

# Responding to the Call to Prepare Highly Effective Teacher Candidates in the United States: The Curriculum Redesign Effort in Advancing Teacher Education

Tachelle Banks<sup>1</sup>, Debbie Jackson<sup>1</sup> & Brian Harper<sup>2</sup>

<sup>1</sup> Department of Teacher Education, Cleveland State University, Cleveland, Ohio

<sup>2</sup> Department of Curriculum and Foundations, Cleveland State University, Cleveland, Ohio

Correspondence: Tachelle Banks, Department of Teacher Education, Cleveland State University, Cleveland, Ohio, 44115, USA. Tel: 1-216-687-4608. E-mail: t.i.banks@csuohio.edu

Received: February 5, 2014 Accepted: March 6, 2014 Online Published: March 26, 2014

doi:10.5539/hes.v4n2p9

URL: <http://dx.doi.org/10.5539/hes.v4n2p9>

## Abstract

This article supports the notion of high quality clinical teacher preparation models and lays out an argument for investing in professional education that is organized around more coherent systems for cultivating clinical practice. This article outlines the creation and implementation of a clinically-based teacher preparation program. Project CREATE, the result of the contributions of university faculty, administrators, and P-12 stakeholders, proposes strict admission criteria, extensive field experiences, and the integration of field-based assignments and collaborative mentoring by university and P-12 faculty to address criticisms aimed at traditional models of teacher training.

**Keywords:** teacher preparation reform, clinical model, teacher quality, teaching effectiveness

## 1. Introduction

United States University- and college-based teacher preparation has now come under fire for its failure to adequately prepare future teachers for the demands of the modern school. Evidence is mounting that teacher quality is the biggest in-school determinant of student achievement. The nation's colleges of education are being scrutinized for the inadequate preparation of teacher candidates. In October 2011, Secretary of Education Arne Duncan noted that two-thirds (approximately 62 percent) of new teachers reported feeling unprepared. In addition, recent research indicates that teachers believe they have not been adequately prepared to teach children from cultural and linguistic backgrounds different from their own and that they need to learn more specific skills to do so (Ray & Bowman, 2003; Ryan, Ackerman, & Song, 2005).

### 1.1 Current State of Teacher Preparation

Examination of teacher education has identified of several problems including incoherent programs, lack of cohesiveness among those pursuing teacher licenses, the absence of socializing prospective teachers as professionals in pre-service training, disjointed relationship between theory and practice, and policy informing teacher preparation reform rather than using research to improve teacher quality and instruction and apprise what we know about teaching and learning (Darling-Hammond, 2005, 2006; Goodlad, 1991).

Traditional teacher preparation programs prepare teacher candidates to complete coursework on psychological principles, subject matter, and teaching methods before meaningfully interacting with P-12 teachers and students, providing for few connections between the act of teaching and course content. Mentor teachers are usually selected according to district policies or as needed, not necessarily on the basis of quality. Teacher candidate field placements vary greatly and tend to be idiosyncratic as opposed to well-crafted experiences that foster skill development and mastery (Berry, 2007). As a result, prospective teacher candidates learn theory in isolation from practice and typically have brief encounters with classroom practice divorced from theory, which further contributes to the gap between research, and practice (Ravitch, 2008). These variables culminate to produce teacher candidates who feel unprepared to meet the diverse educational needs of children and youth.

### 1.2 Reconceptualization of Teacher Preparation in the United States

The American Association of Colleges for Teacher Education (AACTE) (2010) suggested that redesigning

teacher education licensure programs that incorporate clinically-based programming is critical to the development of *effective* teacher candidates. Effective teaching has been defined as what teachers should know and be able to do (Ball, 1995; Darling-Hammond, 2005, 2006). Recommendations from the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning specifically call for making clinical practice (i.e., classroom-based experiences) the core of teacher preparation resulting in the development of effective teachers. This diverges from traditional teacher preparation where the emphasis is on academic preparation and coursework. The rationale is that like medical students' residency experiences, prospective teachers need multiple and diverse classroom experiences coupled with rich content and pedagogical coursework. The panel offers 10 "design principles" to guide the creation of clinically-based preparation programs:

