

Clinical Partnerships in Action: Voices From an Accredited Professional Development School

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ABSTRACT: The accrediting body, the Council for the Accreditation of Educator Preparation (CAEP), has set forth a set of new standards that demand excellence and produce educators who raise PK-12 student achievement. Standard 2: Clinical Partnerships and Practice requires that educator preparation programs (EPP) seeking accreditation should have strong collaborative partnerships with school districts and individual school partners. This study utilizes focus group methodology to highlight how key stakeholders in EPPs describe the benefits and barriers of CAEP Standard 2: Clinical Partnerships and Practice within the context of those stakeholders' institutions. A priori codes were used to see how stakeholders' descriptions aligned with Standard 2 guiding principles. Inductive codes were identified which focused on barriers described in clinical partnerships. Results found strong correlation between stakeholder's descriptions with both a priori and inductive codes.

NAPDS Nine Essentials addressed in the article: 2. A school–university culture committed to the preparation of future educators that embraces their active engagement in the school community; 3. Ongoing and reciprocal professional development for all participants guided by need; 4. A shared commitment to innovative and reflective practice by all participants; 5. Engagement in and public sharing of the results of deliberate investigations of practice by respective participants

In 2013, the National Council for Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC) became the new unified accrediting body for educator preparation known as the Council for the Accreditation of Educator Preparation (CAEP). CAEP states that they want to create a “unified and rigorous accreditation system that would elevate educator preparation to the new level of excellence that the public and its policymakers expect” (National Council for Accreditation for Teacher Education [NCATE], 2010, p. 12). The new accreditation system would demand excellence and produce educators who raise PK-12 student achievement (Council for the Accreditation of Educator Preparation [CAEP], 2013). CAEP's first initiative was the creation of the CAEP Commission on Standards and Performance Reporting tasked with transforming the preparation of teachers. The commission released a set of path-breaking standards and recommendations around accreditation processes for educator preparation programs (EPP).

Standards serve as the basis for any accreditor's reviews. In fact, the leading accreditation consultant for CAEP distinguishes aspirational standards from more prescriptive standards (Ewell, 2010). Aspirational standards describe an ideal program or characteristic, and prescriptive standards are grounded in research-based knowledge. EPPs are expected to provide clear evidence of meeting these standards. However, 51% of all EPP providers are not accredited which includes both alternative and collegiate sponsors (CAEP, 2013). Furthermore, 41% of

collegiate only Institutions of Higher Education are not accredited (CAEP, 2013). Some unaccredited programs are too weak to be accredited. If each of the 50 states turn to CAEP for their quality assurance system, CAEP may help raise the overall quality of EPPs in ways that NCATE and TEAC have not been able to do.

Background and Purpose

This study will focus on the newest accrediting standard, Standard 2: Clinical Partnerships and Practice. As seen in Table 1, Standard 2 is divided into three subcategories: (a) Partnerships for Clinical Preparation, (b) Clinical Educators, and (c) Clinical Experiences. Table 1, Standard 2: Clinical Partnerships and Practice Subcategories, lists the three subcategories and their definitions for Standard 2.

The purpose of this study is to describe the perspectives of key stakeholders of CSU's PDS clinical partnership using Standard 2: Clinical Partnerships and Practice as the lens. The research shows how the key stakeholders' descriptions align with the Clinical Practice Design Team's (CPDT) claims that clinically rich partnerships are beneficial.

Review of Literature

In the late 1980s, Goodlad (1988) combined his work of 29 teacher preparation programs and the work in his 1984 study of schools to arrive at his theory of simultaneous renewal. Since

Table 1. Standard 2: Clinical Partnerships and Practice Subcategories

Partnerships for clinical preparation	Partners co-construct mutually beneficial PK-12 school and community arrangements, including technology-based collaborations, for clinical preparation and share responsibility for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.
Clinical educators	Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates' development and PK-12 student learning and development. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators in all clinical placement settings.
Clinical experiences	The provider works with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students' learning and development. Clinical experiences, including technology-enhanced learning opportunities, are structured to have multiple performance-based assessments at key points within the program to demonstrate candidates' development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all PK-12 students.

Note. Adapted from "CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation" (CAEP, 2013).

then, the National Network for Educational Renewal adopted the theory of simultaneous renewal as its underlying philosophy. In conjunction with Goodlad and National Network for Educational Renewal, Clark, Foster, and Bromely (2006) expand the idea of renewal. They postulate that praxis, the blending of theory and practice, is crucial to the renewal of education. Praxis should provide a clear connection between theory and practice across a variety of diverse settings (Clark et al., 2006). To effectively structure a clinical partnership based on the praxis of theory and practice where all stakeholders benefit, the benefits of each stakeholder have to become both realized and internalized (Clark et al., 2006).

