's main barrier was time:

Time is the hardest part, because teaching and overseeing a resident teacher doesn't leave much time for other professional development. It's hard to find the time to learn it and then to implement it because there are so many things on our plate already. We joke that it is like Thanksgiving dinner, but we are already full.

Karen mentioned that "all of these things have to be created. Although, there might be something similar somewhere else. We could research to see what they have and adapt it to our program. But time and money are always barriers." Erin echoed that time and money are the greatest barriers, and she added that space to facilitate trainings could also be a problem. These

barriers are in addition to creating a fully trusting relationship with resident teachers because of the struggle with the seemingly mutually exclusive roles of mentor, coach, and evaluator.

After asking clinical supervising teachers about professional development they desire to help support them in their position, I asked each resident supervising teacher how they would describe their role and their responsibilities. Those who oversee resident teachers said that their roles included being an observer, a helper, a mentor, an evaluator, a teacher of adults, and for some a co-teacher. Some of the responsibilities resident supervising teachers mentioned were observing and giving feedback, having conversations, at times there might be some modeling of lessons or co-teaching, although not all co-teach with their resident teachers.

In order to reveal areas needed for professional development based on literature, I asked each CST questions during their interview based on the topics of adult learning theory, social constructivism, reflectivity, mentoring, co-teaching, and culturally responsive teaching practices.

On the topic of adult learning theory, all clinical supervising teachers were asked to describe how adults learn best. Three out of the four teachers specifically mentioned that adults learn like children. Other answers that were given included learning through modeling, gradual release, experience, and reflection. Some of the principles of adult learning theory were included in these answers, yet there were some missing and some misconceptions.

Another question related to social constructivism. The question I asked was, “What types of conversations do you have with your resident teacher?” Amy responded by explaining that she did daily lesson planning and collaboration with her resident teacher. Many of the conversations the resident teachers and the supervising teachers had were pragmatic in nature. The topics of school rules, Individualized Education Plans, collecting data on students, grading and report cards were just a few of these very practical aspects of the job. Karen mentioned that

her resident teachers also ask questions focused on lesson planning. The resident teachers might ask questions about lesson order saying, “I know I need to teach this, but I am not sure what order to teach it in.” Karen stated, “I walked [my resident teachers] through long-term planning [within the] last few months, so they are starting to feel better. They are beginning to see how much better teaching feels if you have a long-term plan.” Kyle mentioned that the conversations he often had with his resident teachers involved the question, “How do you know?” Kyle stated,

Teachers are like, “I think they got it.” But really, how do we know? Getting them to, like we do with kids, back up their thesis, if you will, with evidence. I am not like a huge data person. But I find myself asking, like when I have an assumption about a kid, “Well, how do I know that? Do I really know it or am I just assuming it?” I have had to have some difficult conversations as well, bringing up things that I am a little bit uncomfortable talking about, but need to be addressed for the sake of the students. For the sake of their teaching.

All four of the resident supervising teachers used a reflective form to help guide conversations with their resident teachers. This is the same form the practicum supervising teachers used. The clinical supervising teachers asked the student teacher what was working well, what was challenging, what their next steps were, and what supports they needed.

The next topic during the interview was on reflection. When asked how they helped facilitate reflection, resident supervising teachers said that they use the reflective forms previously mentioned. Amy also mentioned that she and her resident teacher use a Google Doc. “We found that if we try to communicate during the day it was getting tense. This way she could read it at home when she’s in the right mindset, and I can too.” The way this Google Doc is used might vary. It could be used as a way for the resident teacher to reflect on a lesson. It also

allowed for Amy to provide feedback without being face-to-face and having the awkwardness of the dual roles of mentor and evaluator. Based on the literature, teachers need to learn to be reflective-on-action and reflective-in-action. The methods of the resident supervising teachers communicated the effort they placed on reflection-on-action. However, there was no indication in the conversation that the supervising teachers were instructing the resident teachers on how to reflect-in-action to make modifications to their lessons while they were teaching based on the cues they received from their students. The purpose of reflection is not simply to remember, but to use higher order thinking to make changes (Schon, 1983). When resident supervising teachers were asked how they facilitate higher order thinking for their resident teachers one teacher responded by saying, “I don’t have to.” Kyle said honestly, “I wouldn’t say that it has been a particular goal of mine. Now that you mention it, it’s a wonderful goal; getting them to think on a higher level. For a start, just getting them to be reflective.” He went on to say, “I would love more resources about that.” Erin also shared, “That’s a hard one. I think more training is needed.”

I then asked what mentoring meant to them. Amy responded by saying that mentoring means to “lead by example and to be there to help, as well as to set a mentee up to be successful on her own.” Karen said, “It’s giving people the skills they need, until you aren’t needed any more. It’s kind of walking that fine line of pushing them to be better but knowing how hard to push and how much support to give.” Kyle described a mentor as a coach and confidant. Erin also described a mentor as a coach and someone that “has your back.”

After that, I asked the CSTs to explain what co-teaching with their resident teachers looked like, and what the preparation for co-teaching looked like. My intent for asking this question was to see if the clinical supervising teachers were taking into consideration the model

that is the best fit to the learning needs of the students and resident teacher, the curriculum goals, the resident teacher's familiarity with the curriculum, the planning it takes to implement the co-teaching, and the assessment it takes to see if the students are understanding the content.

Karen admitted, "We haven't done a ton this year." She said that she had done much more co-teaching the previous year when she was in charge of her classroom and the student teachers were in their practicum year. Last year they used the one teaches/one assists model, and when practicum teachers were in the lead role and got stuck with the content she would jump in to help explain. They would also split the class up into two smaller groups and parallel teach. To prep for these co-teaching times last year, Karen and her practicum teacher would chat about who was teaching each part of the lesson. They would also discuss where students might have misconceptions and how they would deal with that.

Amy also stated that she co-taught math with her practicum teacher last year. Co-teaching was not really happening in the resident phase of student teaching. Last year they used the parallel teaching model and broke the class apart by personality or by level and reinforced skills in smaller groups. Amy did most of the preparation for these groups at the beginning. However, by the end of the year, the practicum teachers were doing most of the planning.

Erin and Kyle stated that they do much more co-teaching with their resident teachers, because it is reinforced by their principals. Kyle mentioned that at the beginning of the year he and his resident teachers would co-plan. Now that they have had more experience in the classroom, he has the resident teachers tell him what to do during the lesson. Kyle also stated,

The other thing I am always trying to be aware of, when I'm in the co-teaching role, is that I am not always doing the same thing. Because if I am always working with sort of

that lower group, then my resident teachers never get a chance to do that. I am always trying to mix it up, so that they get a variety of experiences.

Erin said that she frequently co-teaches with her resident teachers. The planning varied based on the personality of the resident teacher. She said,

[that with] one we have to sit down and [I ask] “What are you going to say?” It’s very detailed. The other [resident teacher] is like, “You do the mini-lesson. Now I am going to do the reflection.” Then if she misses something in the mini-lesson I’ll add it in.

When asked what the co-teaching actually looked like, Erin responded by saying, “It’s mostly where we are both teaching together, and one of us is interjecting and adding to what the other one says.”

The final questions of the interviews with resident supervising teachers were centered on the topic of culturally responsive teaching practices. The first question I asked was: how have you helped your resident teachers get to know their students and their students’ families? The second question I asked was: what does culturally relevant teaching look like in your resident teachers’ classrooms? This topic has had much emphasis placed on it in the last couple of years because schools are looking for ways to meet the needs of all learners. Some basic ways to promote culturally responsive teaching practices are to learn about the students’ individual cultures, adapt teaching to the way students learn, develop connections with all students especially the most challenging students, use student-centered stories and examples, incorporate relatable aspects of students’ lives, establish interactive dialogue, provide feedback, and use a question-and-answer style to keep students involved in discussions (Rajagopal, 2011).

When asked how resident supervising teachers have helped their resident teachers get to know their students and their students’ families, Kyle responded by discussing some of the

district-initiated ways teachers get to know their students' families, such as Back-to-School Night and Parent-Teacher Conferences. Kyle also mentioned the resident teachers' hesitancy to get parents involved, especially with students who are struggling behaviorally. Kyle did state that students are creating online digital portfolios that students and their families can access at home in order to keep parents aware of what students are working on in the classroom. These initiatives, however, do not necessarily help the resident teacher to fully get to know and understand the students' lives outside of the school building. When Kyle was asked what culturally relevant teaching looks like in his resident teachers' classrooms Kyle stated that it looks different in each classroom. He also said,

[Culturally relevant teaching] is a phrase that has been on the lips of our district. I don't think I have received actual training and know exactly what it means, to be honest with you. But the way I have interpreted it and the way we communicate it to each other is really being aware of every students' specific culture, and that teachers are being sensitive to those, and inclusive.

Erin talked about a few team building activities she and her resident teachers did with students to get to know them and to build trust in the classroom. She, too, mentioned that conferences were a time when resident teachers got to know families of their students.

Culturally relevant teaching to Erin is,

Being really aware of your students. We have a lot of low-income families right now, because of the economy we are living in. So, just taking that time to check in with each kid to kind of see where they are. So, we greet them at the door, and ask students how they are doing. You can learn a lot in the first thirty seconds. Making sure that kids, if they want to write something in their own language, they can write freely.