1. P-12 student learning is the focal point for design and implementation
2. Content and pedagogy are woven around clinical experiences throughout preparation in coursework, laboratory-based experiences, and in school-embedded practice
3. Data is used to judge every element of their preparation program
4. Candidates are prepared to be content experts, to know how to teach it, and to be innovators, collaborators, and problem solvers
5. Candidates are provided extensive feedback
6. Mentors and supervising teachers are rigorously selected and should be effective practitioners
7. Specific sites are designated and funded to provide classroom-based experiences
8. Technology is used to share best practices and facilitate ongoing professional development
9. Research is conducted on teacher effectiveness, best practices, and preparation program performance to support continuous improvement
10. Partnerships among schools districts, teachers' unions, state policymakers, and preparation programs are in place

The panel calls for a paradigmatic shift in teacher preparation. Reconceptualization would blend clinical practice into more formal, college-based teacher preparation by replacing the separate disjointed approach to teacher preparation (i.e., coursework followed by disconnected classroom practicums) with a meaningful integration of clinical practice with college-based preparation. In addition, teacher preparation needs to be grounded in an authentic partnership between P-12 schools and colleges of education, with inquiry into sustained individual and institutional learning framing cooperation, collaboration, and partnership commitment. To meet the needs of the nation's future students, especially those in low performing schools, public policy makers and the education community must take collective ownership for recruiting, preparing, and supporting a critical mass of new professional practitioners.

### *1.3 Clinically-Based Teacher Preparation*

National momentum for a "clinical model" of teacher education is growing (Council of Chief State School Officers [CCSSO], 2012; National Council for Accreditation of Teacher Education [NCATE], 2010). Years in the making, this model views teaching as a practice-based profession, like medicine or nursing, with a closely monitored induction period. It aims to close the gap between pedagogical theory and practice by creating "teaching hospitals," in which student teachers learn alongside the professionals, thus shifting the balance of teacher preparation from higher education and into schools (Standish, 2010). It is suggested that in teaching hospitals, student teachers will learn clinical skills including observing, assessing, diagnosing, prescribing, and adjusting practice to reflect new knowledge.

The clinical model is based upon a scientific, evidence-based view of education in which teachers "use experimental logic when they plan for instruction: they evaluate their students' previous knowledge, construct hypotheses about the best methods for teaching, develop teaching plans based upon those hypotheses, observe results, and base further instruction on the evidence collected" (National Institute for Literacy, 2006). Both NCATE and AACTE support this approach. State governments are already building clinical practice into their regulations for teacher certification, which education programs are obliged to follow. This article supports the notion of high quality clinical teacher preparation models and lays out an argument for investing in professional education that is organized around coherent systems for cultivating clinical practice.

The clinical model proceeds from a number of assumptions that can be argued as fundamentally anti-educational and so can only further degrade the teaching profession. Standish (2010) argued that clinical preparation

perpetuates all that is wrong with teacher preparation and that clinical preparation will not produce better teachers. Table 1 presents a series of assumptions that represent clinical models as anti-educational (Standish, 2010) and our descriptive counter narrative detailing how the assumptions do not take into account how clinical models can enhance teacher education preparation. These assumptions can be used to strengthen teacher education preparation.