Goodlad's work on clinical partnerships emphasizes the benefits for PK-12 students, and co-teaching has been recognized as a model of instruction that benefits teacher candidates, school-based teacher educators (SBTE), and PK-12 students. Collaborative teaching arrangements between student teachers and experienced teachers has received increased attention among researchers and teacher educators (Bacharach, Heck, & Dank, 2004; Heck et al., 2006; Perl, Maughmer, & McQueen, 1999). Co-teaching is defined as two teachers—a SBTE and a teacher candidate—working together with groups of students and sharing the planning, organization, delivery, and assessment of instruction, as well as the physical space (Bacharach et al., 2004).

Recent studies show the benefits and positive effects of co-teaching. Bacharach et al. (2004) at St. Cloud State University (Minnesota) conducted research on their utilization of a co-teaching model with their clinical partnerships. Over a span of four years, the study found significant gains in reading and math proficiency using a state assessment and Woodcock-Johnson III test data between students in co-taught classes and students with

only one licensed teacher. St. Cloud researchers found that 75% of special education students in a co-taught classroom were proficient on the state assessment compared to 53% of special education students not taught in a co-taught classroom (Bacharach et al., 2004). At an intuitive and logical level, co-teaching positively benefits PK-12 students. From an instructional perspective, when the curricular capabilities of two or more educators are pooled with the understanding of learning needs for children, the result should be appropriately differentiated instruction for each student. Based on the research, student achievement increases when learning needs are met.

Teacher candidates also benefit from clinical partnerships. For the purpose of this section, a professional development school (PDS) model will be the basis of the preparation discussed. The PDS partnership model is Colorado State University's Center for Educator Preparation (CEP) program. The program instills the structure of a PDS model, and accrediting bodies like NCATE (2010) suggest that the clinically rich partnership that implements "inquiry-based practice" (p. 9) is highly effective:

PDS partners share a common vision of teaching and learning grounded in research and practitioner knowledge. They believe that adults and children learn best in the context of practice. Learning supported by this community results in changes and improvement in individual practice and in the policies and practices of the partnering institutions. (p. 9)

PDS models impact teacher candidates, and research shows teacher candidates at PDS schools score better on achievement measures than interns assigned to non-PDS schools (Castle, Fox,

& Souder, 2006; Darling-Hammond, 2007; Levine, 2002; Snyder, 1999). Teacher candidates have an opportunity to practice and stretch content knowledge, skills, and dispositions gained from the teacher preparation curriculum. Teacher candidates maintain a high degree of collaboration with SBTEs by connecting content to pedagogy through practice and specific subject-area training (Teitel, 2003). With their on-site education, teacher candidates elevate their learning because they are allowed the opportunity to discuss issues with school faculty, participate in school meetings, and take part of the school's culture. The teacher candidates, who address many subject areas and take many classes all based at one site, benefit because they see the changes in students across the varied subject areas (Duffield, 2005). Teacher candidates indicate that their overall best educational experiences are those that are field based (Levine, 2002). Teacher candidates are better able to elicit student learning when they participate in a PDS model (Clark, 1999). They are more familiar with effective strategies, are hired more often, and are more reflective in their practice.

In a clinically rich partnership, SBTEs are the third mutually benefitting group. Clinical partnerships provide opportunities for SBTEs to facilitate enhanced learning, as compared to teaching with just one educator in the room. For example, a teacher is able to instruct one group of students while the teacher candidate teaches a small group, a lab, a demonstration, or a simulation. Bacharach and Heck (2012) found in a study on the benefits to the SBTE that when a co-teaching model is instilled, several positive outcomes are supported. SBTEs ($n = 279$) indicated in a focus group setting that "co-teaching led to the ability to reach more students, particularly those with high needs" (Bacharach & Heck, 2012, p. 14). One teacher explained that the students in her classroom love the attention they receive by having an additional teacher (Bacharach & Heck, 2012). Hosting a teacher candidate in the same classroom provides opportunities to extend, review, repeat, and individualize lessons to meet student needs. Working together in a co-taught classroom can offer benefits to all stakeholders involved.

EPPs are the fourth group who mutually benefit in a clinically rich partnership. EPPs work with schools to provide an effective preparation structure by creating the clinical aspect of the experience. Without the actual classroom experience the partnerships inherently create, EPPs would not be able to meet the requirements of Standard 2 which requires a structure suited for a clinical practice. The structure of a clinical partnership benefits the EPP and provides opportunity for teacher candidates to "develop the ability to see beyond one's own perspective, to put oneself in the shoes of the learner and to understand the meaning of that experience in terms of learning" (Darling-Hammond, 2000, p. 170). This is accomplished by both the EPP and partnership sites working together collectively. By partnering with school districts, EPPs improve their programs by continually refining needs and reflecting on the program's strengths, weaknesses, opportunities, and threats. Based on the needs and focus of the school district, EPPs can modify practices

in the following ways: (a) adjust teacher preparation programs, (b) address college course revisions to address state-wide implementation of common core state standards, and (c) prepare teacher candidates to meet the unique challenges of teaching in diverse settings with diverse learners.

