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Using Leadership Coaching to Strengthen the Developmental Opportunity of the Clinical Experience for Aspiring Principals: The Importance of Brokering and Third-Party Influence

Abstract

Purpose: To identify key issues that university-based leadership coaches act upon in work to fortify the developmental opportunity of the clinical experience for aspiring principals, and how leadership coaches act upon these issues. **Research:** Data include roughly 75 hours of interviews with two cohorts of aspiring principals and 25 hours of interviews with the five leadership coaches assigned to these aspirants ($N = 25$). Drawing theoretically upon brokering and social networks brokerage, analysis of transcripts used both deductive and inductive coding. **Findings:** We identified five key issues acted upon by leadership coaches, including: (a) relational issues between the aspirant and the mentor; (b) insufficient time between the aspirant and the mentor; (c) aspirant identification of and engagement with clinical work of developmental importance; (d) aspirant access to and/or authority for clinical

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work; and (e) the developmental supports provided to aspirants by mentors. Drawing upon theories of brokering, social networks brokerage, and third-party influence as we examined how coaches acted upon aspirant issues, we found that coaches regularly worked as brokers and third-party influencers in these pursuits. The structuring and design of coaching as well as coaching tools proved vital to this work. **Conclusion:** Leadership coaches tethered to principal preparation programs can play an important role in fortifying the developmental opportunity of the clinical experience. Our findings suggest an assortment of implications for leadership preparation, the deployment and design of university-based leadership coaches, and the development of such coaches tied to principal preparation.

Keywords
principal preparation, brokerage, clinical experience, mentoring, coaching

Introduction

In the United States (US), much attention over the last several decades has been directed at understanding effective principal preparation program (PPP) designs and marshaling these findings to spur and support program improvement. Although the clinical experience has historically been regarded as a key PPP element (e.g., Browne-Ferrigno, 2003; Browne-Ferrigno & Muth, 2003; Cordeiro & Sloann, 1996; Hackmann et al., 1999; Jackson & Kelley, 2002; McCarthy, 1999; Pounder & Crow, 2005), an assortment of more recent studies has elevated its importance in supporting aspiring school leader development (Barnett et al., 2009; Crow & Whiteman, 2016; Drake et al., 2021; Reyes-Guerra & Barnett, 2016; Young, 2015). For example, research comparing more traditional preparation programs to ones identified as innovative found that more robust internship experiences—that is, full-time, job-embedded, 300+ hours—promote higher levels of leader learning and instructional leadership practice development (Orr & Orphanos, 2011), career advancement (Orr, 2011; Orr & Barber, 2006), and several important working conditions for teachers (e.g., greater professional development and collaboration; see Orphanos & Orr, 2014). Similarly, research examining exemplary PPPs has identified carefully supervised and well-planned field experiences as a hallmark feature distinguishing such programs (Crow & Whiteman, 2016; Darling-Hammond et al., 2007, 2022; Young, 2015). Thus, it is not surprising that the clinical experience has been regarded as "potentially the most powerful learning opportunity for aspiring principals" (The Wallace Foundation, 2016, p. 9).

Indeed, a body of evidence reveals growing attention to the clinical experience by both policymakers and practitioners (see Gates et al., 2020). Research shows an intensive and quality clinical experience is regarded as a central component of enhanced PPP designs (Anderson & Reynolds, 2015; Crow & Whiteman, 2016; Darling-Hammond et al., 2022; Dexter et al., 2022; The Wallace Foundation, 2016; Young, 2015), and is specified in both the National Educational Leadership Preparation (NELP, 2018; formally ELCC, 2011) and Council for the Accreditation of Educator Preparation (CAEP, 2020) standards (used for program accreditation in some states). Meanwhile, there is evidence that some US states have adopted preparation policies requiring more robust clinical experiences (Anderson & Reynolds, 2015; Campbell et al., 2017; Phillips, 2013; Reyes-Guerra & Barnett, 2016; Shoho et al., 2012; White et al., 2016). As of 2015, at least 16 states have adopted policies that address the bulk of the criteria associated with "clinically rich internships[1]" (Anderson & Reynolds, 2015, p. 22).

