

OECD Initial Teacher Preparation Study

# Promising Practices

Clinical Faculty in the United States

*Country category: United States*

*Teacher education pathway category(ies): Equipping teacher candidates with what they need to know and do; Supporting beginning teachers*

*Stakeholder category(ies): researcher; teacher educator; teacher candidate*



This case study describes a “promising practice” drawn from an OECD review of initial teacher preparation in the United States from 25-28 October 2016.

The OECD Review Team identified a number of “promising practices” in each country. These practices may not be widespread or representative, but seen in the context of other challenges, they represent a strength or opportunity to improve the country’s initial teacher preparation system – and for other countries to learn from them.

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## *Promising Practice 2.* *Clinical Faculty in the United States*

### Context

Universities and schools in the United States have played different roles in teacher education. As in many other countries, universities have equipped teacher candidates with theories related to subject knowledge and education, while schools have provided a space where teacher candidates can have field experiences.

Teacher educators in the 1950s, however, started to express a need for a professional “liaison person” who could both design initial teacher education (ITE) programmes and bridge the university-school divide, according to Ruman and Curtis (Cornbleth and Ellsworth, 1994<sub>[1]</sub>). In the 1960s, multiple universities, including Harvard University, Northwestern University and the University of Maryland started to create clinical professorships, and the term “clinical professor” was used in a range of reports (Cornbleth and Ellsworth, 1994<sub>[1]</sub>). Clinical faculty in teacher education has been dramatically expanded since the Holmes Group released a series of reports highlighting its importance in the 1980s and 1990s (Bullough et al., 2004<sub>[2]</sub>).

### What does clinical faculty entail?

Due to their hybrid roles, clinical professors and clinical faculty are often described as “...a specific type of boundary-spanning teacher educator...” with a “...hybrid role across school and university contexts...” or “third space” (AACTE Clinical Practice Commission, 2018, pp. 11, 12, 25<sub>[3]</sub>). In comparison to the traditional divide between university and school, the third spaces of clinical faculty typically involve hybrid responsibilities such as the following (Zeichner, 2010<sub>[4]</sub>):

- bringing teachers and their knowledge into campus courses and field experience
- incorporating representations of teachers’ practices in campus courses
  - mediated instruction and field experiences
  - hybrid teacher educators
- incorporating knowledge from communities into preservice teacher education.

Clinical faculty engages in “...evaluation, coaching, instruction, and partnership and assumes expanded and multiple responsibilities within, and often across, each of these four domains.” (AACTE Clinical Practice Commission, 2018, p. 12<sub>[3]</sub>).

### **University of Michigan**

The University of Michigan has a clinical professorship track that promotes faculty according to their ability to train teachers and conduct research on how students learn,

which helps them prioritise teacher training and applied research. Clinical professors often stay in touch with their graduates and involve them in school-based research projects, such as how to improve elementary school social studies instruction, which contributes to their ongoing professional development.

### **The University of Texas at Austin**

The clinical faculty of the University of Texas at Austin largely focuses on teacher candidates' field experience. According to a job description, clinical professors are expected to "...[teach] undergraduate courses, [supervise] student teachers/interns, and [coordinate] elementary level cohorts of pre-service teachers." (Inside Higher Ed, 2018<sup>[5]</sup>). On top of their research and teaching experience at the university level, teaching experience in public schools is preferred.

### **University of Florida**

The clinical assistant professor position for its Curriculum, Teaching, and Teacher Education (CTTE) programme specifies its responsibilities as:

- Mentoring doctoral-level practitioner scholar
- Teaching courses
- Facilitating programme development
- Conducting scholarly activities related to the professional practice doctoral program,
- Serving as program coordinator
- Providing service to the programme, school, college, university, and the profession
- Collaborating closely with colleagues

## **Why is it a strength?**

The OECD review team in its review of the United States from 24-28 October 2016 concluded that clinical faculty in the United States was a strength in that:

- *There is consensus* that a high quality clinical experience is very important in the effective preparation of teachers.
- *It resolves the disconnect between campus and schools.* Clinical faculties resolve the disconnect between universities and schools by creating strong partnerships. It ensures opportunities for teacher candidates to apply theories to practice and to better understand the profession and school environment.
- *It creates stronger links between preparation, induction and ongoing professional development.* Clinical faculties create better links between teacher preparation, induction, and ongoing professional development by working closely with schools on joint research projects in curriculum and instruction.

## **How could it be improved?**

The OECD Review Team also noted that:

- Alternative programmes have often innovated in clinical training, but they are criticised for providing *less theoretical training than traditional programmes*.
- Increasingly, programmes are focusing on providing teacher candidates with high quality clinical experience, rather than just *increasing the quantity of the clinical*

*training*. Some universities recognise clinical faculty, offer residency programmes and partner with schools to support this.

- *Hierarchy between academic and practitioner knowledge may hinder learning of teacher candidates*. In some cases, academic knowledge can be prioritised over practitioner knowledge in teacher education. As Ellsworth and Albers (1991<sup>[6]</sup>) pointed out, “role overlap”, “role perception disjunctions”, “persistence of traditional roles”, and “power and authority” still remain as sources of tension between faculties. To maximise teacher candidates’ learning, different types of knowledge need to be more connected and embraced.

### For more information

- AACTE Clinical Practice Commission (2018), *A Pivot Toward Clinical Practice, Its Lexicon, and the Renewal of Educator Preparation*, American Association of Colleges for Teacher Education (AACTE), Washington, D.C., <http://www.kacte.org/assets/whitepaper-12-21-2017.pdf>. [3]
- Bullough, R. et al. (2004), “Moving beyond collusion: Clinical faculty and university/public school partnership”, *Teaching and Teacher Education*, Vol. 20, pp. 505-521, <http://dx.doi.org/10.1016/j.tate.2004.04.007>. [2]
- Cornbleth, C. and J. Ellsworth (1994), “Teachers in Teacher Education: Clinical Faculty Roles and Relationships”, *American Educational Research Journal Spring*, Vol. 31/1, pp. 49-70. [1]
- Ellsworth, J. and C. Albers (1991), *Roles and relationships in the field team*, (unpublished). [6]
- Inside Higher Ed (2018), *University of Texas at Austin - Clinical Faculty in Teacher Education*, <https://careers.insidehighered.com/job/1490886/clinical-faculty-in-teacher-education/>. [5]
- Zeichner, K. (2010), “Rethinking the connections between campus courses and field experiences in college- and university-based teacher education”, *Journal of Teacher Education*, Vol. 61/1-2, pp. 89-99, <http://dx.doi.org/10.1177/0022487109347671>. [4]