Table 1. Clinical model faulty assumptions and counter narrative

<b>Faulty Assumptions</b>	<b>Counter Narrative</b>
<p>1. The clinical model is not ideal for the preparation of teachers. The notion of preparing teachers under a medical framework is inconsistent with knowledge and skills that are typically associated with teachers. Teaching is not about diagnosing and fixing children and youth. Teachers are charged with educating all students using instructional pedagogy and core content knowledge.</p>	<p>1. The notion of “healthy” presumes homogeneity. Teachers are required to meet the educational, social, and emotional needs of all students. While teachers are not doctors, they need to be versed in varied approaches, know how to assess needs and implement evidenced-based practices with fidelity to meet the educational needs of all students and to deal with the complexities of teaching.</p>
<p>2. Teaching is informed by educational theory, philosophy, and culture. Practice and skills follow from knowledge of educational theory and practice. As a result, teachers must have a solid foundation in educational theory, psychology, child development, teaching philosophy, historical understanding of education and content knowledge before they begin teaching children and youth.</p>	<p>2. The counter narrative is that being versed in the foundations of education supports the contention that pre-service teachers need more time and practice in the field. Much of the information teachers need to make effective decisions emerges in the context of the practice. Immersion in the context of schools gives pre-service teachers the rationale for the educational foundations, which supports better learning for the pre-service teacher.</p>
<p>3. Teaching is more than a science. Knowing what to teach is informed by State approved curriculum and the moral imperative of the teacher. To become an independent and self-sufficient professional, teachers need to have studied different ideas and approaches to the curriculum and critically examine the ethics of teaching the curriculum.</p>	<p>3. The proposition of clinical teacher education programs does not reduce the profession to a science. In fact, student teachers will learn theory in conjunction with practice providing contextual features that will make learning how to teach and what to teach more concrete. Both of these structures are critical for a student teacher to have an understanding of their role, some ideas about how to teach, and the confidence to be an effective teacher.</p>
<p>4. Pedagogy cannot be reduced to evidence-based research. Evidenced based practices do not take into account educational theory and how those theories inform teaching and learning. Evidenced based practices diminish pedagogy to classroom management and techniques that are not grounded in educational theory.</p>	<p>4. The perspective of evidence-based practices is too narrow and does not convey a clear understanding of why teachers should be consumers of evidence-based practices. Evidence-based practices are those that have been researched and proven to work with certain populations. This assumption does not limit what teachers can and cannot use in the classroom but rather supports the notion of making informed decisions as to what strategies work best. The teaching context changes, so what works in research does not always translate to practice, but that does not negate the fact that certain strategies work with certain student populations.</p>

The clinical model does not reinvent the meaning of teaching but provides more time in the field to practice

skills and apply knowledge learned in college courses. Clinical models do not cast teachers as technicians who implement a standard curriculum, teach to the tests, and, with autonomy, are reduced to tinkering with teaching methods and classroom management; rather, they help prospective candidates to be prepared to deal with the realities and complexities of the teaching profession by immersing them in the practice of teaching in such a manner that does not isolate theory from practice. Clinical models enhance educational theory and the philosophical basis of teaching by providing a context in which to apply theory earlier in teacher preparation programming. As a result, prospective candidates will complete teacher preparation programs more representative of teaching professionals who are knowledgeable and practiced in planning and teaching content and rehearsed in varied pedagogical strategies.

## **2. Responding to the Call to Reform Teacher Education: The Curriculum Redesign Effort Advancing Teacher Education (CREATE)**

To meet the needs of the nation's future students, especially those in low performing schools, public policy makers and the education community must take collective ownership for recruiting, preparing, and supporting a critical mass of new professional practitioners. Cleveland State University's (CSU) College of Education and Human Services (CEHS) has developed a new clinical model that is based on the notion that student teachers will best learn the profession from being immersed in the practice of classroom teaching from an early stage in their training. The teacher education reform initiative is a collaborative effort that is being led by teacher education faculty and staff from departments across the college and is engaging school district partners in the Cleveland Metropolitan P-12 community. CSU's Project CREATE will offer a clinically-based model that does not degrade the profession of teaching to a trade. The model recognizes that educational theory informs the skills of teaching and subsequent instructional decisions required of effective teachers.

### *2.1 Cleveland State University's Reformed Model of Teacher Preparation: Project CREATE*

The Curriculum Redesign Effort Advancing Teacher Education (Project CREATE) reflects a flexible system that is able to accommodate "early deciders" who choose teaching as a profession while still in college. Seminal to Project CREATE's conceptual model are collaboration and integrated clinical experiences designed to prepare prospective teachers. Project CREATE is an integrated teacher preparation model that provides opportunities for candidates to engage in professional preparation while completing a baccalaureate degree in education. Project CREATE teacher licensure programs provide opportunities for intensive field experience early in the undergraduate curriculum and combine early clinical experiences with integration of subject matter and professional preparation. Project CREATE facilitates careers in teaching by offering undergraduate coursework that exploits linkages and connections with professional preparation. Project CREATE candidates will have early experiences in schools serving high need, diverse communities early in their undergraduate coursework. This initiative demonstrates the importance of implementing a variety of strategies that meet the needs of diverse members of the teacher education community while focusing on a common goal. Central features of Project CREATE are the integrated clinical model, the collaborative process, the mode of instruction, and co-teaching. The following sections provide a description of the process used to reform the existing teacher preparation programs and define the seminal components of Project CREATE.

