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# Unpacking practice with clinical instructional rounds in the San Francisco Teacher Residency program<sup>☆</sup>

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### ABSTRACT

Clinical instructional rounds have recently gained national and international attention as a pedagogical innovation that can help school administrators, leaders, and sometimes teachers move past the impenetrability of siloed classrooms to study teaching and learning across school sites and even districts. While rounds are an increasingly widespread form of professional development for administrators and teachers, they are less commonly used in preservice programs with teacher candidates. This article describes how an urban teacher residency program strives to strengthen the connections between the fieldwork and the coursework of novice teachers through clinical instructional rounds within and across the educational settings in an urban school district. It also describes the findings from research into what candidates seem to learn by participating in instructional rounds and how this might impact their future practice. The findings suggest that rounds can be useful for helping teacher candidates develop deeper understandings of the educational systems where they will work, facilitate their learning of diverse teaching practices, and develop an appreciation of diverse student's strengths across contexts. They also suggest that rounds are not a silver bullet, and candidates can develop reductionist views of student ability and disjointed understandings about how school systems work. The implications of this research are discussed in terms of considerations for how teacher educators can employ rounds as a tool for deepening candidates' understandings of students, classrooms, schools, and the systems that support urban youth.

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## 1. Instructional rounds in preservice teacher education

While scholarship on how people learn by doing is not new (e.g. Dewey, 1938/1963), recent research both nationally and internationally heralds an emerging consensus that the real world experience provided by participating in settings such as courts, hospitals, and schools is essential for developing clinical expertise (Billett, 2010). Still, teacher education has been widely criticized for its uneven and often poorly supported approach to preparing novices for clinical practice (Esch, 2010; Larabee, 2004; Zeichner, 2010). Even as new and experienced teachers consistently report that student teaching and other classroom-based experiences were the most impactful and valued parts of their professional learning, clinical practice is the

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least structured portion of many teacher education programs (Ball, 2007). In response to this criticism educators, researchers, and policymakers have called for teacher education to be “turned upside down” to focus more centrally on the development of effective clinical practice (NCATE, November, 2010).

Repeatedly citing the medical model for preparing practitioners, the recent report from the NCATE Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning (November, 2010), charges schools of education to adopt some of the successful features of the “teaching hospital” to improve educators for clinical practice. For example, in teaching hospitals, medical residents join interdisciplinary teams of attending physicians to conduct clinical rounds where the residents are apprenticed to the methods that doctors can use to diagnose and treat patients. Through rounds, novices have opportunities to practice using the tools and the language of medicine, honing their skills under the careful observation of their peers and more expert practitioners (Balmer, Master, Richards, Serwint, & Giardino, 2010). The dual goals of the teaching hospital are intertwined, in that the teaching and learning of practice is an integral part of the daily business of curing people and solving medical puzzles.

While the analogy of the teaching hospital is compelling, there has been little scholarship examining how key features of medical preparation such as clinical rounds, might actually transfer to education and how they might be adapted for work in schools. Though the vision itself requires little translation – a community of practitioners engaged in an apprenticeship model that works toward common goals – there are interesting differences in the professions and the structures that surround them. For example, some differences between the professions are cultural. Though medicine is surely the profession more commonly associated with the term “private practice”, teaching has historically happened behind closed doors with teachers working relatively independently (Warren-Little, 2003).

In a unique review of the literature on the topic of adapting medical rounds for use in education, Roegman and Riehl (2012) found that the research on medical rounds indicates that the implementation of that model in education may be complicated by some issues relating to pedagogy, expertise, and process. For example, the authors highlight that the dual purposes of teaching novices and treating patients can be met through medical rounds, in part, because the knowledge base for medicine is less contested than in teaching, and the outcomes are frequently more immediate. The field of education has been critiqued for what some see as a lack of a coherent and agreed-upon knowledge base, too little shared language for describing our work, and a lack of shared understandings about best practices. This can result “in uncertainty for teachers and piecemeal reform efforts with divergent purposes”, potentially making rounds less pedagogically powerful because the focus of observations and the “diagnoses” of classroom practices can be less clear (Roegman & Riehl, 2012, p. 929).

Still, clinical instructional rounds have recently gained national and international attention as a pedagogical innovation that can help school administrators, leaders, and sometimes teachers move past the impenetrability of silo-ed classrooms to study teaching and learning across school sites and even districts (City, Elmore, Fiarman, & Teitel, 2009; Hatch & Roegman, 2012; Moran, 2014; Petti, 2013; Teitel, 2014; Troen & Boles, 2014). Originally enacted as a way for administrators to take a network or systems approach to instructional improvement across school districts (City et al., 2009), rounds have been widely implemented to address observable “problems of practice” that are connected to the “instructional core” such as student involvement in reading and writing activities (Roegman & Riehl, 2012). Increasingly, rounds are now being used by teachers seeking to improve their own professional learning (Teitel, 2014; Troen & Boles, 2014). For example, Teitel (2014) describes a robust example of clinical rounds in Connecticut, where teachers observe each other in teams to provide one another with feedback as a form of self-directed professional development.

While rounds are an increasingly widespread form of professional development for administrators and teachers, they are less commonly used in preservice programs with teacher candidates. Though the reasons for this may be connected with the storied distance between the fieldwork and the coursework settings of many preparation programs, one example of clinical rounds at the preservice level from Australia indicates that rounds can be used to address this very issue (Moran, 2014). The authors describing the Australian program highlight that a reason for employing rounds with preservice teachers is that the partnerships between schools and the university are so tenuous and the quality of candidates’ placements are so varied. In response to these challenges, their university developed “School Innovation Rounds” in order to allow preservice teachers to see accomplished teaching in schools that are selected, to “showcase a pedagogical innovation they have implemented to solve an issue or problem for which the principal and school executive team required a radical and new solution” (Moran, 2014, p. 71). In this model, school leaders provide a briefing for the preservice teachers, that covers the reasons and the goals of a pedagogical innovation, and then describe the implementation of the innovation before the preservice teachers go and observe it being enacted in classrooms. Given that this is an area of work that is quite new and underdeveloped, the scholarship about how such rounds are structured, what they aim to accomplish and how, is thin.

This article aims to address this gap by achieving several objectives. First, we describe how an urban teacher residency program, the San Francisco Teacher Residency (SFTR), strives to strengthen the fieldwork of novice teachers through clinical instructional rounds within and across the schools affiliated with the program, as well as other educational settings in an urban school district. Using rounds as an approach for making the practice of teaching publicly available for inquiry and reflection, SFTR enacts two different versions of rounds to bring novice and experienced teachers together for guided observations of accomplished teaching. Second, we describe the findings from research where we inquired into what candidates seem to learn by participating in instructional rounds. The questions guiding this research are connected with our pedagogical goals for implementing rounds with preservice teachers, and these are described below. Third, we discuss the implications of our research in terms of considerations for how teacher educators can employ rounds as a tool for deepening candidates’ understandings of students, classrooms, schools, and the systems that support urban youth.

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