In a clinically rich and mutually benefitting partnership, the final key stakeholder is the education profession as a whole. When engaged in clinical partnerships, PK-12 and higher education are viewed as a continuum of instruction and growth rather than two separate entities. It is imperative that all stakeholders within an educational clinical partnership work together to meet the current needs of their students:

In the classrooms most beginning teachers will enter, at least 25% of students live in poverty and many of them lack basic food, shelter, and health care; from 10% to 20% have identified learning differences; 15% speak a language other than English as their primary language (many more in urban settings); and about 40% are members of racial/ethnic "minority" groups, many of them recent immigrants from countries with different educational systems and cultural traditions. (Darling-Hammond, 2006, p. 302)

For the education profession to benefit, teacher preparation programs need to prepare their students to enter the field already equipped. Teacher preparation requirements vary, and teacher preparation programs have been under fire by federal education departments because of the variety of pathways allowed to become a teacher. However, effective teacher preparation can both enhance the teacher's initial effectiveness and increase teacher retention because teachers' effectiveness improves significantly after the third year of experience (Boyd, Lankford, Loeb, Rockoff, & Wyckoff, 2007; Clotfelter, Ladd, & Vigdor, 2006). Darling-Hammond (2010) noted that about 30% of new public school teachers leave the profession during their first five years of teaching. Attrition rates are much lower for teachers with greater initial preparation. A nationwide study by the National Center for Education Statistics (2000) found that among recent college graduates who entered teaching, 49% of uncertified entrants left the profession within five years: more than triple the 14% of certified entrants who left during this period of time. An analysis of the Schools and Staffing Surveys showed that new teachers who lack student teaching and teacher education coursework leave teaching in their first year at rates double those who have student teaching and coursework (National Commission on Teaching & America's Future, 2003).

Teacher preparation programs held accountable by stringent yet attainable expectations will continue to place great teachers in the classroom. Strong teacher preparation programs increase initial teacher effectiveness; consequently, effective teachers can make a difference in the lives of their students which can benefit education as a whole.

Methods

Focus group methodology was selected due to the exploratory nature of this pilot multiple case study and the desire to determine perspectives, experiences, and across-case themes. A focus group is an informal discussion among a group of selected individuals about a particular topic (Wilkinson, 2004). Focus groups are a powerful investigative tool to facilitate rich data collection (Denzin & Lincoln, 2005; Patton, 2002).

Design and Participants

For our study, three focus groups were created using convenience sampling. The goal of the study was to hear perspectives from key stakeholders in CSU's PDS partnership system. One group ($n = 14$) consisted of university-based teacher educators (UBTEs) from State University's CEP. The second group ($n = 9$) consisted of teacher candidates at one high school. The third group ($n = 9$) involved SBTEs at the same school in the same district as the teacher candidates. Demographic data from participants were not obtained because the information was not needed for the goals of this study.

Procedure

The focus group for the CSU UBTEs took place in the School of Education on the CSU campus. Additional focus groups took place at the high school where the SBTEs and teacher candidates were located.

Researchers collectively conducted the in-person, semi structured, one-hour focus group sessions. The researchers introduced the purpose and rationale of the project to the prospective participants. After consenting to participate in the study and agreeing to be audio-recorded, participants were provided a brief written synopsis of the focus group. Additionally, the researchers included a brief discussion of how clinical partnerships and clinical experiences would be addressed separately for audio transcription purposes. Focus group questions were presented as follows:

Clinical Experiences:

1. Within the context of CSU, what is your understanding of a clinical experience?
2. What are the benefits of a clinical experience?
3. What are the barriers that keep you from realizing those benefits?

Analysis

The researchers used a 3-step process to identify emerging themes and to support the validity of the analysis. After each focus group responses were transcribed, both researchers met and reviewed the transcriptions to ensure the discussions described fit the partnership or experience subcategory. Although the researchers asked separate questions regarding partnerships and experiences, participants' descriptions over-

lapped in some categories. The researchers made initial adjustments to categorize the transcriptions based on the definition and goals of each subcategory.

Next, the researchers used NVivo to code and identify common themes in the three cases. The NVivo analysis revealed initially emerging themes focusing on partnerships related to the guiding principles of Standard 2: Clinical Partnerships and Practice. The guiding principles included *collaborative*, *mutually beneficial*, *positive impact*, *sustaining and generative*, and *shared accountability*. Researchers decided to use the guiding principles as *a priori* themes for coding purposes after validating the findings with the rest of the research team. In doing so, the researchers independently identified common phrases across all cases to produce a cross-case list of *a priori* themes that linked to both subcategories (partnerships and experiences).

Finally, both researchers met to discuss the coding and the relationships that were determined to match the *a priori* codes. The researchers determined which phrases and text could be combined or expanded to test for consistency of usage of words. Differences were resolved by placing the themes and text back in context or by listening to the initial audio to determine how the theme was described. With the final list of combined themes, the researchers verified importance in two ways: by how essential that theme was to the overall discussion by each case group and how frequently the theme emerged. The final list of *a priori* themes for clinical partnership are identified and defined in Table 2.

Findings

Qualitative analysis yielded five *a priori* themes shared across the three cases. Participants' quotes reflect the key characteristics of clinically rich partnerships. The perspectives and experiences of each stakeholder are described in conjunction with *a priori* themes. These *a priori* themes were referenced in an unpublished CAEP article titled, "Framework for the Development of Clinical Partnership Practice," written by the Clinical Partnership Design Team (Clinical Partnership Design Team [CPDT], 2015).

