

# **Defining the Role of Clinical School Faculty in Clinical Experiences: A Redesign of the Teacher Preparation Program**

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## **Abstract**

The Clinical School Faculty member, historically referred to as the cooperating teacher, has emerged through the national redesign of teacher preparation programs as a key participant during clinical field experiences. While the role of the clinical school faculty member has been important to teacher preparation program for decades, the clear definition of roles, qualifications, and responsibilities have rarely been questioned or researched. A compilation of research studies on this supervisor of teacher candidates is presented including findings on selection, competencies, and relationships with other participants.

## **Introduction**

The precise definition of the student teaching cooperating teacher, now titled Clinical School Faculty (NCATE, 2000), has continued to be a debate in the past decade among educators. This teacher is sometimes referred to as “cooperating teacher,” “supervising teacher,” and more recently, “clinical school faculty.” While the title has changed over time, the classroom teacher remains the key to a successful student teaching triad.

The practice of supervising student teachers was developed by Cogan and his colleagues, who found collegiality in experts and novices collaborating together toward a common goal (Bolin & Panaritis, 1992). The traditional student teaching triad is composed of three participants: (1) student teacher/teacher candidate, (2) cooperating teacher/clinical school faculty, and (3) university supervisor/clinical university faculty. While the school and clinical faculty observe, evaluate, and provide feedback to the teacher candidate over a specific period of time, it is the clinical school faculty member who spends the greater amount of time serving as a facilitator and mentor since feedback is provided on a daily basis. Since the clinical school faculty member is such an important member of the triad, do all universities use careful selection during clinical placements? Are all clinical school faculty members provided with quality training prior to mentoring a teacher candidate? Do all clinical school faculty members have a clear understanding of the university’s teacher preparation program and its mission?

For years there has been no clear theoretical framework for field experiences in the area of teacher preparation. Goodlad, Soder, and Sirotnik (1990) suggested the lack of connection among the university courses and the field experiences has lead to

miscommunication and many questions. Overall, teacher preparation programs have existed without a relationship between research-based theories and educational practices. Anderson, Major, and Mitchell (1992) stated that regardless of the reform movements in clinical supervision, the need for knowledgeable and well-prepared supervisors will remain to be an important issue. The complex and demanding role of the supervisor can directly affect the success of any student teaching program. Therefore, it is vital that teacher preparation programs adequately train and collaborate with their clinical school faculty on a regular basis.

### **Selection of School Clinical Faculty**

Student teaching programs across the country have been criticized for their poor procedures for selecting school clinical faculty (Ganser, 1996). School clinical faculty rarely have been selected carefully (Sudzina, Giebelhaus, & Coolican, 1997), and many clinical directors admit that many placements have been more for convenience than for effectiveness. At times, the role of classroom assignments has been delegated to the school principal.

One study found that the most important criteria for selecting school clinical faculty was the recommendation of the principal, the evaluations completed by previous interns, and at least 3 years of teaching experience in the classroom (Blocker & Swetnam, 1995). However, the requirements of serving as a school clinical faculty member continue to vary by state. The principal or presiding administrator remained the most important determinant of selecting school clinical faculty (Kingen, 1984). Additionally, school clinical faculty selected were chosen more for their technical teaching skills than for their professionalism and knowledge.

### **Role of Clinical School Faculty**

Researchers have identified various roles and responsibilities of the supervisor in recent years. Reform in education has caused an emergence of new approaches to the clinical experience in the teacher preparation program. In 2000, the National Council for Accreditation of Teacher Education (NCATE) clearly redesigned the terminology for the participants of student teaching in “Standard 3: Field Experiences and Clinical Practice” (2000). The triad of participants still exists, but the clear terminology and roles of all participants are clearly defined. According to NCATE’s third standard,

“The unit and its school partners design, implement, and evaluate field experiences and clinical practice so that teacher candidates and other school personnel develop and demonstrate the knowledge, skills, and dispositions necessary to help all students learn.”