Amy helps her resident teacher get to know her students through ice breaker games at the beginning of the school-year. She has her resident teacher reach out to each family via email by the end of the first month of school to write something positive about each student. She also uses an online portfolio to let parents see what is taking place in the classroom. These strategies are great for disseminating information, but they do not really allow for the resident teacher to get more information on the students and their families. Amy's response to describing what culturally relevant teaching looks like in her resident teachers' classroom was about being sensitive and not isolating students. Her resident teacher makes sure to celebrate everyone. "She has morning meetings to help build community. She is really sensitive about being aware and has a plan for things like Father's Day."

Karen mentioned that because her resident teachers were in the same building for two years in a row, that she really didn't have to help her resident teachers get to know the students and their families, because families already knew the resident teachers. However, the point is not that the families know the teacher, it is that the teacher knows the students and their families. When asked about what culturally relevant teaching looks like in the resident teachers' classrooms, Karen mentioned that it mostly takes the form of being aware to address students in respectful, non-gender ways, as well as staying away from doing art projects related to specific holidays. Academics were not mentioned at all in Karen's answer.

Table 5

Resident Supervising Teacher Interview Outcomes

Professional Development (PD) Needed	Perceived Barriers for PD
Pacing guidelines and success criteria	Time
How to have difficult conversations	New resources need to be created
Mentoring and evaluating simultaneously	Money
Understanding how adults learn	Creating fully trusting relationships with resident teachers
Organizational techniques	
Facilitating higher-level thinking	
Culturally responsive teaching strategies	

Documents. Exit tickets (see Appendix D) were collected at the end of four of the bi-monthly PLC meetings with clinical supervising teachers. The questions ranged in topics such as training that might be helpful to CSTs, strategies that are being implemented with resident teachers, differences in working with adults versus working with children, reflection, and culturally responsive teaching. These questions were used to support answers also given during the focus group and the interviews.

The resident supervising teachers were asked what professional training might be useful to them on two separate occasions, once at the beginning of the study and once near the end of the data collection period. In the beginning, resident teachers wanted more training related to having difficult conversations. They also wanted more training on debriefing observations and giving feedback to resident teachers. At the end of the data collection period, resident teachers stated that they wanted more training in best practices for mentoring in order to do their job well.

Having difficult conversations was still an area for desired training. The other area that popped up was a desire for training in how to support a resident teacher's workload.

When asked about the strategies and resources resident supervising teachers feel most comfortable using to help their resident teachers meet the needs of all students, all resident supervising teachers responded by referring to the reflective form. Another resident supervising teacher mentioned check-ins with the university supervisor. Another CST wrote that setting goals with his/her resident teacher was helpful.

On a separate exit ticket, resident teachers were asked what the differences of working with adults versus working with children are. One response was, "It's amazing to me how similar they are." Another CST wrote that with an adult one can be a little more honest, but that clear goals still need to be given. Others left this question blank.

On a different exit ticket, resident supervising teachers were asked if verbally processing and reflecting with other clinical supervising teachers was helpful and if so, how. The resident supervising teachers wrote that they enjoyed getting to talk about what is and is not working in their positions. They also liked getting creative ideas for supporting their graduate students. They wrote that it was nice to get ideas and bounce others off their colleagues who are in similar situations.

The final question asked on exit tickets was about how resident supervising teachers best support their resident teachers. One felt that he or she supports the resident teacher best by providing resources for lesson planning, by giving time for the resident teacher to be out of the classroom a couple hours a week to get coursework done, and by running the resident teacher's advanced math group. Another CST best supported the resident teacher by listening, co-planning, and helping with grading. Yet, another best supported his or her resident teacher

through building a strong relationship of trust, so that the resident teacher felt comfortable and was able to be completely honest about what was and was not working in the classroom.

Resident supervising teachers reported that peer reflective forms were helpful for verbal processing and reflection. These forms were used to find areas that clinical supervising teachers were struggling in to help identify professional development needed for CSTs. Concerns that were listed on the peer reflective forms included resident teachers being unprepared, resident teachers lack of teaching of procedures to students, principals not managing the resident teachers in the same way as CSTs, workload inconsistencies between resident teachers, resident teachers feeling burnt out and stressed. Other CSTs wrote that they were concerned with whether they were mentoring properly. Resident supervising teachers were concerned about giving feedback to their resident teachers. Finally, there was concern about resident teachers' moods and dispositions. Collaborating with peers was hard for some resident teachers who do not show a sense of humility, while other resident teachers seem to lack confidence. One teacher noted that a balance can be tricky.

Table 6

Professional Development Needs Indicated On Resident Supervising Teachers' Documents

Exit Tickets	Peer Reflective Forms
Having difficult conversations	Mentoring in general
Debriefing observations	Mentoring on the importance of classroom procedures
Providing feedback	How to deal with management differences between principals and CSTs
Best practices in mentoring	Mentoring on self-care and balance
Supporting resident teachers' heavy workload	Providing feedback
Adult learning theory	Teaching dispositions

Based on the information gathered from the focus group, the interviews, the exit tickets, and the peer reflective forms, there were a few areas in which resident supervising teachers desired professional development. These areas including mentoring, giving feedback, having difficult conversations, edTPA, and having a learning progression as a reference or guide. There were also areas for professional development that resident supervising teachers became more aware of as the data collection period went on such as wanting more information on specific ways to support resident teachers with culturally relevant teaching practices and learning how to work with adults. One of the most interesting of the findings for resident supervising teachers was the relational aspect between them and their resident teachers that is complicated by the roles of mentor, coach, and evaluator.

Comparison of the two groups. Those who supervised practicum teachers in their first-year and those who supervised resident teachers in their second-year of the program had some similarities and differences in professional development needs.

Similarities. All CSTs desired some sort of learning progression or pacing guide to follow in order to know if they were releasing responsibilities to student teachers at the right time and in the correct order. Also, all supervising teachers could use some professional development in the areas of adult learning theory, mentoring, co-teaching, and culturally relevant teaching practices. Both groups wanted more specific information on edTPA.

Differences. The differences for the practicum supervising teachers included needing more training on what experiential learning should look like in the practicum year and how to help practicum teachers understand their trajectory, as well as the multitude of responsibilities characteristic of the teaching profession. For the resident teachers, more help was needed to get resident teachers to understand how to prioritize, how to set a teaching schedule, and how to deal with classroom management issues, since the resident teacher is the one in charge of the students. Resident supervising teachers desired professional development for their communities and teams to understand their role and the role of the resident teacher. Also, they struggled more with the seemingly contradictory roles of mentor, coach, and evaluator, because the differing roles tend to cause trust to be hard to build and maintain. During the second-year of the program, resident teachers are submitting their online assessment portfolios. Resident supervising teachers could use additional training on edTPA in order to more fully support their resident teachers who are submitting their edTPA assessments during their resident year.

Chapter 5: Discussion and Conclusion

Introduction

Oregon's Senate Statute 83 sets the expectation that all cooperating teachers who work with student teachers will be trained by the year 2020. The main reason for this is to ensure student teachers are provided more meaningful experiences from their clinical practice to better prepare them for their career. The results of an Oregon Secretary of State Audit done in 2013 revealed that half of the state's school district administrators who were questioned stated that Oregon's public teacher preparation programs were not sufficiently preparing their graduates. Some members of the Distinguished Educators Council members also cited "poor experiences as former cooperating teachers highlighting unintentional selection, no training and minimal interaction with university supervisors, and few, if any, incentives" ("Senate Bill 83," n.d., para. 3). The purpose of this study was to determine what training would be most beneficial for cooperating teachers, which could potentially benefit cooperating teachers, student teachers, and students. Within this chapter, I will summarize the findings of the study and provide a discussion of the results, relating it back to the literature previously reviewed. I will also share implications of the results for practice, policy, and theory. I will share limitations of the research, as well as recommendations for further research.

The context of this study is unique. In this particular student teaching program, cooperating teachers, referred to as clinical supervising teachers, have their student teachers for longer than many typical programs, which changes the experience, the relationship with the student teacher, and requires more training in the area of working with adults. The clinical supervising teachers who were chosen for this research work with student teachers in a 2-year residency setting inside large suburban public schools. Student teachers are referred to as

practicum teachers in the first year of their residency. They are designated resident teachers during their second year. During the first year, practicum teachers take education courses, are encouraged to substitute teach, and spend two days per week in their clinical supervising teacher's classroom learning and applying the theories they have been studying in their courses. During the second year of the program, resident teachers continue coursework and licensure, are given their own classroom in which to apply their new learning, and have a clinical supervising teacher as a mentor, who at times co-teaches with them. These resident student teachers are also paid a stipend for being part of this program.

The clinical supervising teachers in this program were interviewed by the district and the cooperating university as part of the application process. It is a rigorous selection process and all parties have to agree on who to accept into the program and who to use as clinical supervising teachers. Clinical supervising teachers are expected to model best practices with students and content, be mentors to adult learners, and co-teach. These teachers are also paid a stipend for the extra time they spend helping their practicum or resident teachers, beyond their average teaching duties. Practicum supervising teachers (PSTs), who oversee first-year student teachers, and resident supervising teachers (RSTs), who work with second-year student teachers, all meet together regularly as a professional learning community which occurs outside their normal school day. Representatives from the district and the university attend these meetings for collaboration with clinical supervising teachers.