Thematic Codes

Theme 1: Collaboration. Focus group participants describe the importance of collaboration within a clinical partnership. The importance of collaboration inherent within a partnership emerge several variations.

CSU faculty encounter many situations where collaboration is vital for the clinical partnership when change occurred. One UBTE stated:

I think a lot of people don't think about the effort that it takes to collaborate with the building principal, or with a superintendent, to see what's going on in the district, to see what's going on with policy and practice,

Table 2. Themes with Definitions

Theme	Definition
Collaboration	School/community/district and university partnerships are developed with all stakeholders involved.
Mutually beneficial	School/community/district and university partnerships provide mutual benefits for all stakeholders.
Positive impact	School/community/district and university partnerships impact the learning of PK-16 students and support the work of the partnership faculties and the organization.
Sustaining and generative	School/community/district and university partnerships take a long-term perspective and put in place systems, policies, etc. which will support improvements for all stakeholders.
Shared accountability	School/community/district and university partnerships establish mutually agreed-upon expectations which are assessed, and all stakeholders share accountability for such expectations.

Note. Adapted from "CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation" (CAEP, 2013).

and to make sure we're up on things too and so it's that continuous effort.

The CSU UBTE participant mentions the importance of collaborating with district administration so that all stakeholders know and understand changes in both policy and practice. This statement supports the key characteristic of mutually beneficial partnerships: "The partnership as a whole benefits from collaborative efforts, as they require frequent communication and relationship-building around common, shared goals" (CPDT, 2015, p. 16). Districts are confident that instruction by teacher candidates is high quality because of systematic communications in a clinical partnership. EPPs and the school districts are co-creating current practices and policies a teacher candidate needs to demonstrate. When all stakeholders are working collaboratively, then current and relevant learning for the benefit of both teacher candidates and PK-12 students can take place.

Furthermore, the districts benefit from hiring who they train because they are hiring teachers familiar with district policies, procedures, and initiatives. Through collaborative practices between the district and university, districts can gain greater understanding of who to hire because both institutions are co-creating the practices that teacher candidates will develop within the partnership. Ultimately, the practices that are built between both institutions should filter into the collaborative practices between the teacher candidate and SBTE.

Bridging the experience from the SBTE and the new teaching ideas from the teacher candidate can create a strong synergy of collaboration. One SBTE mentions the importance of collaboration and the new ideas garnered by stating:

[Teacher candidates] have new perspectives on things that maybe we haven't thought of before, and I think there's a lot we can collaborate about so we are learning from each other. So, I think it's a learning experience both ways.

In a collaborative partnership, both SBTEs and teacher candidates "are empowered, share skills, expertise, and strategies, and experience immediate, reciprocal response, action, and

conversation" (CPDT, 2015, p. 18). Teacher candidates and SBTEs stakeholders learn how to effectively collaborate, and they collaborate to learn which is imperative for an effective partnership.

Teacher candidates discuss the importance of collaboration in the classroom. One teacher candidate mentions what is gained during the partnership with the SBTE:

We'd spend many, many, many (laughing) hours every week planning and collaborating and figuring out the best method for each week [and] for each day due to the differences of students in each class. It's just the matter of communication between the two members of this partnership, because for me this has really worked out. Collaboration, I feel, is really, really key.

This teacher candidate describes learning about effective lesson delivery that meets the needs of all students. The teacher candidate learned how much thinking goes into the planning of an entire unit, not just a single lesson. This highlights the importance of metacognition, or thinking about thinking, behind a master teacher's planning. The collaboration between SBTEs and teacher candidates supports the key characteristic of mutually beneficial partnerships: "By completing their preparation within a partnership, teacher candidates experience authentic classroom environments, and are immersed in an integrated co-teaching model" (CPDT, 2015, p. 18).

Theme 2: Mutually beneficial. Theme 2 focuses on the mutual benefits for key stakeholders within a clinical partnership. Several assertions emerge when participants describe mutual benefits of a clinical partnership. One UBTE participant feels that the only way a partnership can be mutually beneficial is by setting a common mission from the beginning:

I think a necessary component is that all partners—university, administrators, teachers—come together focusing on a mutual concern or mission. There has to be some cause for that partnership to be created and to be sustained. I know we come together to improve teacher training, but we also come together to renew schools. Those are ongoing forces that keep the

partnership going, because we need each other. And so, we learn from each other.

The UBTE explains that when a shared mission is clear, the partnership benefits through collective clinical experiences. In fact, CPDT (2015) recommends that a clinical partnership should “share a single high-level goal: preparing teachers who will be effective in their own classrooms from day one (p. 16).