### *2.2 Teacher Education Redesign: The Collaborative Process*

Introducing change to any long-standing process is often difficult. Colleges and universities often produce a particularly strong resistance to innovation, as many key stakeholders are reluctant to relinquish the hard-fought autonomy that marks academia (Kirschner, 2012). Recent data suggest that the successful introduction of meaningful organizational change may come about only as an end productive discourse between relevant stakeholders (Pieterse, Caniëls, & Homan, 2012). These carefully structured, collaborative conversations specify role responsibilities, outline expectations and confirm the overall goals of the initiative. Though this process will certainly be more time intensive than a top-down mandate for change, it ensures that relevant stakeholders will be more likely to embrace change.

With this principle in mind, a vital component of Project CREATE that warrants careful consideration is that this faculty-led collaborative process will result in the conceptualization and development of the redesigned teacher preparation curriculum. Throughout this initiative, the contribution of all relevant stakeholders—university faculty, administrators, and field supervisors, as well as P-12 teachers and district level administrators—was deliberately solicited, considered, and integrated into the design of Project CREATE. The initiative resulted in the establishment of the reformed teacher-education program, and also a greater awareness of the conditions that are vital for the success of the university P-12 partnerships. In anticipation of the reform process, a curriculum redesign team was established. Initial stages of the reform process included identifying key variables that would

facilitate such a large initiative. The curriculum redesign team identified several key criteria that contributed to this effort, including (a) identifying appropriate partnerships, (b) reciprocity, (c) awareness of existing models, (d) redefining faculty roles and modeling collaboration, and (e) transparency. The following briefly describes each criterion in the collaborative process.

### 2.2.1 Identifying Appropriate Partnerships

The success of a clinical model of teacher preparation is highly dependent upon the establishment of effective field placements. Boyd, Grossman, Lankford, Loeb, and Wyckoff (2009) assert that this experience is the most influential aspect of the teacher preparation program. In recognition of this, it is essential that both P-12 administrators and classroom teachers are encouraged to participate in the redesign process. This will serve two purposes. First, it has enabled university faculty to communicate curricular goals that helped to eliminate the divide between university instructional methodology and pedagogical practice as it manifests in P-12 environments. Second, P-12 faculty and administrators who participated in this process were uniquely positioned to identify schools and individual classrooms and teachers who will ultimately serve as mentors for teacher candidates. These stakeholders are uniquely positioned within the districts and are most knowledgeable as to those individuals who will best carry out the vision and mission of the teacher education program.

### 2.2.2 Reciprocity

In a criticism of a number of existing teacher education programs, Ronfeldt (2012) argues against the ineffectiveness of the unidirectional interactions that dominate university P-12 partnerships. This arrangement, he argues, will not only serve to increase the disconnection between pedagogical instruction and pedagogical practice, but will also foster a climate of distrust between the university and the schools in which teacher candidates are placed. Addressing this discrepancy requires a reconceptualization of this relationship. The previously-utilized monologue of “take” is to be replaced by that of reciprocity; the university will work closely with teachers and administrators in the schools to discern how our faculty, administrators, and teacher candidates can assist in helping our partner schools meet their day-to-day challenges. This is best accomplished through frequent and open communication between all relevant stakeholders.

### 2.2.3 Awareness of Existing Models

Great efforts were made to investigate existing curricular models, both within Colleges of Education across the country as well as other fields of study that embrace a clinical training model (e.g., nursing). Specifically, the redesign team researched admission criteria, the establishment of P-12 partnerships, the balance between classroom instruction and field-based assignments, and exit requirements in an effort to discover which elements would best be applied at CSU. From this, the research team was able to address a number of pragmatic issues with respect to not only the theoretical considerations of curriculum redesign, but also a number of pragmatic concerns with respect to the recruitment, training, and evaluation of teacher candidates.