Additionally, NCATE designed rubrics for each standard to assist in the unit accreditation process. Three of the six unit standards provide clear alignment to clinical school faculty members. The importance of the clinical school faculty member is evidenced by the necessity to assess their effectiveness in the overall teacher preparation

program. The following (Table 1.1) represents the documentation required by units that are clearly aligned to clinical school faculty members:

Table 1.1 NCATE Rubric Elements Aligned to School Clinical Faculty

Standard 3 Rubric Elements	<ul style="list-style-type: none"> <li>❑ Collaboration between Unit and School Partners</li> <li>❑ Design, implementation, and evaluation of field experiences and clinical practice</li> </ul>
Standard 4 Rubric Elements	<ul style="list-style-type: none"> <li>❑ Experiences working with diverse students in P-12 schools</li> </ul>
Standard 5 Rubric Elements	<ul style="list-style-type: none"> <li>❑ Qualified faculty</li> <li>❑ Collaboration</li> <li>❑ Unit evaluation of professional education faculty performance</li> <li>❑ University facilitation of professional development</li> </ul>

Units must have clear documentation to support the quality selection, training, collaboration, and evaluation of school clinical faculty as represented in the unit assessment system.

### **Competencies of Clinical School Faculty**

School clinical faculty, according to Kingen (1984), should be expected to have certain competencies: (a) the ability to demonstrate effective teaching, (b) the ability to analyze teaching, (c) the ability to guide teaching, and (d) the ability to evaluate teaching. Further, the school clinical faculty should support the personal development of the individual intern rather than demanding imitation of teaching practices. Conclusions suggested that until school clinical faculty are chosen for their professional knowledge and their technical skills, they will not be adequately prepared to guide interns through the development of theory to practice. School clinical faculty must be able to deal with the “hows” and the “whys” of teaching.

Due to the need to create a system for selecting outstanding school clinical faculty, there is an existing debate between the traditional student teaching program and the newer modified models that have emerged from various university programs. Several issues that continue to arise are choice, cost, financial incentives, and graduate programs (Anderson, Major, & Mitchell, 1992). Alternative student teaching programs have been developed by universities across the country and will continue to be of interest to the educational reform movement (Cochran-Smith, 1991; Duquette, 1994; Stanford, Banaszak, McClelland, Rountree, & Wilson, 1994).

While serving as school clinical faculty, most have agreed that the experience is the reward as it provides time for self-reflection as an educator. Likewise, the new teaching practices and technology skills that the teacher candidate demonstrates offers

much enhancement to the school clinical faculty's classroom practice. Still, much improvement is needed in redefining the role of the school clinical faculty within the student teaching triad to promote more empowerment and opportunity. Many implications have been derived from current research on the student teaching triad, and in particular, the school clinical faculty's role (Ganser, 1996).

Cornbleth and Ellsworth (1994) have suggested a redefinition of the roles and responsibilities of the traditional triad. Teacher preparation programs should provide a more active position for school clinical faculty in their authority and responsibility. School clinical faculty need to be supported by the university as well as their own schools. A stronger partnership needs to emerge between the university and the schools to increase communication and provide a more enriching experience for the student teachers involved.

Copas (1984) developed critical requirements for school clinical faculty as perceived by student interns. Student interns believed that school clinical faculty needed to improve their roles as effective teachers in their management skills and teaching performance. Since the mid-1980s, many forms of school-university partnerships have emerged within the teacher preparation program (Edwards & Wilkins-Canter, 1997). A pivotal character whose role is continuously redefined and empowered is the school clinical faculty.

### **Relationships of Clinical School Faculty**

Through qualitative research methods, Hamlin (1997) found that the school-university partnership not only benefited the student interns in their development but also provided professional development opportunities for growth among school clinical faculty. Edwards and Wilkins-Canter (1997) suggested a cyclical model between the school clinical faculty and the university to support their collaboration. The steps include the following: "(a) cooperating teachers [school clinical faculty] offer their ideas in an open forum, (b) professors can incorporate these suggestions to improve or redesign their clinical experience program, (c) once again, seek feedback from the cooperating teachers [school clinical faculty]" (p.82). School clinical faculty should have the opportunity to work with the university faculty to suggest improvements for the teacher preparation program. According to Ganser (1996),

Improving the effect that serving as a cooperating teacher [school clinical faculty member] can have on an experienced teacher's work and career is related to improving student teaching itself. Achieving this improvement is a formidable challenge that necessitates reconceptualizing not only the roles and responsibilities of the student teaching triad, but also the roles and responsibilities of K-12 schools and institutions of higher education as partners in teacher preparation. (p.288)

These partnerships have been created through the development of collaborative projects in school clinical faculty training and alternative student teaching programs.