Teacher candidates also comment on how a clinical partnership provides mutual benefit to all stakeholders. Preservice teachers realize how a partnership can develop a pipeline for training the type of teachers expected in classrooms. A teacher candidate mentions:

I see the partnership as joint. I see it as the public schools are interested in having good teachers. They have a vested interest in helping CSU develop those, so they're interested in working with CSU to have us come in and learn the way that it's supposed to look, or at least how they operate within their own individual schools. So, that's kind of how I see the CSU/public school relationship/partnership there.

A different teacher candidate responded to the prior statement and explains the mutual benefit of training processes for the purpose of future hire. The teacher candidate declares, “CSU gets to give us experience in the classroom, and the school district gets first pick of teachers finishing their program from a really highly accredited university.” The teacher candidate understands and notes the mutual benefit between stakeholders of clinical partnerships. They create systems of effective collaboration and co-create knowledge and skill used in training teacher candidate; thus, the teacher candidates are more likely to be hired.

The two prior responses from teacher candidates support the CPDT description of a partnership's mutually beneficial characteristics. The teacher candidates touch on the ideas of “assured candidate quality” (CPDT, 2015, p. 17) because the districts and EPP work so closely together. The school districts get to “host and get to know teacher candidates, and thus can make an informed choice regarding who fits best in their schools” (CPDT, 2015, p. 17). The school district, in return, has the chance to “hire graduates that enter the school system already having been active, engaged participants in the school community” (CPDT, 2015, p. 17).

The SBTEs speak to the benefit of hosting students that they already had experience with, and they touch on the principle of mutually beneficial practices within a clinical partnership. One participant explains the mutual benefits:

PSD benefits in that if you have teacher candidates that are in your building, you already know how good of a teacher they are if you're looking to hire them: What role did they play within their school, and how involved were they? You'd be able to evaluate them. With the

partnership with CSU, I think it's pretty important, because that's our university that's right in our backyard. We get the opportunity to grow our own.

The SBTEs recognize the mutual benefits of a clinical partnership. SBTEs view the experience as an opportunity for an extended experiential interview to distinguish if their teacher candidate has what it takes to teach at their school. The district sites truly benefit by “host[ing] and get[ting] to know teacher candidates, and thus can make an informed choice regarding who fits best in their schools” (CPDT, 2015, p. 17).

Theme 3: Positive impact. Clinical partnerships need to demonstrate a positive impact on PK-20 student success at all levels. Several variants of positive impact emerge when the participants describe the positive impacts inherent to a partnership. UBTEs primarily discuss the positive impact that teacher candidates make on individual schools and their students. One UBTE describes a specific observation of one of her teacher candidates working with two high school students. The UBTE explains:

I walked into the media center yesterday, and there's a student of mine working with two high school students that had been absent for days in their science class, and they needed help. When you have 30-38 students in a classroom, you don't have that time. Having more hands-on-deck is a huge benefit for students, as well as districts and classroom teachers.

The importance of student-to-teacher ratio and class size highlights how a clinical partnership directly impacts PK-12 students. Reducing class size to increase student achievement is an approach that has been tried, debated, and analyzed for several decades. The premise seems logical in that with fewer students to teach, teachers can coax better performance from each of them. By partnering with EPPs, “school districts get low-cost instructional support who can offer students more differentiated instruction than they would receive from an in-service teacher alone” (CPDT, 2015, p. 17). The PK-12 students receive one-on-one support, the teacher candidate practices teaching skills and techniques with smaller groups, and the school district gains a cost-effective option for additional personnel to help with instruction.

Teacher candidates also comment on the perceived positive impact for PK-12 students in a clinical partnership. The teacher candidates believe that the PK-12 students are more open to a younger perspective. All participants feel the high school students seem more apt to create relationships with the teacher candidates, and this influences the teacher candidates' efficacy in the classroom. One teacher candidate mentioned the impact of building constructive relationships with their students:

[They] really want the relationship with any positive influence in their lives, no matter who it is. And I think the fact that we are student teachers, they can

relate to us sometimes more than the teacher. I don't know how it would necessarily be if my teacher was teaching it. I'm assuming it would still be the same environment, but they—I feel like I've built strong relationships with every student in the classroom. I know [the] home life [of] almost every student in my classroom and I love that. I feel that since I have developed these relationships, I can make a positive difference for these kids.

A core teaching practice within EPPs is building relationships that allow a safe learning environment. These relationships impact how the teacher candidate is received in the classroom. When teacher candidates complete preparation programs within a partnership, they gain additional benefits such as developing rapport and sustained relationships with SBTEs and PK-12 students (CPDT, 2015, p. 19). Teacher candidates see and experience the importance of relationship building which positively impacts the learning of the PK-12 students.

SBTEs discuss the positive impact they both create and receive from hosting teacher candidates. The SBTEs discuss several examples of positive impact that teacher candidate receives: "I think one positive benefit would just be the networking—you're in the school that you, hopefully, want to teach in, and you're learning the faculty, the staff, and how they operate." Another SBTE explains the relationships students and teacher candidates create during the partnership:

The kids connect with different adults all the time. Some kids just adored them (teacher candidates), and they just connected with them in a way that I just couldn't. Kids are always looking for role models. The more adults you have...the more the better, I think.