An assortment of indicators suggests that some PPPs throughout the country have taken actions to strengthen the clinical experience. Beyond policy-motivated program improvement, enhancement of the clinical experience by preparation programs has been spurred by program improvement networks (e.g., NICs), large-scale, externally-funded improvement projects (Cunningham et al., 2019; Fry et al., 2007; Thornton et al., 2020; Wang et al., 2018), and program-based continuous improvement efforts (Cosner et al., 2012; Cosner et al., 2015; Fusarelli et al., 2018). For example, program surveys collected from University Council for Educational Administration (UCEA) member institutions suggest that many of these programs self-report having features of higher quality clinical experiences (Anderson et al., 2018; Winn et al., 2016).[2] Of these programs, a small number have also been identified as exemplary through an evidence-based review process (Cosner, 2019; Cosner et al., 2015; Jacobson et al., 2015; Young, 2015; Young & Eddy-Spicer, 2019).

At the same time, research over the past decade paints a less than optimistic picture about the developmental opportunity of many clinical experiences for aspirants (Darling-Hammond et al., 2022). Most recently, in surveying over 600 PPPs nationally, Dexter and colleagues (2022) found only 18% offer full-time, job-embedded residencies. Meanwhile, another national study conducted by Orr (2011) that included a broad range of program types found considerable variability in their clinical experiences—especially in terms of length and job-embeddedness—leading her to conclude that the clinical experience was the "most challenging feature [of preparation programming] to deliver" (p. 155). Similar levels of variability in the nature and quality of clinical experiences provided to aspirants have also been found via state-level investigations over the last decade (e.g., Darling-Hammond et al., 2022;

Doolittle, 2013; Grissom et al., 2019; Lehman et al., 2014). As we explore in our review of literature, studies have further begun to shed light on an assortment of issues that have potential for shaping the developmental opportunity of the clinical experience (e.g., Chandler et al., 2013; Clayton, 2012; Clayton et al., 2017; Cunningham & Sherman, 2008; Drake et al., 2021; Fry et al., 2005; Lehman, 2013; Orland-Barak & Hasin, 2010; The Wallace Foundation, 2016).

Over the last decade, a growing number of more innovative leadership preparation programs have taken steps to strengthen the clinical experience by introducing leadership coaches as an additional developmental role. These programs are in various locations across the US, as well as in several more developed national contexts (e.g., Australia and the United Kingdom; see Cosner et al., 2012, 2015, 2018; Cheney et al., 2010; Fusarelli et al., 2019; Herman et al., 2022; Kappler-Hewitt et al., 2020; Korach et al., 2019; Shoho et al., 2012; van Nieuwerburgh et al., 2020). The use of leadership coaches during preparation is not surprising given the growing evidence of their productive use with practicing school leaders (e.g., Bickman et al., 2012; Celoria & Roberson, 2015; Goff et al., 2014; Klar et al., 2019; Lochmiller, 2013; Nava et al., 2020; Silver et al., 2009).

Unlike mentoring, which is provided by the clinical setting principal via a hierarchical relationship (Aguilar, 2013) with the aspirant, a leadership coach typically operates in a non-evaluative manner, focused on aspirant development (Flückiger et al., 2017; Grissom & Harrington, 2010; Patrick et al., 2021; Kappler-Hewitt et al., 2020; Silver et al., 2009; Shoho et al., 2012). Importantly, these coaches tend to be employees of and housed within the preparation program rather than the school district. They are largely staffed by former principals who have joined programs either as clinical faculty—where the coaching role is one aspect of their faculty work—or as leadership coaches more specifically (Cheney et al., 2010; Cosner et al., 2012, 2015, 2018; Fusarelli et al., 2019). Within these programs, these new coaching roles have been enacted to supplement or replace the role of the university-based clinical/field supervisor. Unlike supervisors, these roles have "frequent touch points" (Herman et al., 2022, p. 39) with aspirants to listen and ask questions, provide advice and feedback, and serve as a thought partner in ways that supplement the developmental interactions provided by mentor principals (Cosner et al., 2018; Fusarelli et al., 2019; Flückiger et al., 2017; Grissom & Harrington, 2010; Herman et al., 2022; Jones, 2015 ; Kappler-Hewitt et al., 2020; Patrick et al., 2021; Shoho et al., 2012; Silver et al., 2009). Notably, these roles demonstrate a "shift from a compliance or monitoring-centered approach to supervising clinical experiences, to one focused on supporting candidates' individual development" (Herman et al.,