Summary of the Findings

This research was done to answer the following question: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model? I included the following sub-questions to answer the main research questions.

1. What professional development do clinical supervising teachers need that they have yet to receive?
2. What are the perceived barriers for relevant professional development?
3. What strategies would be useful for clinical supervising teachers to learn more about in order to help train practicum/resident teachers?
4. What theories would be useful for clinical supervising teachers to learn more about in order to help train practicum/resident teachers?

The answer to the first sub-question directed to the clinical supervising teachers differed based on whether it came from a practicum supervising teacher or a resident supervising teacher. The practicum supervising teachers desired to have pacing guidelines to follow for release of responsibilities to practicum teachers. They also wanted to receive more training in mentoring and to have a mentor who could help them acquire skills needed for teaching adults. A few teachers mentioned that learning how to support practicum teachers in the development of lesson plans would be helpful.

The resident supervising teachers had a much longer list of self-identified professional development needs. This group desired pacing guidelines, more mentoring training, and a personal mentor. However, they also desired specific training in different forms of observing, how to have difficult conversations with a resident teacher, and how to be a mentor, a coach, and

an evaluator all at the same time. Additionally, they wanted more knowledge around edTPA, the state licensing performance evaluation, in order to better support their resident teachers.

Each group was asked the second question about the barriers that could stand in the way of clinical supervising teachers receiving their desired professional development. Both groups mentioned time and money being an issue. It appeared that this was not a criticism that the clinical supervising teachers were not personally receiving enough time and money, but rather that the education system in general struggles to maintain a consistent budget that would allow for a program like this one to continue to grow and thrive. Because of fluctuating state funding for schools, the clinical supervising teachers feared that if this program becomes a failed initiative, it would leave the clinical supervising teachers without the professional development they desire.

The other barriers that were mentioned by clinical supervising teachers were also programmatic. Teachers were concerned that the end goals have not been established. That is specifically because a precedent has yet to be set, which also means that everything needs to be created from scratch. Clinical supervising teachers mentioned that establishing the goals takes time and money. Another barrier that resident supervising teachers mentioned was more relational in nature. These teachers believe that evaluating the resident teacher while also maintaining a healthy mentoring relationship is not only difficult, it goes against best practices in mentoring (Callahan, 2016).

The third and fourth research sub-questions inquired about the strategies and theories that would be useful for clinical supervising teachers to learn in order to help train practicum/resident teachers. All clinical supervising teachers responded that they need more training in mentoring strategies, co-teaching strategies, and culturally responsive teaching strategies. These teachers

had some knowledge in mentoring and co-teaching, but they reported very little understanding of explicit culturally responsive teaching strategies that they could use with their practicum or resident teachers. Many of the teachers understood the importance of promoting social constructivism in their classrooms. Many clinical supervising teachers also understood the importance of reflectivity. However, there was a lack of understanding of how to help practicum and resident teachers reflect-in-action, rather than just reflect-on-action. Another training needed by all clinical supervising teachers was on adult learning theory. Many clinical supervising teachers mentioned that adults learn the same way children learn. The clinical supervising teachers in this study are pedagogical experts, but it appears that most lack understanding in the area of andragogy.

Discussion of the Results

Needs. This following table is a compilation of information from focus groups, interviews, and documents collected from clinical supervising teachers regarding the first sub-question about professional development needs.

Table 7

What Is The Professional Development That Clinical Supervising Teachers Need That They Have Yet To Receive?

Year 1 Practicum Supervising Teachers	Year 2 Resident Supervising Teachers
Pacing guidelines for release of responsibilities	Learning progressions for resident teachers and/or guidelines for RSTs to follow
How to mentor practicum teachers with different skill sets	In-depth training on mentoring using techniques and tools
How to have difficult conversations	How to have difficult conversations
How to teach classroom management and student engagement	How to teach classroom management, systems and routines
How to help practicum teachers build relationships with students and parents	How to do observations and provide feedback
How to lesson plan with practicum teachers edTPA	How to prioritize classroom tasks
	How to set a solid teaching schedule edTPA
	Organizational techniques

Although this table seems somewhat balanced, it became clear from the focus groups that the duties of the resident supervising teachers were very different from anything they had ever experienced in the past. Resident supervising teachers were asked to give up their classrooms and their students, and rather than teach and be in charge of students, they were in charge of adults. The needs associated with working full-time with adults were profound, complex, and complicated. Practicum supervising teachers also worked with adults, but only two days a week. They also still had their own classes with their own students they were teaching on a regular basis.

However, some needs reported by clinical supervising teachers were similar for those who oversaw practicum teachers and those who oversaw resident teachers. Both groups reported needing more training in the area of mentoring. At the beginning of the school year all clinical supervising teachers participated in a three-day training where they received some information and a few tools on mentoring. At this training, a majority of clinical supervising teachers had yet to experience a formal mentoring relationship, and the context was unfamiliar. It was reported that this information was helpful to all, but some of it was unused because the need for the information was not known at the time of the training. Having an ongoing professional learning community (PLC) has been helpful to address some urgent mentoring needs. However, it would be helpful to have someone knowledgeable and experienced on the topic of mentoring at some of the PLC meetings throughout the school year to reintroduce some of the mentoring tools and language, coach on how to have difficult conversations, and provide strategies for data collection during observations. It could also be beneficial for the clinical supervising teachers to be provided a book on mentoring that they could conveniently access throughout the year. An integral part of mentoring is using non-evaluative language that probes and helps a beginning teacher to reflect on their practices in a thoughtful manner. Getting a novice student teacher to self-identify areas for growth is also important. If a mentor has certain tools or strategies for data collection, then it would be easy for the mentor to offer to observe and take data for the novice to reflect on and problem solve with in the near future. Having a post-observation reflection conversation seems essential to the growth process. The study results indicated that clinical supervising teachers need to be given tools and language that supports ongoing reflective conversations with the practicum or resident teachers.

New Teacher Center (2016) clearly states:

Just like student learning, teacher learning should be data-driven and standards-based. To be effective, feedback to teachers must be grounded in evidence about their practice, including information gathered through classroom observations and student work. Use of standards, documentation of mentoring/coaching conversations, and data collection on various components of classroom practice ensures a solid structure for focusing on continuous instructional growth. (para. 11)

In order to do this, clinical supervising teachers need to be trained and given tools for data collection, observation, giving feedback, and taught how to have mentoring conversations.

Participants in this study were part of a new 2-year clinical program. Most student teaching programs, even those with longer residencies, rarely last longer than one school-year. Because of this, the pacing for release of responsibilities for practicum teachers has been unclear and could potentially look different from a typical student teaching placement. Practicum supervising teachers reported that each of them varied with when and how they released responsibilities to practicum teachers. According to the practicum supervising teachers, doing this has caused practicum teachers to compare themselves and their responsibilities with each other during their evening classes. It was also reported that practicum teachers felt frustration toward practicum supervising teachers who were not allowing them to take on similar roles as their peers. Having guidelines and an ordered checklist for responsibilities to release would provide clear expectations and end of year goals for both the practicum supervising teacher and the practicum teacher.

Similarly, the resident supervising teachers desired some guidelines or learning progressions that could help provide clarity and direction for mentoring conversations with

resident teachers. Having learning progressions could also help the resident teacher understand the ultimate goals for teaching. Clinical supervising teachers learning how to better use reflective questioning in order for the practicum or resident teacher to identify areas for growth, along with the use of some sort of guidelines, checklist, or learning progressions could help the practicum or resident teacher self-identify areas of growth. This could lead to the supervising teacher collecting data to present to practicum or resident teacher for reflection, realization, and future actions that would benefit their own growth as well as their students.

All clinical supervising teachers reported needing training in the area of classroom management strategies. What this actually looks like could vary for both groups. For practicum supervising teachers, specific strategies for student engagement is needed. Professional development naming explicit strategies requiring active participation from students would be helpful for practicum supervising teachers to share with their practicum teachers.

These same strategies would also be beneficial to resident supervising teachers. However, resident supervising teachers also need to learn how to help the resident teacher identify and establish systems and routines that help provide a positive, predictable, and structured environment where expectations are high and clear. One way to do this might be for the resident supervising teacher to help the resident teacher visualize each content block at the start of the school year. During this time, the resident supervising teacher could ask probing questions about transitions into the content, how materials are acquired, where students will be, what the teaching might look like, the activities the student might be participating in, where the resident teacher will be, what they will be doing, and how materials will be put away to transition to the next content block. The resident supervising teacher could ask the resident teacher questions about how each of these activities should look and sound that would help with

the resident teacher understanding the need for certain classroom management techniques to be used at specific times.