### 2.2.4 Redefining Faculty Roles/Modeling Collaboration

For a number of faculty members in the College of Education, the redesign process brought with it the prospect of a vastly different set of responsibilities as the role and responsibilities of many will change quite drastically. For some who have grown accustomed to the autonomy of teaching stand-alone, non-field based courses, these changes may cause trepidation. To address this, the curriculum redesign committee worked to establish a means by which faculty may be supported during the transition to a clinically based program. Specifically, careful attention was afforded to the collaborative process. In the newly designed program, faculty will be expected to work extensively with colleagues in the university as well as teachers and administrators in the field in designing and communicating course content. For many, this may be a drastic departure from their previously defined roles. Subsequently, specific and deliberate training in existing collaborative instructional models will be of tremendous benefit.

### 2.2.5 Transparency

Finally, it was critical that university faculty who would be directly impacted by the redesigned program be continuously made aware of the process and invited to share suggestions and concerns. Utilizing available technologies (i.e., discussion board and website postings) as well as more traditional means of communications (frequent face-to-face updates during faculty meetings) facilitated the endorsement of the proposed changes. The deliberate openness of this process served to quell concerns and dispel misconceptions, which we believe brought about a greater level of faculty engagement.

This faculty-led initiative resulted in the development of a reformed teacher preparation model that we believe parallels what Ravitch (2008) summarizes in her goal for teacher education programs: “An institution where future

teachers become masters of their craft; where they learn the best ways to teach their subjects; where every course is infused with the ideals of liberal education; where there is no distinction made between what to teach and how to teach it; where the entire institution is organized to attract, prepare, and educate the best teachers in the land” (p. 1315).

### 3. Project CREATE: A Professional, Collaborative, Integrative, Clinical Teacher Preparation Model

The heart of the New CSU Teacher License Program is the integration of classroom work, clinical work, and cohort seminar work that occurs each semester. This integration involves the following kinds of activities:

- Through the classroom component of clinical/course integration or in a cohort seminar, candidates will investigate how the classroom or seminar content can be applied in the field.
- Candidates in the field will be solving problems and accomplishing tasks that call for them to apply classroom or seminar content.
- Time will be allotted in the classroom or seminar for candidates to share their problems, solutions, and task outcomes.
- The Seminar Leader and the candidates’ mentor teachers will communicate and collaborate to facilitate the integration of classroom or seminar and clinical work.
- Mentor teachers, identified as having leadership qualities and content expertise, will collaborate with Seminar Leaders to facilitate classroom learning experiences for candidates.
- Once content has been introduced in the course(s), clinical/course integrated experiences, and seminars, candidates will be asked to apply it in subsequent semesters’ clinical experiences.
- During seminar, prospective candidates will be asked to reflect on their use of the relevant knowledge and skills in those clinical experiences.

The integration of content will be presented in the form of Rotations and Internships, both with time for Seminars. Collaborative teaching models will be the mode of instruction to access the expertise of faculty to teach the breadth and depth of content to be covered in the integrated model (i.e., Rotations, Internships, and Seminars). *Rotations* are periods early in the teacher education curriculum in which a prospective teacher candidate, in the clinical part of his/her education, passes through various “working” services in 16-week blocks. Rotations serve as the structure in which the integrated model is facilitated. Students will experience integrated course content, engage in clinical field experiences, and reflect on their novice and guided practice of teaching.

Three Rotations are included as part of the Project CREATE model. Rotation One serves as Introduction to Teaching and to CEHS teacher licensure requirements. Rotations Two and Three are program specific and focus on methods and pedagogy informed by educational theories about teaching and learning. *Seminars* are comprised of a group of prospective teacher candidates engaged in the clinical practice of teaching under the guidance of a professor who meets regularly with them to discuss their clinical experiences and reflect on their practice. Seminars serve as the structure in which the integrated model is facilitated. Seminars occur during Rotations and Internships. During *Internships*, a prospective teacher candidate undergoes supervised practical training and gains supervised practical experience in teaching. Internships serve as the structure in which the integrated model is facilitated near the end of the teacher education curriculum. Table 2 presents a description of the rotations and seminars as well as the course content and credit hours each student will obtain.