2022, p. 38). Although several insights have been gleaned regarding the potential of these roles for strengthening the clinical experience (Cosner et al., 2018, Fusarelli et al., 2019; Korach et al., 2019), studies have yet to examine this issue more directly.

To address this knowledge gap, we explore leadership coaching associated with one university-based preparation program. These coaches are all former principals who have been hired by the preparation program and office at the university—thus we regard them as university-based leadership coaches. We ask two related research questions: (a) what are the key issues that leadership coaches act upon in work to fortify the developmental opportunity of the clinical experience, and (b) how do coaches act upon these issues? Data for this study include multiple interviews with two cohorts of aspiring principals (n = 20) and all five leadership coaches assigned to these aspirants.

We found that these university-based leadership coaches acted upon five key issues in their work to strengthen the developmental opportunity of the clinical experience. This work occurred through individual and joint interactions with aspirants and mentor principals. Drawing upon theories of brokering, social networks brokerage, and third-party influence as we examined how coaches acted upon clinical issues encountered by aspirants, we found that coaches regularly worked as brokers and third-party influencers in these pursuits.

Literature Review

Shaping the Developmental Opportunity of the Clinical Experience

Given the importance of experience to learning and development (Kolb, 2014), the clinical internship has been regarded as a critical element of educational leadership preparation (Anderson et al., 2018; Darling-Hammond et al., 2022; Ni et al., 2019; The Wallace Foundation, 2016). A variety of factors are now recognized as shaping the developmental opportunity of the clinical experience (Jamison & Clayton, 2016). In addition to time allocated to the clinical experience (Anderson & Reynolds, 2015, 2018; Hafner et al., 2012; Perez et al., 2011), its developmental opportunity is shaped by the clinical work experiences taken up by and the developmental supports provided to aspirants.

The kinds of work experiences that aspirants take up—oftentimes influenced to some degree by mentor principals—effect its developmental opportunity. Broadly, principals can help aspirants consider and make use of the clinical setting as an experiential learning resource (Bush, 2018; Hayes &

Mahfouz, 2020; Thessin & Clayton, 2013). This can involve helping aspirants identify and access work tasks likely vital to their development (Clayton et al., 2017; Geer et al., 2014; Thessin & Clayton, 2013; Thessin et al., 2018, 2020), providing authority for such work (Clayton et al., 2017; Gimbel & Kefor, 2018; Hayes & Mahfouz, 2020), and making these provisions visible to others (Clayton & Thessin, 2016; Jamison et al., 2018).

Several broad types of clinical work are of high developmental value. Research shows work experiences that are aligned to aspirants' unique developmental needs are particularly critical to the developmental value of a clinical experience (Bartee, 2012; Korach et al., 2019). Additionally, "hands on" opportunities (e.g., leading, facilitating, and decision-making; see Bottoms et al., 2012; Chandler et al., 2013; Honig & Walsh, 2019; Jamison, 2016; Orr & Orphanos, 2011; Thessin & Clayton, 2013) that reflect the role's "day-to-day complexity and demands" (Sutcher et al., 2017, p. 9) make important contributions to the developmental value of the clinical experience.