Additionally, practicum supervising teachers reported needing training on how to help their practicum teachers establish relationships with students and families. This was a particular issue within the first year, because practicum teachers are only in their supervising teacher's classroom two days a week. However, they are assigned to this one classroom for the entire year. Facilitation of practicum teachers building relationships with students should be the top priority for practicum teachers during the first couple weeks of the school year and should continue throughout the year. Positive relationships are the foundation for positive classroom culture and a healthy learning environment. Asking questions and documenting conversations with specific students can be helpful for getting to know students. Facilitating a daily community circle where students share what they are interested in, participate in, and who they spend time with outside of school is another strategy for helping practicum teachers get to know their students. Involving families can be anxiety-inducing for new teachers, so introducing practicum teachers to a variety of ways to interact positively with parents would be beneficial. From finding ways for parents to volunteer in the classroom, to making calls home to brag about students' progress or helpful behavior, these interactions all give teachers insights into students' lives outside of school. Those insights help build empathy and understanding on the part of teachers, which may prompt a better relationship with the student. Positive relationships with parents and students can also help to create learning alliances.

Another need shared by practicum supervising teachers was for training in the area of lesson planning with practicum teachers. Because practicum teachers are only in the classrooms two days per week, they do not see much of the planning practicum supervising teachers do.

Also, practicum supervising teachers do not write out detailed lesson plans because they have often taught the same lesson multiple times in the past. They can remember what worked well, what engagement strategies worked best, and how to guide students into constructing new knowledge. A misconception some practicum teachers have is that practicum supervising teachers just “wing it” and do not have a true lesson plan with learning targets or specific strategies and steps to get students to master those objectives. Practicum teachers do not have the past to draw from and they may not realize that their supervising teachers do. Both student teachers and cooperating teachers would benefit from training on how and when to share lesson plans. Templates can be helpful scaffolds to facilitate understanding of the essential elements of a lesson plan. These can be used when a practicum teacher takes over a certain content time. However, practicum supervising teachers do not use these templates. Planning often happens in larger chunks, such as for a unit, a week, or a month at a time. Practicum supervising teachers could benefit from explicit training on how to show their practicum teachers to use the standards, the adopted curriculum, and when and how to search for supplementary materials to fill gaps and meet students’ needs. This training could be more beneficial for practicum supervising teachers once the practicum teacher starts to take over a content area, rather than at the beginning of the school year when practicum teachers are busy establishing relationships and learning the nuances of the classroom. Clinical teachers indicated that practicum teachers might benefit from explicit training in lesson planning.

Resident supervising teachers reported needing more training on learning how to help their resident teachers prioritize classroom tasks and how to set a solid teaching schedule. They reported that their resident teachers often did not understand how to create a flow of work for them and the students, especially when behavioral issues would arise.

Resident supervising teachers all requested more training on edTPA, the state licensing performance evaluation. Understanding the elements of edTPA, how it works, and timelines for turning in parts of the assessment could help resident supervising teachers decide when to focus on different strategies, skills, or content areas with their resident teachers. It would also help the resident supervising teachers feel more confident in giving answers to the resident teachers when asked if they had a better understanding of the rules and regulations around edTPA. Some type of binder with edTPA overviews would become a helpful resource throughout the program.

Finally, resident supervising teachers requested professional learning on how to keep their lives and roles organized. When they were teaching in their own classrooms with their own students they had honed their organizational skills because of many years of practice. However, now many are juggling mentoring responsibilities for two classrooms with two resident teachers. They are trying to maintain positive relationships with their resident teachers and their students. They are trying to help resident teachers stay afloat while the demands of night classes seem overwhelming at times. Resident supervising teachers are also mentoring and trying to keep track of conversations, while also evaluating their resident teachers and passing information on to the university in a timely manner. All of these responsibilities are occurring without a precedent being set to use as a model for organization.

Barriers. Table 8 summarizes the results of the second research sub-question regarding perceived barriers for relevant professional development.

Table 8

What Are The Perceived Barriers For Relevant Professional Development Of Clinical Supervising Teachers?

Year 1 Practicum Supervising Teachers	Year 2 Resident Supervising Teachers
Time	Time
Money	Money
New program with unknown end goals	Everything needs to be created
Not all practicum teachers progress at the same rate	Relational and trust issues due to simultaneously mentoring, coaching, and evaluating

Both groups of clinical supervising teachers mentioned time and money. Those are two barriers that are common in the world of education. However, the biggest need that arose seemed to be around the topic of relationships.

Time and money are often mentioned as barriers due to fluctuation in educational funding and competing initiatives. Clinical supervising teachers did not claim that they were not paid enough or were not given adequate time. On the contrary, they were thankful for the time that had been set aside for them to collaborate with others who supervise practicum or resident teachers. They were also grateful for the pay they received for being a clinical supervising teacher. The barriers of time and money came from fears that were more systemic and programmatic. Educational budgets seem to decrease every year. Initiatives in school districts come and go. Clinical supervising teachers worried that the amount of money it was costing to

provide professional development for them, as well as the amount of time and money it took to organize and run a clinical program like this one, could result in the program ending. It would also require time and money to establish end goals and create resources to meet those goals. It was stated that clinical supervising teachers felt as if they were building the plane while they were flying it. The program has yet to be fully fleshed out, which is a barrier for professional development of clinical supervising teachers because some needs have yet to be discovered.

The seemingly mutually exclusive roles of being a mentor and an evaluator of resident teachers at the same time was identified by resident supervising teachers as the most important barrier to relevant professional development. Resident supervising teachers reported that their resident teachers had a difficult time sharing negative issues because the student teachers felt that they would receive a poor evaluation. The resident supervising teachers desired to build trust with their resident teachers in order to facilitate growth. However, growth was harder to attain when the resident teacher would pretend everything was OK, rather than addressing the issues that were occurring in their classrooms. Resident supervising teachers sensed that higher evaluations were at times more desirable to resident teachers than the learning process. Nevertheless, the issues that were occurring in classrooms did not go unnoticed to resident supervising teachers. It just made the relationship that much more awkward. Authorities on the topic of mentoring suggest that mentoring be non-evaluative (Leimann, Murdock, & Waller, 2008; Rhoton & Bowers, 2003), but the resident supervising teachers are regularly evaluating and putting strain on this important relationship. It appears clear that the roles of mentor and evaluator need to be separated. The resident supervising teacher needs to be the resident teachers' greatest encourager and ally. One suggestion is that the role of evaluator needs to be

done by someone else who has been trained on performance criteria and is outside of the mentoring relationship.

Starting a student teaching program without communicating the specific end goals for clinical supervising teachers, as was done with this program, was also considered a barrier to quality professional development because of a lack of precise targets. There are many elements to a program as complex as this particular one that need to be created. Differing rates of progression for practicum teachers also makes it difficult for their supervising teachers to participate in a one-size-fits-all professional development.

Strategies. Table 9 presents results for the third sub-question: What strategies could be useful for clinical supervising teachers to learn more about in order to help train practicum/resident teachers?

The needs and barriers that have been shared in the preceding sections were self-identified by clinical supervising teachers. Yet one does not know what one does not know, and therefore certain needs and barriers cannot be self-identifiable. In order to determine whether or not there was a need for professional development on specific strategies and theories, I created a literature-based checklist (see Appendix A) that highlighted the essential elements of each of the strategies and theories considered in the literature to be beneficial to clinical supervising teachers. After all the data for this study was collected, I used each clinical teacher's responses to questions from the focus group conversations, the interviews, and their documents to check off understandings of the essential elements. Spaces that were left blank on the checklist showed gaps in understanding on those strategies and theories. Those misconceptions or lack of understanding also provided suggestions for clinical supervising teachers' professional learning.

The blank spaces left on each clinical supervising teacher’s strategy and theory checklist were compiled and the results are shown in the tables below. The numbers reflect the number of clinical teachers’ need for professional development in that area. High numbers reflect high need. The highest number that could be given for practicum supervising teachers was six, because there were six participants in that category. The highest number for resident supervising teachers was four, because of the number of participants in that category.

Table 9

Clinical Supervising Teachers’ Gaps In Practice For Mentoring Strategies

Mentoring Strategies	Year 1 <i>n</i> = 6	Year 2 <i>n</i> = 4
Asking, rather than telling to promote reflection (instead of submission and transmission)	4	2
Modeling methods for organization, planning, and teaching	0	1
Helping the practicum/resident teacher function effectively	0	0
Providing psychological support	3	2
Using collaborative and facilitative language with the practicum/resident teacher	5	2
Providing data to the practicum/resident teacher to use for reflection and self-evaluation	5	4
Providing meaningful feedback and reinforcement for the practicum/resident teacher	5	4

Practicum supervising teachers. Results from the checklist showed that practicum supervising teachers were utilizing some mentoring techniques. They were already modeling some methods for organization, planning, and teaching. In fact, many of these teachers were

prioritizing modeling and explaining how teaching works in this first year of the program. Also, practicum supervising teachers were continually helping their practicum teachers function effectively. They genuinely wanted to see their practicum teachers succeed because it would benefit all involved, especially students. Only about half of the practicum teachers verbalized or wrote about the role of helping a practicum teacher with emotional support. However, through the process of observing their PLC meetings I inferred that nearly all the practicum supervising teachers recognized the importance of emotional support on some level.