When there are more adult educators in the classroom, PK-12 students benefit from added support with a lower teacher to student ratio. This lower ratio allows for more differentiated instruction. The SBTE and teacher candidate benefit by joining teaching talents and perspectives for a given lesson. SBTEs and teacher candidates profit from more creative ideas when collaborating with elements such as lesson design and management. The SBTE gains fresh ideas and the teacher candidate learns from the SBTE's experience. By fostering SBTEs' and teacher candidates' collaborations and relationships and "by completing their preparation within a partnership, candidates are more likely to be hired by the district as they enter with dispositions of a year 2 or year 3 teacher" (p. 19). Further, the SBTE's positive perception of having a teacher candidate alludes to the benefits for both the PK-12 students and the teacher candidates. The PK-12 students work with more than one adult in the classroom who may have different personality dispositions. The teacher candidates experience authentic classroom environments and "becom[e] skillful, creative teachers capable of assuming full responsibility for learning activities of the students" (CPDT, 2015, p. 19).

Theme 4: Sustaining and generative. Both internal and external changes take place in a clinical partnership. Leadership, policy, and procedures seem to evolve constantly. Stakeholder relationships within a clinical partnership sustain and generate new ideas; therefore, structures must sustain and continue to generate beyond the many inevitable changes. Most internal changes are associated with newly hired personnel. For example, superintendents, principals, SBTEs, and UBTEs are constantly changing in position. In order to sustain the partnership and to generate progress in positive ways, systems and protocols need to be in place.

When participants describe how CSU's teacher licensure program is sustaining and generative, several important points-of-view emerge. The conversation from UBTEs focused on the structure needed to sustain such a complex partnership. To sustain and generate clinical partnerships, a strong foundation is necessary. One UBTE states:

I look at the clinical partnership piece as that beginning piece, and bringing in all of those that are impacted so that you can create the model and the structure, so that you have benefit to everyone involved—you have sustainability, you have accountability, but it's all in the structure and that all has to happen before day one when you start. Everything has to be done before you start in order to have a successful, sustaining partnership.

The partnership benefits the education field as a whole because "all partners share common pedagogical and philosophical frameworks, and implement a collaborative pedagogical model" (CPDT, 2015, p. 16). For the partnership to sustain itself and to evolve into a stronger entity, all partners have to work together; however, like the UBTE stated, stakeholders need to create a clear structure. Once all voices are heard and mutually agreed upon structures and practices are co-created, then generative changes make the entire partnership stronger and meaningful for all involved.

Teacher candidates also discussed the importance of sustainability within a clinical partnership. One teacher candidate talks about how the pedagogy, skills, and strategies are exactly what the school and district wants. When both district and university stakeholders collaborate to create relevant teaching practices for teacher development, then the preparation of teacher candidates continue to sustain and generate in positive ways. One teacher candidate references the importance of the PDS model and the result of better preparation for teacher candidates, with the organizational structure provided by CEP as a catalyst to sustaining a partnership:

PSD seems very impressed with what I have to offer from what I learned from CEP, but I am putting a lot of reliance on CEP. I think that's just because they have done such a fabulous job with sustaining a partnership with PSD and knowing what PSD wants and queuing

up these partnerships really, really well. I don't know if that's similar to you guys of putting faith in CEP and that they know what they're talking about, because I have been using CEP lesson templates; I have been using what CEP asks me to do with pretty much for a lot of things, and they have all been very helpful with student teaching.

The program at CSU implements content, skills, pedagogy, strategies, and practices into teacher candidate preparation current within the local districts. The results demonstrate the high level of competence, skills, and knowledge CSU teacher candidates possess at the end of their student teaching semester. EPP's mutual goal of collaborating in a clinical partnership with school districts "enhances continuous improvement by adjusting instruction based on the latest research-based strategies shared by the EPP, and by communicating, sharing, and integrating a Theoretical Framework related to practice" (CPDT, 2015, p. 18).

SBTEs explain the love of the new structure of co-teaching embedded in the program that sustains and generates partnership:

I feel something that has sustained my dedication to accept student teachers is the idea that I don't have to give up my classroom. I think when I get my student teacher, it's very much a cooperative thing where my student teacher and I work together and we—there is some stuff we teamed up together, and that was a really good experience for me—being able to. We're in the middle of the class, "Hey, what do you think about whatever?" I asked her a question, and she did the same thing with me, and back and forth like a dialogue. It was very beneficial for us and for the kids, I think also.

Co-teaching allows the SBTE to maintain control of the classroom while working alongside the teacher candidate. Having certain models in place, like co-teaching, sustain and generate SBTEs willingness to host teacher candidates. In a collaborative partnership, both "SBTEs and teacher candidates share skills, expertise, and strategies, and develop sustained relationships and rapport with each other" (CPDT, 2015, p. 18). Districts and universities have the option to sustain a partnership by transitioning from the traditional co-teaching model, where full responsibility of the classroom is handed over to the teacher candidate, to a co-teaching model where both the teacher candidate and SBTE share the responsibilities. Co-teaching allows the teacher candidate to learn from the guidance of the SBTE without the SBTE giving up the classroom which provides a sustainable training structure for the school, district, and university.