Table 2. Description of rotations and seminars

Clinical work	Theme	Hours	Content	Student Credits
Rotation & Seminar One	Setting the context	45 hours in field & 22.5 hours in classroom + 15 hours seminar	EDB 200 & EDB 301	(3 +1 credits)
Rotation & Seminar Two	Instruction & assessment	75 hours in field & 37.5 hours in classroom + 15 hours in seminar	Licensure specific methods & assessment courses	(3+3 credits)
Rotation & Seminar Three	Students as learners	75 hours in field & 37.5 hours in classroom + 15 hours in seminar	EDB 302 & advanced methods course	(3+3 credits)
Internship One	Practice & professionalism	180 hours in field & 30 hours in classroom + 15 hours in seminar	Practicum with significant reflection	(9 credits)
Internship Two	Teachers as leaders	405 hours in field + 22.5 hours in seminar	Student teaching	(12 credits)

The purpose of Project CREATE is to tighten integration among courses and between coursework and clinical work in schools; design extensively and intensively supervised clinical work integrated with coursework; and develop and nurture close, proactive relationships with schools that serve diverse learners effectively and develop and model good teaching. Project CREATE has five salient program features. The following includes a brief description of each feature that is designed to prepare professionals to teach in high need schools and districts.

### 3.1 Cohort Model

Project CREATE is developed around a cohort model where students will move through the last two and a half years of their programs in cohorts. A cohort model is amenable for enriching pre-service teacher education programs with cohort-based professional learning communities. The goal of this cohort approach is to prepare students for work in a collaborative professional environment based on ongoing learning and reflective practices. Once admitted into Project Cohort, participation would continue through students' teacher preparation program. Cohorts function as an extension of a teacher's learning, much like participation in clinical rotations prepares medical students. Teacher education students participate in their cohort as a professional expectation as well as a necessary support system for their ongoing learning. Project CREATE participants will be placed in a cohort based on their year of entrance and program specialization.

CSU Teacher Education and Curriculum and Foundations faculty will create the structure for cohort member interactions, beginning with at least three face-to-face seminars that will be designed to connect theory and practice. This initial contact allows the cohort members to meet in a relaxed atmosphere, using the affordances of physical proximity for building trust and establishing roles and identities in the group. When cohort members are not able to meet face-to-face, they can share ideas and find resources using asynchronous and synchronous online tools (e.g., instant messaging, video conferencing, forums, blogs, and wikis). Virtual participation is done through a set of tools, using email, chat, and a content management system to provide avenues to information and conduits for communication. Given that individual schedules will vary, physical meetings become prized instances, and may not always include all cohort members. It is important to the cohort that its structure remains flexible, changing over time as the needs of the participants change, but that members capitalize on opportunities to meet face-to-face.

### 3.2 Intensive Clinical Field Hours

Students will experience five semesters in which they will have direct contact with students and teachers in authentic classroom environments. The time spent in these classrooms incrementally progresses from 45 hours in

field during Rotation One to 75 hours in field for Rotations Two and Three, to all day for two semesters during Internships. The four-year teacher education programs are developmental in design, allowing students to increase their knowledge base and instructional skills at the onset of the licensure programs.

1. Rotation One is completed by the end of the sophomore year (45 hours in field).
2. Rotations Two and Three include 75 hours of field experience per semester as well as concentration on the content knowledge associated with their teacher licensure area; they are completed in the junior year (150 hours in field).
3. The program culminates during the senior year with an all-day, two-semester Internship experience that provides opportunities for the student to bring together his or her acquired content knowledge and instructional skills in real-world classroom environments (405 hours in field).