There were multiple areas of mentoring in which practicum supervising teachers did not show understanding, especially in the areas of mentoring language and conversations and somewhat in collecting data and giving feedback. All of these elements are essential to the mentoring process in order to help move practicum teachers along the growth continuum. Because practicum teachers are new to the profession, practicum supervising teachers are more inclined to share their knowledge, rather than let the practicum teacher construct their own. This falls more line with transmission teaching, rather than a constructivist approach. The irony of the situation was that practicum supervising teachers were using a more constructivist approach with the students in their classrooms than with the adult student teachers with whom they worked.

Resident supervising teachers. All resident supervising teachers understood that a major part of mentoring is actively trying to help their resident teachers function effectively. The way this played out with each resident supervising teacher looked different, yet it was for a similar purpose. To illustrate, one supervising teacher tried to take menial tasks off her resident teachers' plates in order to help them have a singular focus on instruction. Another did much more lesson planning with his resident teacher. Two resident supervising teachers were

modeling methods for organization, planning, and teaching on an ongoing basis through co-teaching and spending significant amounts of time in their resident teachers' classrooms. The other two spent less time in their resident teachers' classrooms, but they had modeled organization and planning outside of the classroom during one-on-one meetings. One of these teachers did not mention modeling teaching at all, but she spends most of her time outside of her resident teachers' classrooms. This particular resident supervising teacher did not want her resident teachers to feel nervous with her in their rooms, which they might have since she was their evaluator.

Half of the resident supervising teachers needed more help with using mentoring language, so that they could guide resident teachers to better reflect and self-identify areas of growth. Two of the resident teachers mentioned their role in providing emotional support to their resident teachers. However, all tried to provide emotional support, it was just that emotional support was displayed in different ways for different teachers. For example, for some it was allowing the resident teacher to process verbally, and for others it was taking over certain responsibilities when the resident teacher felt overwhelmed. Either way, they were recognizing the emotional support they could provide to care for their resident teachers. Offering teachers a myriad of ways to provide emotional support would address the varied personalities of the candidates.

It seems reasonable that all resident supervising teachers could use more professional learning around data collection during observations and how to give feedback to resident teachers. This group needed to learn the importance of reflection on data for teacher learning. I believe they fully understood that reflecting on data was important for guiding instruction.

However, I do not believe that this carried over into their role as a mentor and resident supervising teachers' understanding of adult learning.

Table 10

Clinical Supervising Teachers' Gaps In Practice Of Co-Teaching Strategies

Co-Teaching Strategies	Year 1 <i>n</i> = 6	Year 2 <i>n</i> = 4
The co-teaching model best fitted to the learning that needs to take place	6	4
One Teaches/ One Assist	3	2
One Teaches/ One Observes	4	3
Team Teaching	4	2
Parallel Teaching	5	3
One Alternative Teaching	5	3
Station Teaching	5	1
Curriculum Goals	6	4
Interpersonal Communication	5	4
Physical Environment	6	3
The practicum/resident teacher's familiarity with the curriculum	2	1
Instructional planning with the practicum/resident teacher	3	1
Instruction	6	4
Assessment	6	3
Teaching philosophy beliefs	6	4

Practicum supervising teachers. Over the summer, all clinical supervising teachers participated in a three-day training that included some information on co-teaching. However, at that time of the year, the concept seemed to be new to quite a few of the practicum supervising teachers. Although many claimed familiarity with the concept of co-teaching, very few were utilizing it as it was intended. They were not taking into consideration the best method for co-teaching based on the actual instruction needing to take place, the curriculum goals, student needs, assessment, or personal philosophy. Most practicum supervising teachers were taking into consideration the lack of experience with the curriculum and using it as a reason for modeling, rather than co-teaching, or for co-teaching using the one-teach/one-assist method, which has been determined to have the least impact on students because it fosters dependent behavior and may distract students during the lesson (Friend, 2014). Based on information collected in the interviews, it became clear that true co-teaching, where both parties are planning together and discussing what method or model works best with the content, curriculum, and goals for assessment, was not taking place. Training on the different models of co-teaching and how each model could benefit a student teacher, as well as a scaffolded lesson plan template could be helpful to both practicum supervising teachers and practicum teachers. I have provided a co-teaching lesson plan template (see Appendix E) and a co-teaching observation note-taking sheet (see Appendix F) with reflective questions.

Resident supervising teachers. The resident supervising teachers also participated in the summer training that touched on the topic of co-teaching. Some of these teachers were also in school buildings that utilized a co-teaching model for English Language Development where an ELD teacher pushed into a classroom during literacy or writing instruction. Only two of the four resident supervising teachers co-taught on a regular basis as a result of administrative directive.

However, many of the co-teaching methods were not being utilized. Comfort and familiarity with certain models were guiding the co-teaching rather than finding the model to use based on more specific learning goals. This group could also benefit from the use of a scaffolded lesson plan template that allows the teachers to contemplate the best model of delivery that would match the learning target and intended outcomes.

Table 11

Clinical Supervising Teachers' Gaps In Practice Of Culturally Relevant Teaching Strategies

Culturally Relevant Teaching Strategies	Year 1 <i>n</i> = 6	Year 2 <i>n</i> = 4
Learn about students' individual cultures	4	4
Adapt teaching to the way your students learn	5	4
Develop connections with the most challenging students	5	4
Teach in a way students can understand	6	4
Use student-centered stories, vocabulary, and examples	6	4
Incorporate relatable aspects of students' lives	5	4
Establish an interactive dialogue to engage all students	6	4
Remain honest and sincere with students, and don't come off as "fake"	6	4
Continually interact with students and provide frequent feedback.	6	4
Use frequent question-and-answer style as a vehicle to keep students involved	6	4

Practicum and resident supervising teachers. Culturally relevant teaching was another topic that was discussed briefly at the three-day training clinical supervising teachers received at the end of the summer. Clinical supervising teachers seemed to have a superficial understanding of cultural relevant teaching practices. A couple teachers were taking the time to really get to know their students' cultures, but this was not the norm. Most teachers were simply focusing on being sensitive to students' religious beliefs by not focusing on or celebrating certain holidays in the classroom. The phrase "culturally responsive/relevant teaching" had been referred to frequently within the school district by administrators and other teachers, but the actionable steps to become culturally responsive and relevant were unknown by clinical supervising teachers. This may mean that not only are clinical supervising teachers unaware of what culturally responsive/relevant teaching should look like, their practicum and resident teachers are not receiving knowledge and practice in this area either. Gloria Ladson-Billings (1995) describes the main criteria for culturally relevant teaching as: "(a) Students must experience academic success; (b) students must develop and/or maintain cultural competence; and (c) students must develop a critical consciousness through which they challenge the status quo of the current social order" (p. 160). The definitions provided by clinical supervising teachers did not reflect the criteria provided by Ladson-Billings. Providing ways for these teachers to help their practicum or resident teachers to be culturally relevant in their practices would be useful for professional development.

Table 12

Clinical Supervising Teachers' Gaps In Practice Of Adult Learning Theory

Adult Learning Theory	Year 1 <i>n</i> = 6	Year 2 <i>n</i> = 4
Self- direction of the practicum/resident teacher (with help in times of need)	6	2
Time for the practicum/resident teacher to plan their own lessons and self-evaluate internal motivation for the practicum/resident teacher	5	2
Time for the practicum/resident teacher to set goal and determine growth	4	4
Time to explain why he or she does something a certain way with his or her students tasks, not just observation and/or memorization	3	3
Acknowledgement of the practicum/resident teacher's past experiences	0	0

Practicum and resident supervising teachers. The main concern of clinical supervising teachers is to ensure the learning of adults for the ultimate benefit of present and future students. Adult learning theory provides the framework to meet the challenge of teaching adults. Knowles (1980) gave four principles for adult learning: (a) adults need to be involved in the planning and evaluation of their instruction; (b) experience, including mistakes, provides the basis for the learning activities; (c) adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life; (d) adult learning is problem-centered rather than content-oriented (Kearsley, 2010).

The interviews which informed the checklist shows that clinical teachers took into consideration their student teachers' past experience, or lack thereof, yet very few explained how

they could build off of this knowledge. Only two out of 10 clinical supervising teachers acknowledged that student teachers need to be self-directed. The importance of this skill is for the practicum or resident teacher to have the freedom to choose a way of doing, and then learn from that experience, whether that be from success or failure. Clinical supervising teachers want their practicum or resident teachers to be successful, but adult learning often occurs through mistakes (Knowles, 1980). If adults are not given the chances to make mistakes, less learning occurs. Clinical supervising teachers did not want their student teachers to make mistakes because students may feel the impact. However, it seems apparent that most mistakes can be corrected quickly with little to no impact on students.

Adults need to learn through difficult experiences (Knowles, 1980). A few clinical teachers allowed their student teachers to lesson plan, but many others did not have the confidence in their student teacher's ability to plan out the lessons and self-evaluate. Clinical supervising teachers often wanted to just do the lesson planning and show the student teachers what to do, rather than adding responsibilities for the student teachers to accomplish, learn from, and evaluate. This may have created a dependence on the clinical supervising teacher, which was opposite of what was being intended.