Theme 5: Shared accountability. In clinical partnerships, accountability should be both shared and mutually created. As participants describe the responsibility between partners, several important points-of-view emerge regarding shared accountability in a clinical partnership:

Clinical partnerships are really a place of excellence. It raises the standard for everybody. So you come in without the ego, but boy, vulnerable enough to be okay with not being right all the time, and also learning, and all those things that come with it. But then like, I'm held extremely accountable if I'm in that building to really know what's going on. Right? It raises accountability for me. It raises accountability from the teachers who are in practice, because they may have to be on top of whatever their expectation is. So then the students, then ultimately it's raising accountability for them. So I think all of that is part of that piece, and we've really seen that. It also opens dialogue for the principals to come in if it's not happening.

For both teacher candidates and SBTEs, working with others to provide best instruction for students can elevate students' work habits and self-accountability. Accountability inherently raises the standards set for personal benefit, and it increases the standard others set for themselves. The tendency to work harder as an individual to elevate the team as a collective whole is a definite product of a clinical partnership. CPDT (2015) notes, "EPP faculty benefit from the 'real world' knowledge of cooperating teachers when it comes to unpacking the intricacies of the current education reform" (p. 18). For EPP faculty to implement relevant pedagogical practices requested by the local school districts, their accountability to professional development will keep pace of change and renewal.

A teacher candidate touches on the idea of shared accountability by stating:

I think accountability comes into play with the experience. I like that there is someone who kind of pushes you and like makes you step out of your comfort zone, indefinitely. I feel for most of my supervisors and teachers are always like, "Let's teach one more lesson and see what you can do." And so, this always pushing me to that next limit or even my supervisor just challenging me—just always having that extra challenge—I think it's definitely brought me to be more successful.

A system that ensures high quality and effective placement of teacher candidates to teachers, provides for shared accountability and promotes professional growth. When a SBTE and a teacher candidate work together with the planning, management, and culture/climate building of the classroom, a sense of accountability is maintained. SBTEs work with candidates freshly immersed in best practices, thus, refreshing their own practice (CPDT, 2015, p. 18). Shared accountability of working together ultimately impacts the growth and learning of the PK-12 students in the classroom.

SBTEs discuss their personal views of the inherent accountability of assurance that the teacher candidate is ready for the field. One SBTE describes the responsibility of personally

Table 3. A Priori Themes with Sources and Number of References

<i>(UBTE, SBTE, TC)^b</i>	<i>Theme Definition</i>	<i>Sources</i>	<i>No. of Times Referenced by Each Source</i>
1. Collaboration ^{ab}	School/community/district and EPPs are developed with all stakeholders involved.	UBTE SBTE TC	9 7 4
2. Mutually beneficial ^{ab}	School/community/district and EPP partnerships provide mutual benefits for all stakeholders.	UBTE SBTE TC	11 6 6
3. Positive impact ^{ab}	School/community/district and EPP partnerships impact the learning of PK-20 students and support the work of clinical educators.	UBTE SBTE TC	7 5 5
4. Sustaining and generative ^{ab}	School/community/district and EPP partnerships take a long-term perspective and put in place systems, policies, etc., which will support improvements for all stakeholders.	UBTE SBTE TC	7 5 4
5. Shared accountability ^{ab}	School/community/district and EPP partnerships establish mutually agreed-upon expectations which are assessed, and all stakeholders share accountability for such expectations.	UBTE SBTE TC	8 7 3

Note.

^aAdapted from *CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation* (CAEP, 2013).

^bAdapted from "Framework for the Development of Clinical Partnership Practice." Manuscript in preparation by CPDT.

^cSources reflect focus groups. 1=University Based Teacher Educator (UBTE); 2=School Based Teacher Educator (SBTE); 3=Teacher Candidate (TC).

owning the accountability of the preparation of the teacher candidate by sharing:

When I host a student teacher, I feel part of that honesty and accountability is on me. If I'm qualified to teach my students content, I'm qualified to teach this student teacher how to teach and give them those skills. So, if they're really struggling, I'm teaching them, too. If my student teachers aren't prepared, I think part of that's on me. The accountability is partly on my shoulders.

All stakeholders in a clinical partnership "share in the development of the next generation of teachers" (CPDT, 2015, p. 16). When SBTEs view their commitment to working with their teacher candidate as an opportunity to equip their student for the field, a shared accountability is created which ensures student success.

Conclusions

Reflection on Research Questions

The first question of this study focuses on the perspectives of specific key stakeholders of CSU's PDS clinical partnership model using Standard 2: Clinical Partnerships and Practice as the framework. The three focus groups identify five principles of a clinical practice: collaboration, mutual benefit, positive impact, sustainable and generative, and shared accountability. Characteristics of mutually beneficial partnerships, as identified by the CPDT, are supported within the discussions from the focus

groups, and are utilized as the a priori themes in this study. The a priori themes recognized by focus group members along with the CPDT claims are explained below. Table 3 also identifies the a priori themes, including their definition, the sources that mention the a priori themes, and the number of times each theme is mentioned.