### *3.3 Collaboration & Co-Teaching*

As a result of the changed legislative priorities and evolving reform movements, there has been a focus on increasing the inclusive nature of schools and educational settings. This trend has led to (a) many school systems rethinking how services are delivered to all students and (b) the implementation of alternative service delivery options. In turn, this has often resulted in schools and school systems wanting to increase the level of collaboration between general and special education. Co-teaching is becoming one of the fastest growing inclusive school practices (Friend & Cook, 2003). Despite this rapid increase in popularity, co-teaching remains one of the most commonly misunderstood practices in education. Thus far, this has been the most widely accepted definition of co-teaching: “Co-teaching occurs when two or more professionals jointly deliver substantive instruction to a diverse, or blended, group of students in a single physical space” (Cook & Friend, 1995, p. 1). Co-teaching is a practical model for effectively addressing the complex challenge of meeting the diverse learning needs of all students in general classrooms, including students with disabilities. Co-teaching can also provide a lower student-teacher ratio that optimizes student learning. Prospective CREATE candidates will learn and experience co-teaching teams at the onset of their professional programs. Faculty will engage in co-planning, co-teaching, and co-assessing our teacher candidates enrolled in Rotation and Internship experiences. Moreover, prospective teacher candidates will learn and experience co-teaching in college courses and clinical practice as they engage with mentor teachers, students, and parents.

### *3.4 Cultural Competence*

The goal of Project CREATE is to develop highly effective teacher candidates who are equipped to teach in high need schools and districts. The objective of the Diversity seminars is for prospective candidates to become intimately aware of the cultural diversity in the world around them and for prospective teacher candidates to acquire cultural competency in preparation for their future vocation as educators. Culture refers to integrated patterns of human behavior that include the language, thoughts, communication, actions, customs, beliefs, values, and norms of racial, ethnic, religious, or social groups. Cultural competence is a developmental process occurring at individual and system levels that evolves and is sustained over time.

Prospective candidates will participate in approximately 60 hours of content instruction and applied practice in using instructional strategies focused on cultural competence and multicultural education through a specific curriculum developed to practice culturally competent and relevant pedagogy in three areas: personal/self, prospective students, and the educational system. Prospective candidates will have the opportunity to practice the skills they learn while participating in integrated clinical experiences throughout their professional program.

### *3.5 Professional Development: CREATE Institute*

The goal of the CREATE Institute is to provide professional development for university faculty, supervisors and P-12 mentor teachers. The CREATE Institute will initiate the beginning of this transformation by providing professional development and establishing strategic partnerships with key stakeholders, including CSU, Cleveland Municipal School District (CMSD), and other partnering districts.

The vision for the CREATE Institute is to prepare university faculty, supervisors, and K-12 mentor teachers with the skills and knowledge to teach pre-service teachers in a clinically-based preparation program. The CREATE Institute will include face-to-face professional development for one week in August with online support throughout the summer and academic year. At the conclusion of the institute, faculty, supervisors, and mentor teachers will receive certificates of completion and receive titles of “CREATE Fellows.” This designation will be celebrated throughout the college and the university. The model patterns the Keystone Professors program at the College of Engineering at the University of Maryland. The model of elevating teaching introduction to engineering courses at the University of Maryland has well-documented success. The model transfers easily to



Project CREATE, offering an incentive and elevated status for completing the CREATE Institute and teaching in Project CREATE. Recruitment to participate in the CREATE Institute targets mentor teachers, supervisors and faculty who will teach, mentor and supervisor in the Rotation experiences. That way, Rotation faculty, mentor teachers and supervisors are provided with the professional development to support the implementation of the clinical experience.

#### 4. Conclusion

Reforming teacher education programs will be challenging. Future teacher education preparation programs should be designed to develop teachers who are knowledgeable, adaptable, reflective, competent, morally responsible, and professional to meet the challenges of dynamic and changing learning environments. Reformed preparation programs should be child-centered, focusing on guiding all children to achieve their best academic and personal potential. Reformed teacher preparation models should result in the implementation of innovative clinical programming designed to (a) build, maintain, and enhance academic excellence; (b) ensure student success while simultaneously introducing streamlined teacher license programs; and (c) provide an increased number and increased quality of field hours in P-12 classrooms.