The clinical student teaching model which was the subject of this study lends itself to all four of adult learning principles posited by Knowles (1980). However, it is apparent from the results of this study that clinical supervising teachers need to be specifically trained on the principles in order to ensure they are actually being followed and implemented.

Table 13

Clinical Supervising Teachers' Gaps In Practice Of Social Constructivist Theory

Social Constructivist Theory	Year 1 <i>n</i> = 6	Year 2 <i>n</i> = 4
Meaning making through language	1	1
Active engagement with content, students, and colleagues	2	0
Pragmatic skills	1	0
Experiential learning	0	0
Problem solving	3	2
Collaboration with the practicum/resident teacher	4	1
Co-teaching with the practicum/resident teacher	4	2

Practicum and resident supervising teachers. Clinical supervising teachers in this program used a social constructivist approach in their classrooms with students, because of the school district's priority of using the workshop model for math and literacy. There were a few ways in which this approach has carried over with the practicum and resident teachers they work with. However, the importance and the reasons for using a social constructivist approach may not be completely understood. Many clinical supervising teachers recognized that their practicum or resident teachers need time to verbally process and make meaning through language. They seemed to understand that it can help student teachers build ideas and clarify misconceptions. Clinical supervising teachers also understood that practicum and resident teachers spending time in a school environment where they were actively engaging with content, students, and colleagues was important. Clinical supervising teachers expressed that practicum

and resident teachers needed experiences in order to gain pragmatic skills. However, the expressions of understanding the importance of these social constructivist approaches did not always carry over into practice, especially with practicum supervising teachers who were allowing their practicum teachers to observe most of the day and were rarely lesson planning or co-teaching with them. Allowing student teachers to experience struggles, problem-solve, plan, and co-teach using different models that lend themselves to learning different skills from the other adult and the students in the room all enhance meaning-making. Productive struggles can potentially better prepare student teachers for teaching in their own classrooms.

Table 14

Clinical Supervising Teachers' Gaps In Practice Of Reflectivity Theory

Reflectivity Theory	Year 1 n = 6	Year 2 n = 4
The practicum/resident teacher to apply, analyze, synthesize, and evaluate	2	1
The practicum/resident teacher to reflect-in-action	6	4
The practicum/resident teacher to reflect-on-action	0	1

Practicum and resident supervising teachers. The Collaborative Assessment Log, which is a reflective tool that clinical supervising teachers were trained to use during the three-day training at the end of the summer, has allowed many clinical supervising teachers to put reflectivity theory into practice. However, it would be beneficial if the use and frequency of use of this tool would increase and become more consistent. Many clinical supervising teachers were using a reflective tool occasionally to help their practicum or resident teachers reflect-on-action by asking about what was working, what was not working, what the next steps should be,

and what supports practicum or resident teachers needed to be successful. In order to enhance the reflection process, discussing answers to these questions is just the first step. Revisiting the completed tool to ensure the next steps are followed through with would help hold practicum and resident teachers more accountable to making changes in their practices to see growth and changes in themselves and students, which is the main reason for teachers to reflect. Looking over a previous reflection tool while filling out a new one on a consistent basis would promote more learning in student teachers. Very few clinical supervising teachers mentioned a focus on reflection-in-action. In teaching, this would be discussed as quickly assessing in one's mind how a lesson is going and making changes based on student engagement or academic performance within that moment. This type of formative assessment did not seem to be occurring in classrooms at the time of the study. One reason for this could be that practicum teachers are not being given many experiences to apply this type of reflection to. It is also possible that many student engagement strategies might not have been shared with practicum and resident teachers yet. Either way, it appears clear that reflection-in-practice must be explicitly taught and practiced to help student teachers read and properly respond to their students' needs.

Identified differences in current duties of practicum and resident teachers. Information on the professional development needs identified by clinical supervising teachers as well as from literature reinforced by the data collected using my strategies and theories checklist have provided an answer for this question: How do the professional development needs differ for supervising teachers overseeing practicum teachers and those overseeing resident teachers?

Table 15

Identified Differences In Current Duties Of Practicum And Resident Teachers

Year 1 Practicum Supervising Teachers	Year 2 Resident Supervising Teachers
The PST is still in charge of the class	The resident teacher is fully in charge of the classroom and students
The focus is on gradual release of responsibilities	The CST is working with adults just as much, if not more, than children
Modeling best practices with students	Navigating the roles of mentor, coach, and evaluator simultaneously
Helping the practicum teacher become familiar with the people and procedures of schools	Co-teaching with resident teachers
	Helping more with long- and short-term planning
	More time is spent observing and giving feedback
	Understanding the elements of edTPA Help with implementing CRT

Practicum supervising teachers. There is a marked difference in the duties of supervising teachers of first-year student teachers compared to supervisors of second-year student teachers. The practicum supervising teachers overseeing first-year practicum teachers frequently model best practices. There is little agreement among the practicum supervising teachers as to when, how, and what to release to practicum teachers. Nor does there seem to be an understanding that experiences, both successful and unsuccessful, are the building blocks for adult learning. The practicum supervising teachers wanted professional development, but only in three areas. Very few of them could think of areas for professional development outside of mentoring, wanting a personal mentor, and guidelines for practicum teachers. However, the

literature-based checklist data reveals that there are many more areas to be considered for their professional development.

Resident supervising teachers. In contrast, resident supervising teachers had many ideas for professional development. The interviews showed they wanted professional development in adult learning, higher order thinking, co-teaching, and culturally relevant teaching practices. The realization that they had areas that they had yet to consider but that might be relevant to their position came more readily to them. Also, the resident supervising teachers had a strong desire for learning how to mentor, coach, and evaluate a resident teacher all at once. These combined roles seemed to contradict literature on mentoring, which states that it is helpful for mentoring to be non-evaluative (Callahan, 2016). Resident supervising teachers stated that resident teachers had difficulty opening up and admitting to needing help when they feared that the CST could be evaluating them in that moment. Resident supervising teachers gave their resident teachers more practical experience, more time to reflect, plan, and help implementing the resident teachers' ideas. Because resident teachers are teaching full-time as well as trying to complete the requirements for their teaching license, resident supervising teachers do more co-teaching, observing, and give more feedback than practicum supervising teachers. Because of this, there is little doubt that more information on edTPA and the steps to follow for Oregon's Teacher Standards and Practices Commission would be useful for resident supervising teachers in order to correctly inform their resident teachers.

Discussion of the Results in Relation to the Literature

Previous relevant research. The results of a previous study can be compared to this study. The previous study noted that "University and school partners structured the program to ensure student teachers were exposed to the full teaching experience and that the connection

between theory and practice was explained continuously from multiple perspectives” (Nishioka, 2012, p. 13). This is still a goal of the program. I believe that exposure to the full teaching experience is occurring, but that it could use some finessing and overlap in more experiences from the first year into the second year in terms of hands-on experience in the form of co-teaching using multiple models.

Nishioka (2012) emphasized how the program implements a coaching model using co-teaching and collaboration (p. 7). The data from this study shows that collaboration and some co-teaching is currently taking place, but that more professional learning for clinical supervising teachers around co-teaching needs to occur to more fully implement the program’s goal. Nishioka (2012) also mentioned, “The master teacher is responsible for the day-today mentoring and coaching of the [program name] student” (p. 7). These responsibilities hold true, which necessitates the training of clinical supervising teachers in the areas of mentoring and coaching. Some training was provided to clinical supervising teachers on these topics as a result of Nishioka’s 2012 study. However, training on these topics occurred within a three-day training at the beginning of the school-year when the context for mentoring practicum and resident teachers had yet to be fully established and the implications for the training had yet to be realized by some of the clinical supervising teachers.

Some barriers that were identified in Nishioka’s study are still barriers for current clinical supervising teachers. The barriers that were identified included: workload, time to be alone with their class, time for collaboration with other program participants, and a lack of program procedures, guidelines, and expectations. Some variations of these barriers are still taking place with clinical supervising teachers. Clinical supervising teachers in this study reported the workload being heavy and feeling like their plates are full. In this newer round of the program,

regular meeting times were established in order to achieve better communication with stakeholders. In addition, even though the program has evolved in productive ways, development of flexible guidelines and clearer expectations are still desired by clinical supervising teachers.

Mentoring. Professional development in the area of mentoring was mentioned multiple times by the participants in this study. Ingersoll and Strong (2011) found that “teachers with trained mentors had better classroom organization and management early in the year, and the students were more engaged” (p. 207). Mentors who are trained also work collaboratively with new teachers to plan best practices for student learning, provide research-based resources to move student learning forward, and help new teachers balance work and life to promote resiliency (Oregon Department of Education, 2016).

Clinical supervising teachers wanted a non-evaluative mentoring role. Callahan (2016) states,

The mentor should not serve as an evaluator of the new teacher, but as a facilitator of the socialization process necessary for helping the new teacher adapt and become an essential part of the school environment and the profession of teaching. (p. 10)

The idea of mentoring in education being non-evaluative has been reinforced by other studies (Leimann, Murdock, & Waller, 2008; Rhoton & Bowers, 2003). “Successful mentoring programs provide a new teacher with numerous and varied opportunities for open and honest communication with an experienced colleague” (Callahan, 2016, p. 9). In order for practicum and resident teachers to be completely open and honest, it seems that they should feel safe to share concerns and mistakes without the fear of being evaluated. Student teachers will obviously need to be assessed, but the individuals who assess do not need to be the clinical supervising

teachers. The mentor should be providing feedback on a regular basis, allowing the practicum or resident teacher to reflect and learn from the experience, without the constant fear of being judged.