Loadman and Mahan (1987) studied the relationship between the effectiveness of the school clinical faculty and the attitudes of the school clinical faculty and student intern. Subjects were submitted to a rank order correlation procedure, and a one-way analysis of variance was applied to the scores comparing the school clinical faculty and student intern responses. Findings indicated that school clinical faculty were much more conservative in their beliefs than the student interns. This cooperating attitude was further studied and supported by Cleary's study.

Cleary (1988) examined the thinking styles of school clinical faculty and university supervisors to identify any significant differences. He found that school clinical faculty exhibit the following beliefs when compared to university supervisors: (a) school clinical faculty exhibit more "conventional thinking", (b) school clinical faculty are more concerned with security, (c) school clinical faculty try harder to appear normal and conventional, and (d) school clinical faculty feel a greater need to comply with authority figures' wishes. This conservative attitude of school clinical faculty supports the notion that little of what student interns are taught within their methods courses is actually modeled and supported in the student teaching classroom. Findings support effective training of school clinical faculty in developing clinical supervisory skills.

However, Koerner (1992) completed case studies on eight school clinical faculty and found a list of consequences to having a student intern in the classroom. Surprisingly, many of the consequences were negative. They included the following: (a) interruption of instruction, (b) displacement of the teacher from a central position in the classroom, (c) disruption of the classroom routine, (d) breaking of the isolation of the school clinical faculty, and (e) shifting of the teacher's time and energy to instruction of the student teacher. The school clinical faculty were also asked how they construed their roles as supervisors, and the main sources were their own experiences as student interns, their own teaching experience, and their communication with the student intern and the university supervisor.

Other studies examined student teaching through the perspective of the intern. By the end of the student teaching internship, Reynolds (1992) identified several student teacher competencies that should be achieved: (a) plans lessons effectively, (b) uses a variety of teaching techniques to meet the individual needs of students, (c) demonstrates knowledge of assessments using a variety of informal and formal techniques, (d) creates a supportive classroom environment, (e) develops a rapport with students, (f) manages the classroom effectively, (g) uses pedagogical knowledge towards appropriate subject matter, and (h) seeks knowledge of local school parents, and community. Reynolds concluded that these competencies should be met by student interns by the end of the student teaching experience. School clinical faculty should be aware of the many areas in which a teacher should be effective. She emphasized that it was imperative that the school clinical faculty work closely with the student intern throughout the clinical experience identifying strengths and weaknesses. The school clinical faculty should report teaching concerns to the university supervisor, and, collaboratively, they should address these issues with the intern.

Likewise, the role of the supervisor was also studied. Borko and Mayfield (1995) concluded from their research findings that university supervisors should use their time in the schools to assist school clinical faculty to reconceptualize their roles to become true teacher educators. University supervisors were advised to model methods of observation, effective conferencing techniques, and reflective practices. University supervisors were the best solution for providing effective training for the school clinical faculty. Koerner (1992) also supported redefining the university supervisor role to provide training for school clinical faculty

Hamlin (1997) described support and training for school clinical faculty as essential. Suggestions for training workshops included: (a) interactive discussions about the roles and responsibilities of the supervising teachers, (b) development of effective communication skills, (c) information about what the students have learned in university courses, (d) conferencing techniques, (e) observation tools, (f) feedback, (g) orienting student teachers to the school settings, and (h) establishing trusting relationships. Hamlin further supported the idea of providing all school clinical faculty with graduate credit by attending such training workshops and applying that knowledge during the student teaching experience.

Connections to the university classroom and the clinical setting are necessary for a successful teacher education program. Edwards and Wilkins-Canter (1997) addressed the need for school clinical faculty to be knowledgeable of the teacher preparation program's methodology courses and teaching philosophies in order to further support student interns' learning. By reinforcing what the intern has learned, the school clinical faculty can mentor the intern providing the opportunities for that theory to be transferred into practice. School-university partnerships have supported this need for training.