Project CREATE will remove barriers to undergraduate study of education, lift the cap on credits, and encourage streamlined “blended” programs that teach content and pedagogy in tandem, especially in shortage fields like mathematics, physical science, special education, and English language development. In this way, preparation can be both improved and made more efficient at the same time. As CSU pre-service teachers are placed in clinical experiences, the needs of the school and district are investigated and accommodated, resulting in (a) student teachers being more likely to secure employment because the candidates will have spent time in the district schools, (b) district needs being identified and pre-service candidates being prepared with district needs in mind, and (c) student teachers being better prepared to deal with the complexities and realities of teaching.

#### References

- American Association of Colleges for Teacher Education. (2010). *Reforming teacher preparation: The critical clinical component*. Washington, DC: Author.
- Ball, D. (1995). Transforming pedagogy—Classrooms as mathematical communities: A response to Lensmire and Pryor. *Harvard Educational Review*, 65(4), 670-677.
- Boyd, D., Grossman, P., Lankford, H., Loeb, S., & Wyckoff, J. (2009). Teacher preparation and student achievement. *Educational Evaluation and Policy Analysis*, 31(4), 416-440. <http://dx.doi.org/10.3102/0162373709353129>
- Cook, L., & Friend, M. (1995). Co-teaching guidelines for creating effective practices. *Focus on Exceptional Children*, 28(2), 1-12.
- Council of Chief State School Officers. (2012). *Our responsibility, our promise: Transforming educator preparation and entry into the profession*. Washington, DC: Author.
- Darling-Hammond, L. (2005). New standards and old inequalities: School reform and the education of African American students. In J. E. King (Ed.), *Black education: A transformative research and action agenda for the new century* (pp. 197-223). Mahwah, NJ: Lawrence Erlbaum.
- Darling-Hammond, L. (2006). Constructing 21<sup>st</sup>-century teacher education. *Journal of Teacher Education*, 57(3), 300-314. <http://dx.doi.org/10.1177/0022487105285962>
- Friend, M., & Cook, L. (2003). *Interactions: Collaboration skills for school professionals* (4th ed.). Boston: Allyn and Bacon.
- Goodlad, J. (1991). Why we need a complete redesign of teacher education. *Educational Leadership*, 49(3), 4-10.
- Kirschner, A. (2012). Innovation in Higher Education? Ha! *Chronicle of Higher Education*. Retrieved January 20, 2014, from <http://chronicle.com/article/Innovations-in-Higher/131424/>
- National Council for Accreditation of Teacher Education. (2010). *Transforming teacher education through clinical practice: Report of the blue ribbon panel on clinical preparation and partnerships for improved student learning*. Washington, DC: Author.
- National Institute for Literacy. (2006). Publications from the National Institute of Literacy. *Literacy Information and Communication System*. Retrieved from <http://lincs.ed.gov/publications/publications.html>
- Pieterse, J. H., Caniëls, M. C., & Homan, T. (2012). Professional discourses and resistance to change. *Journal of*

- Organizational Change Management*, 25(6), 798-818. <http://dx.doi.org/10.1108/09534811211280573>
- Ravitch, D. (2008). A reflection on the professional preparation of teachers. In M. Cochran-Smith, S. Feiman-Nemser, & D. J. McIntyre (Eds.), *Handbook of research on teacher education* (3rd ed., pp. 1313-1315). New York: Routledge.
- Ray, A., & Bowman, B. (2003). *Learning multicultural competence: Developing early childhood practitioners' effectiveness in working with children from culturally diverse communities*. Final report to the A. L. Mailman Family Foundation. Center for Race, Class, and Culture in Early Childhood, Erikson Institute, Chicago, IL.
- Ronfeldt, M. (2012). Where should student teachers learn to teach? Effects of field placement school characteristics on retention and effectiveness. *Educational Evaluation & Policy Analysis*, 34(1), 3-26. <http://dx.doi.org/10.3102/0162373711420865>
- Ryan, S., Ackerman, D. J., & Song, H. (2005). *Getting qualified and becoming knowledgeable: Preschool teachers' perspectives on their professional preparation* (Unpublished manuscript). Rutgers, the State University of New Jersey.
- Standish. (2010, December 3). *Re: Clinical teacher preparation will not make better teachers* [Web log comment]. Retrieved from <http://blogs.independent.co.uk/2010/11/26/clinical-teacher-preparation-will-not-make-better-teachers/>

### Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/3.0/>).