All three focus groups identify collaboration with a collective total of 20 references. UBTEs reference collaboration nine times. Collaboration has been defined as when the school, community, district, and university partnerships are developed with all stakeholders involved. Fullan and Hargreaves (1991) warn educators that there is a ceiling effect to how much we can learn if we keep to ourselves. All educators must work together to achieve their collective purpose of learning for all, and they must create structures to promote a collaborative culture. This collaborative culture is what makes a clinical partnership in teacher preparation thrive. A strong, consistent collaboration and regular communication between university and PK-12 SBTEs and administrators support the continuous program improvement process and provide a network of support for teacher candidates.

All focus group participants describe mutual benefit. This a priori code is referenced the most with 22 references total; UBTEs reference this theme the most out of the three focus groups with 11 references. CPDT (2015) emphasizes the importance of collaboration within a clinical partnership: "Once collaboration has been embedded into the culture of the clinical partnership, then stakeholders can begin to share ideas and resources that align with a common mission" (p. 16). Mutual investment, or buy-in, can be facilitated via the creation of "a

comprehensive mission that is broader in its outreach and scope than the mission of any partner and that furthers the education profession and its responsibility to advance equity within schools and to the broader community” (National Association for Professional Development Schools, 2008, p. 9). To realize these mutual aims, partners will need to sit across the table from one another and engage in open, honest, and occasionally difficult conversations.

The critical measure of educator effectiveness is the ability to demonstrate a positive impact on student learning. The theme of positive impact is referenced by all focus groups for a total of 16 references. UBTEs reference positive impact the most out of the three focus groups. The CPDT (2015) suggests that students’ academic achievement and chances for success in life are greatly enhanced by having been taught by well-prepared, certified school teachers. Fully certified teachers are more effective in raising student achievement than inadequately prepared teachers, including those still in training in alternative programs (NCATE, 2014). Numerous research studies report positive effects on the achievement of students whose teachers are prepared at collegiate-based educator preparation programs. Positively impacting PK-12 students’ needs to be the ultimate goal in education and certainly in the training of teacher candidates.

Sustainable and generative is another important a priori theme in this study and is referenced 16 different times. This theme is referenced the least frequent by all three focus group members; however, sustainability and generative structures are central to clinically rich partnerships. Clinically rich partnerships require rethinking and identifying new practices that school- and university-based teacher educators use within the clinical context to develop teacher candidates’ professional knowledge. Another important step to sustain and generate in a clinical partnership is to explore the resources, opportunities, and challenges of the community where the public schools are located and consider how the higher education institution and school could best work with the community.

Shared accountability suggests the notion that all partners share responsibility for growing the partnership, and all partners view themselves as both learners and teachers. Shared accountability is referenced by all three focus groups for a total of eighteen references. Expectations for honest communication and meaningful collaboration are openly articulated. Data should be collected and analyzed for the purpose of continuous improvement. The expertise brought to discussion by partners is respected and valued, and the well-being of all participants is vital. Moreover, each partner recognizes the rules, regulations, and limitations that govern decision-making practices in the two parallel systems of PK-12 schools and the university.

It is important to note that UBTEs reference the themes with the most frequency. SBTEs referenced the themes with the second highest frequency, followed by teacher candidates with the least amount of references. The purpose for this pattern is unclear, but the researchers thought the frequencies of

references to the themes of the focus groups is an interesting outcome that might benefit future research efforts.

Further Research

This study reveals some possibilities and ideas for further research possibilities. Additional research could explore different groups of teacher candidate, SBTEs, and UBTEs to see if new codes would inductively be represented. Research could also be expanded to include the barriers that keep the benefits from being realized by the key stakeholders. By addressing the barriers that are identified by key stakeholders, educator preparation programs could improve in key areas which would help to strengthen partnerships and help the partnership arrive at a description of the experiences of the key stakeholders. A final step in potential future research could include a comparison of local perspective to an expansive perspective which could include other institutions with a similar model for teacher preparation.

Conclusion

As EPP stakeholders re-envision clinically-based teacher preparation, we recognize that clinical partnerships play an extremely important role in PK-20 student learning. The implementation of PK-12/university partnerships is imperative in a clinical practice and is specifically identified in the CAEP accreditation standards. CAEP’s (2013) Standard 2: Clinical Partnerships and Practice state, “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” (p. 8).

The development of strong, vibrant, mutually beneficial PK-20 partnerships serve to promote shared responsibility for the preparation of teachers, provide a context to empower and better serve complex learning environments for both candidates and PK-12 students, and ensure professional accountability for candidate effectiveness. These, in turn, empower teachers to meet the diverse needs of children in our schools. It truly does take all key stakeholders in a clinical partnership to prepare educators to enter the 21st-century classroom. All stakeholders need the desire to share responsibility for preparing our next generation of teachers. The education profession can continue to renew, grow, and impact our PK-12 students through successful collaboration, realized mutual benefit, shared accountability, and effective structures that provide sustainability and generate renewal. ^{SUP}

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