### **Conclusions**

As universities continue to redesign their teacher preparation programs, the area of field and clinical experiences should be a key focus of change. The long-standing policies of convenience placements and random assignments are certainly a practice of the past. New regulations and requirements demand that universities redefine the roles of each participant in the clinical experience. The school clinical faculty member should have proper training and hold qualifying credentials, according to the state's policy, in order to serve in such a critical role of the teacher preparation program.

School clinical faculty should be encouraged to participate at the university campus as guest speakers in courses, serve on university committees, and assist in redesigning the teacher preparation program. The quality of clinical field placement and school clinical faculty member should be evaluated on a regular basis as part of the university's assessment system.

School clinical faculty members will continue to be an important component to the teacher preparation program in the future. With increasing demands of quality field

and clinical experiences by national and state redesign initiatives, it is clear that the role of the classroom teacher is pivotal to program success.

### References

Anderson, D. J., Major, R. L., & Mitchell, R. R. (1992). *Teacher supervision that works: A guide for university supervisors*. New York: Praeger.

Blocker, L. S., & Swetnam, L. A. (1995). The selection and evaluation of cooperating teachers: A status report. *Teacher Educator*, 30(3), 19-30.

Bolin, F. S., & Panaritis, P. (1992). Searching for a common purpose: A perspective on the history of supervision. In C.D. Glickman (Ed.), *Supervision in Transition* (pp.30-43). Alexandria, VA: ASCD Publications.

Borko, H., & Mayfield, V. (1995). The roles of the cooperating teacher and university supervisor in learning to teach. *Teaching and Teacher Education*, 11, 501-518.

Cleary, M. J. (1988). Thinking styles of supervisors and implications for student teaching. *Teacher Educator*, 24(1), 16-23.

Cochran-Smith, M. (1991). Learning to teach against the grain. *Harvard Educational Review*, 61, 279-310.

Copas, E. M. (1984). Critical requirements for cooperating teachers. *Journal of Teacher Education*, 35(6), 49-54.

Cornbleth, C., & Ellsworth, J. (1994). Teachers in teacher education: Clinical faculty roles and relationships. *American Educational Research Journal*, 31(1), 49-70.

Duquette, C. L. (1994). The role of the cooperating teacher in a school-based teacher education program: Benefits and concerns. *Teaching and Teacher Education*, 10, 345-353.

Edwards, A. T., & Wilkins-Canter, E. A. (1997). Conversations about early clinical experiences: Cooperating teachers offer their ideas for reform. *Action in Teacher Education*, 19(1), 75-83.

Ganser, T. (1996). The cooperating teacher role. *Teacher Educator*, 31, 283-291.

Goodlad, J., Soder, R., Sirotnik, K. (1990). *Places where teachers are taught*. San Francisco: Jossey-Bass.

Hamlin, K. (1997). Partnerships that support the professional growth of supervising teachers. *Teacher Education Quarterly*, 24(1), 77-88.

Kingen, S. (1984). Does the left hand really know what the right hand is doing? An informal look at the selection and evaluation of cooperating teachers. *Teacher Educator*, 20(1), 2-13.

Koerner, M. E. (1992). The cooperating teacher: An ambivalent participant in student teaching. *Journal of Teacher Education*, 43(1), 46-56.

Loadman, W. E., & Mahan, J. M. (1987). Attitudes toward education and effectiveness of the classroom teacher-student teacher relationship. *Journal of Experimental Education*, 55, 103-107.

National Council for Accreditation of Teacher Education (2000) *Unit Standards*. [Retrieved January 2, 2005 at <http://ncate.org/public/standards.asp>].

Nolan, J. & Francis, P. (1992). Changing perspectives in curriculum and instruction. In C.D. Glickman (Ed.), *Supervision in transition* (pp.44-59). Alexandria, VA:

Reynolds, A. (1992). What is competent beginning teaching? A review of the literature. *Review of Educational Research*, 62, 1-35.

Stanford, R. L., Banaszak, R. A., McClelland, S. M., Rountree, B. S., & Wilson, E. K. (1994). *Empowering cooperating teachers: The University of Alabama Clinical Master Teacher (CMT) Program*. Paper presented at the annual meeting of the Association of Teacher Educators, Atlanta, GA.

Sudzina, M., Giebelhaus, C., & Coolican, M. (1997). Mentor or tormentor: The role of the cooperating teacher in student teacher success or failure. *Action in Teacher Education*, 18(4), 25-35.