Co-teaching. Clinical supervising teachers could use more information, training, and practice in co-teaching according to the data. Co-teaching has been defined as “two or more professionals delivering substantive instruction to a diverse, or blended, group of students in a single physical space” (Cook & Friend, 1995, p. 1). Cook and Friend’s co-teaching research and the Academy for Co-teaching and Collaboration at St. Cloud State have become an authority in the area of co-teaching models. These models include: (a) One Teach, One Observe; (b) One Teach, One Assist; (c) Station Teaching; (d) Parallel Teaching; (e) Supplemental Teaching; (f) Alternative (Differentiated) Teaching; (g) Team Teaching. Each of these models serves a different purpose for the teachers and students and help to accomplish different goals. Relying on one model, or not understanding the impact or potential the other models hold does a disservice to student teachers. Bacharach, Dahlberg, and Heck (2008) found,

Three elements that both clinical and preservice teachers believed were the most important for successful co-teaching were honest communication, shared leadership, and respect and trust. The clinical teachers also rated two other elements as important for co-teaching: planning together and the assumption of leadership by preservice teachers.

(Altstaedter, Smith, & Fogarty, 2016, p. 638)

This information on co-teaching addresses multiple issues found in my research regarding planning and leadership during lessons.

Co-planning, co-instructing, co-assessing, and reflection all need to be addressed with clinical supervising teachers. Dove and Honigfeld (2018) promote the ideas that co-planning

involves both teachers thinking through their contributions separately and pre-planning to maximize time that is spent together in the co-planning conversation. They advocate post-planning after a lesson is taught to assess, reflect, and plan next steps. The co-planning conversation is a good time to talk through the learning target, success criteria, and choose the model of delivery that best fits the desired outcomes. Each participant then follows through with the duties discussed in the co-planning meeting and instructs using the model chosen. Afterward, co-assessment of student learning can occur, leading to next steps for teaching and reflection on the entire process. In one study by Stang and Lyons (2008), all 43 pre-service teachers who participated in the study shared that the most valuable part of their co-teaching experience was watching teachers co-teach. Clinical supervising teachers must take the time to choose models where practicum and resident teachers are able to watch them teach well-planned lessons with intentional strategies chosen to meet students' diverse needs. If that were to occur, then co-teaching has the potential to be more impactful.

Culturally responsive teaching practices. Clinical supervising teachers are preparing practicum and resident teachers for the profession in a time when our schools are becoming increasingly diverse. “Since 1997, the racial diversity of students in Oregon’s K–12 schools has increased an average of 1% per year” (“Oregon Educator Equity Report,” 2017). Since this is the case, culturally responsive practices need to be a focus for explicit training of our clinical supervising teachers. Dr. Yvette Jackson states, “Culturally responsiveness is not a practice; it’s what informs our practice so we can make better teaching choices for eliciting, engaging, motivating, supporting, and expanding the intellectual capacity of all our students” (in Hammond, 2015, para. 7). Clinical supervising teachers’ mindsets must shift, and strategies must be taught.

During the 2016–2017 school year over 50% of students in the school district site where this program is located were culturally and ethnically diverse. At the same time 10% of the teachers were culturally and ethnically diverse (“Oregon Educator Equity Report,” 2018, p. 38). This discrepancy may mean that many teachers are teaching students who look and sound different from them, who come from different backgrounds and cultures, and who need to be met where they are and educated in a way that is relevant to them. The 2017 Oregon Educator Equity Report out of the Chief Education Office states,

Although the charge of the Oregon Educator Equity Advisory Group is to document Oregon’s progress in diversifying the educator workforce, members continually acknowledge the importance of efforts to increase the knowledge, skills, and belief systems of all educators to embrace culturally responsive teaching strategies and practices. (p. 75)

Culturally responsive teaching is becoming a priority for Oregon educators. Seven out of eight of the Oregon Mentoring Standards mention culturally responsive practices. Standard 8 of the Oregon Mentoring Standards (2018) specifically address culturally responsive strategies and practices by stating, “Quality mentor programs foster and develop culturally competent educators” (p. 4). This means that those who are working with, modeling for, and educating our practicum and resident teachers should be competent in the area of culturally responsive practices. As of now, training and growth in this area are still needed and should be addressed.

Reflectivity. Every teacher should be able to plan, implement, and assess learning in order to improve their practices. Reflectivity helps to lead teachers toward making decisions and helps them think independently about how to best serve students.

Costa and Kallick (2008) state,

Reflection has many facets. For example, reflecting on work enhances its meaning.

Reflecting on experiences encourages insight and complex learning. We foster our own growth when we control our learning, so some reflection is best done alone. Reflection is also enhanced, however, when we ponder our learning with others. (p. 221)

The need for taking a social constructivist approach working with practicum and resident teachers is reinforced by this assertion. If reflection is enhanced when we reflect with others, then learning strategies, tools, and timing for facilitating reflection on teaching is essential to be included in trainings for clinical supervising teachers. Altstaedter, Fogarty, and Smith (2016) quote Glisan and Shrum (2015) stating,

Teacher education programs must provide experiences that encourage [future teachers] to become reflective practitioners who, when engaging in their decision-making and reflection processes “draw from many sources:…knowledge of how the curriculum is designed and implemented; application of subject knowledge to actual teaching; application of research findings to actual classroom teaching [and] clinical experience. (p. 636)

Clinical supervising teachers must also be made aware of how to help gauge student’s levels of understanding and engagement during lessons, so reflection-in-action must also be a focus of training. Mentoring and reflection are critical elements that will move practicum and resident teachers along the learning continuum.

Oregon Department of Education's Mentoring Brief (December, 2016) highlights the importance of reflectivity by explaining what mentors do stating,

In a confidential and trusting partnership, the mentor supports the educator to transform practice through a process of reflection and inquiry. This collaborative and continuous partnership assists the acceleration of instructional practices; ensures equitable learning for all students; retains effective educators; and empowers educational leaders. (para.5)

If true and consistent reflection were occurring with both clinical supervising teachers and their practicum or resident teachers on a regular basis, then the potential for learning in practicum and resident teachers may increase.

Implication of the Results for Practice and Policy

Adult learning theory (Knowles, 1984) was at the center of the conceptual framework for this descriptive case study. The concepts of social constructivism, pragmatism, reflectivity, and professional development, all support and complement adult learning.

Based on the data collected, my prediction that clinical supervising teachers are experts in pedagogy but novices in the area of andragogy were confirmed, which is only one of several opportunities to improve professional development practice for clinical supervising teachers. Information in this study shows that there are several gaps in knowledge that could be filled with literature-based intentional trainings. These gaps included guidelines or learning progressions for each year of student teaching, mentoring, co-teaching, culturally responsive teaching, classroom management, and edTPA. Trainings to fill these gaps should include practical strategies that are targeted and delivered throughout the school year, matched to need, rather than providing one-size-fits-all information prior to a clinical supervising teacher's experience

beginning. It is as important to differentiate professional development as it is to differentiate student learning.

This study partially addresses the professional development gap left to local school districts by Oregon's Senate Bill 83 and could influence school districts' professional development for supervising teachers throughout the state. I believe implementing the exemplary mentoring philosophy and practices of the Oregon Mentoring Program statewide would provide consistency in best practice for cooperating teachers. This consistency in expectations would facilitate a stronger bridge from student teaching into the profession and it would be cost efficient because many of the resources and tools being used by the Oregon Mentoring Program are open sources. The results of this study could also inform teacher training programs in higher education that partner with local school districts to employ supervising teachers.

Limitations

The results of this qualitative descriptive case study are not generalizable because of the unique characteristics of the 2-year program and the particular voices of the participants. However, according to Maxwell (2013), theories of the processes developed in qualitative studies may be transferred to other similar sites or programs, especially in this case to other 2-year teacher training programs.

The use of focus groups could be considered a limitation. Although every participant expressed their ideas at least once during the focus group, some participants in the study spoke more than others.

Another limitation of this research is that it specifically targeted perspectives of clinical supervising teachers, which may not reflect the views of administrators, student teachers, or educational preparation programs.

My role as an instructional mentor also presents a bias in the study. To increase the trustworthiness of the data, I triangulated it using focus groups, interviews, and documents. I used member-checking of transcripts to ensure the data was correct. I also used literature to create my strategies and theories checklist.

Recommendations for Further Research

Further study on the topic of professional development needed for clinical supervising teachers could include the perspectives of student teachers, educational preparation programs, and administrators. It could also include information from cooperating teachers within traditional student teaching models, and clinical models that are less than 2-year long programs.

Conclusions

Oregon's Senate Bill 83 mandates that by 2020 all cooperating teachers be trained. The results from this study answers the question: What training or professional development should be included for clinical supervising teachers in a 2-year clinical student teaching model in order to support them in supervising practicum student teachers in their first year and resident student teachers in their second year? This study is an important pipeline issue because it addresses needs of clinical supervising teachers, which directly impacts student teachers, who in turn teach students. Many clinical supervising teachers are knowledgeable in the area of pedagogy, but they have little experience or knowledge about teaching adults. Training can be done with clinical supervising teachers to ensure they understand what and how to teach adult learners. That way, student teachers get exposure to the realities of the profession, understand the duties

they will be taking on, and have the reflective capabilities necessary to help them meet the needs of all their students.

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Appendix A: Literature-Based Strategy and Theory Checklist

Adult Learning Theory

The clinical supervising teacher is allowing/promoting:

- Self- direction of the practicum/resident teacher (with help in times of need)
- Time for the practicum/resident teacher to plan their own lessons and self-evaluate internal motivation for the practicum/resident teacher
- Time for the practicum/resident teacher to set goal and determine growth
- Time to explain why he or she does something a certain way with his or her students tasks, not just observation and/or memorization
- Acknowledgement of the practicum/resident teacher's past experiences

Social Constructivist Theory

The clinical supervising teacher is allowing/promoting:

- Meaning making through language
- Active engagement with content, students, and colleagues
- Pragmatic skills
- Experiential learning
- Problem solving
- Collaboration with the practicum/resident teacher
- Co-teaching with the practicum/resident teacher

Reflectivity Theory

The clinical supervising teacher is allowing/promoting:

- The practicum/resident teacher to apply, analyze, synthesize, and evaluate
- The practicum/resident teacher to reflect-in-action
- The practicum/resident teacher to reflect-on-action

Mentoring Strategies

The clinical supervising teacher is:

- Asking, rather than telling to promote reflection (instead of submission and transmission)
- Modeling methods for organization, planning, and teaching
- Helping the practicum/resident teacher function effectively
- Providing psychological support
- Using collaborative and facilitative language with the practicum/resident teacher
- Providing data to the practicum/resident teacher to use for reflection and self-evaluation
- Providing meaningful feedback and reinforcement for the practicum/resident teacher

Co-teaching Strategies

The clinical supervising teacher takes into consideration:

- The co-teaching model best fitted to the learning that needs to take place
- one teaches/ one assist
- one teaches/ one observes
- team teaching

- parallel teaching
- one alternative teaching
- station teaching
- Curriculum goals
- Interpersonal communication
- Physical environment
- The practicum/resident teacher's familiarity with the curriculum
- Instructional planning with the practicum/resident teacher
- Instruction
- Assessment
- Teaching philosophy beliefs

Culturally Responsive Teaching Strategies

The clinical supervising teacher promotes the practicum/resident teacher to:

- Learn about students' individual cultures.
- Adapt teaching to the way your students learn.
- Develop connections with the most challenging students.
- Teach in a way students can understand.
- Use student-centered stories, vocabulary, and examples.
- Incorporate relatable aspects of students' lives.
- Establish an interactive dialogue to engage all students.
- Remain honest and sincere with students, and don't come off as "fake."
- Continually interact with students and provide frequent feedback.
- Use frequent question-and-answer style as a vehicle to keep students involved.

Appendix B: Consent Form

CONSENT FORM

Research Study Title: Clinical Supervising Teacher's Professional Development Needs: A Descriptive Case Study

Principal Investigator: Carissa M. Marrs, M.Ed.

Research Institution: Concordia University

Faculty Advisor: Jerry McGuire, Ph.D.

Purpose and what you will be doing:

In Oregon, Senate Bill 83 mandates training for clinical supervising teachers for quality assurance purposes. However, the exact nature of this training has yet to be determined. The purpose of this study is to address this gap in policy by using the following guiding question: What specific skills, strategies, and theories should be included in clinical supervising teachers' professional development for working with pre-service teachers within the 2-year clinical student teaching model? We expect ten volunteers for this case study. No one will be paid to be in the study. We will begin enrollment in October 2017 and end enrollment on March 31, 2018. Volunteers will participate in an audio-recorded focus group and interview and fill out exit tickets with a single question on it at the end of their already scheduled bi-monthly program meetings. Volunteers will also fill out a form on a monthly basis that describes what is going well with regards to overseeing their student teacher, what is not going well, what they are going to do differently, and what they need help with. Altogether, participation in this study should take no longer than three hours of the volunteers' time.

Risks:

There are no risks to participating in this study other than providing your information. However, we will protect your information. Any personal information you provide will be coded so it cannot be linked to you. Confidentiality will be maximized by conducting interviews in private rooms, and by using codes rather than real names on transcripts. Hard copies of transcripts, and any other data collected and used during the study will be stored at the researcher's home. The data will be stored for five years and then shredded, erased and deleted. However, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

Benefits:

This study has the potential to benefit the teaching profession by providing a better understanding of the professional development needs of Clinical Supervising Teachers. This, in turn, will help provide a high quality foundational learning experience for pre-service teachers, with the ultimate beneficiaries being their future students.

Confidentiality:

This information will not be distributed to any other agency and will be kept private and confidential. The only exception to this is if you tell us abuse or neglect that makes us seriously concerned for your immediate health and safety.

Right to Withdraw:

Your participation is greatly appreciated, but we acknowledge that the questions we are asking are personal in nature. You are free at any point to choose not to engage with or stop the study. You may skip any questions you do not wish to answer. This study is not required and there is no penalty for not participating. If at any time you experience a negative emotion from answering the questions, we will stop asking you questions.

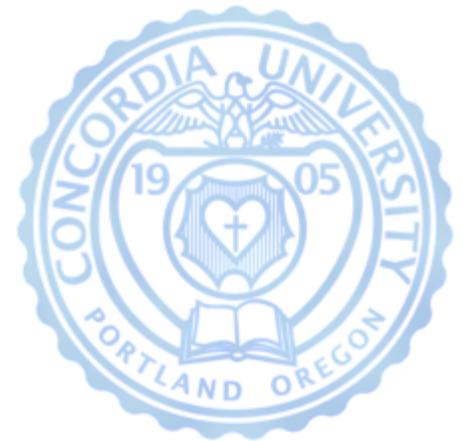
Contact Information:

You will receive a copy of this consent form. If you have questions you can talk to or write the principal investigator, Carissa M. Marrs at [researcher phone redacted] or email at [researcher email redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. OraLee Branch (email [redacted] or call [phone redacted]).

Your Statement of Consent:

I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer my consent for this study.

_____	_____
Participant Name	Date
_____	_____
Participant Signature	Date
_____	_____
Investigator Name	Date
_____	_____
Investigator Signature	Date



Investigator: Carissa M. Marrs; email: [email redacted]
c/o: Professor Jerry McGuire
Concordia University – Portland
2811 NE Holman Street
Portland, Oregon 97221

Appendix C: Peer Reflective Form (for CT Collaboration)

Clinical Teacher (who is sharing) _____

Clinical Teacher (who is guiding/recording) _____

Is the CT who is sharing supporting resident or practicum teachers? _____

Date _____

What is working well in regards to overseeing your practicum/resident teacher?

What concerns or challenges do you have in regards to overseeing your practicum/resident teacher?

What steps can you take to overcome these concerns or challenges?

How can another participant in the program help you?

Appendix D: Exit Tickets

11/6/2017 Exit Ticket

Is there information, training, etc. that might help you progress as a clinical teacher?

What strategies and resources do you feel the most comfortable using to help your practicum or resident teacher meet the needs of all students?

11/20/2017 Exit Ticket

What are the differences of working with adults (practicum/resident teachers) versus working with children?

Is there anything else you would like to share with us at this time?

1/8/2018 Exit Ticket

Has taking time to verbally process and reflect with other clinical supervising teachers helped you? If so, how?

Is there anything else you would like to share with us at this time?

1/22/2018 Exit Ticket

How do you best support your practicum/ resident teacher?

I want more training in.... because....

Is there anything else you would like to share with us at this time?

Appendix E: Co-Teaching Planning Sheet

Learning Target: _____

Model of choice:

- Team Teaching
- One Teach/ One Teach on Purpose
- One Teach/ One Observe...Observational Focus: _____
- One Teach/ One Assess
- Parallel Teaching
- Station Teaching
- Alternative Teaching

Teacher A will...	Teacher B will...

Materials:

Materials:

Assessment of Learning: _____

Next Steps:

Appendix F: Co-Teaching Observation Sheet

Learning Target: _____

Models used (circle):

- Team Teaching
- One Teach/ One Teach on Purpose
- One Teach/ One Observe...Observational Focus: _____
- One Teach/ One Assess
- Parallel Teaching
- Station Teaching
- Alternative Teaching

Teacher A did...	Teacher B did...

What materials were used?

How did the teachers assess student learning?

What organizational methods were used?

How did/do the teachers share information with each other? (Answer the question after a conversation with the co-teachers has taken place.)

Other thoughts:

Appendix G: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does “fraudulent” mean?

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

What is “unauthorized” assistance?

“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

Statement of Original Work

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University-Portland Academic Integrity Policy during the development and writing of this dissertation.
2. Where information and/or materials from outside sources has been used in the

production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*

Carissa Marrs

Digital Signature

Carissa Marrs

Name (Typed)

04/16/2018

Date