For a variety of reasons, however, many aspirants encounter clinical work that lacks strong developmental value. These breakdowns occur with the selection of and access to consequential work, as well as with issues of gaining authority for such work. For example, this can occur when mentors lack deep knowledge of the leadership standards (e.g., NELP, 2018) or the kinds of leadership work relevant for standards-aligned development (Clayton et al., 2017; Clayton & Thessin, 2016). In other instances, mentor principals prioritize aspirant attention to student discipline or other activities that they themselves dislike (Clayton, 2012; Sherman & Crum, 2009; Turnbull et al., 2013). Clinical work that is "more secretarial or custodial" in nature and not well aligned to an aspirant's developmental needs has frequently been noted (Jamison et al., 2020, p. 591; also see Clayton, 2012; Jamison, 2016; Sherman & Crum, 2009; Thessin & Clayton, 2013; Thessin et al., 2018, 2020; Turnbull et al., 2013). This may occur when mentors question aspirants' "skills, knowledge, and dispositions," (Jamison et al., 2020, p. 591; also see Clayton, 2012; Jamison, 2016; Sherman & Crum, 2009; Thessin & Clayton, 2013; Thessin et al., 2018, 2020; Turnbull et al., 2013). The lack of access to and authority for consequential work can also stem from breakdowns in trust between the mentor/aspirant, or when a mentor questions an aspirant's dedication to the clinical experience (Jamison et al., 2020; Thessin et al., 2018). Taken collectively, these sorts of issues can create conditions where aspirants encounter few authentic leadership practice experiences (Anast-May et al., 2011; Fry et al., 2005; Geer et al., 2014; Jamison et al., 2020; Sherman & Crum, 2009).

Beyond the nature and quality of the clinical work, the developmental opportunity of the clinical experience is also shaped by the kinds of direct

supports provided to aspirants—which have historically been expected to come from mentor principals. Indeed, an assortment of developmental supports provided by mentor principals has been unearthed in the literature, including guidance, advice, feedback, modeling, and reflective questioning (Chandler et al., 2013; Cheney et al., 2010; Clayton et al., 2017; Cunningham & Sherman, 2008; Hayes & Mahfouz, 2020; Jamison et al., 2018; Nicolaidou et al., 2016; Rhodes, 2012). Mentor principals also prove developmentally supportive when they help aspirants to plan for their work in identified areas, and do so with the aspirant's developmental goals in mind (Clayton et al., 2017; Thessin, et al., 2018). However, research suggests that notable portions of studied aspirants have failed to sufficiently experience these kinds of interactions, or that such interactions were not encountered in areas most crucial to their development (Anast-May et al., 2011; Campbell & Parker, 2016; Clayton & Myran, 2013; Wilmore & Bratlien, 2005). This can result because mentors do not allocate enough time for aspirant interactions (Clayton et al., 2017; Gimbel & Kefor, 2018; Hayes & Mahfouz, 2020), or simply lack such skills in the first place (Gimbel & Kefor, 2018).

Conceptual Framing

To explore how university-based leadership coaches worked to promote the developmental opportunity of the clinical experience, we initially draw attention to the multi-faceted nature of the PPP learning-oriented social system, which includes two distinct and largely disconnected contexts—the academic and clinical settings. This attention led us to consider brokerage and brokering theory (Neal et al., 2021; Rodway et al., 2021; Stovel & Shaw, 2012) as conceptual tools. The introduction of a leadership coach as a support to the clinical experience also invites attention to the social network that is created by the aspirant, mentor principal, and coach. Thus, coaches might also be reasonably conceptualized as the addition of a third-party to a dyad (Nooteboom, 2006) or "third-party influencer" (Wong et al., 2021) to a dyad. Thus, we also draw attention to the literature on social network brokerage/brokering and third-party influence/rs to dyads (Burt, 2000, 2001, 2007; Nooteboom, 2006; Obstfeld et al., 2014; Simmel, 1950; Wong et al., 2021).

Brokerage is a relevant conceptual tool for considering bridges between settings, groups, or individuals that have weak connections or where disconnection exists. The literature on brokerage (Neal et al., 2021; Rodway et al., 2021; Stovel & Shaw, 2012) refers to such disconnections as "holes" (Burt, 2000, 2001, 2007; Quintane & Carnabuci, 2016), and draws attention to individuals who occupy a bridging or boundary spanning position in these types of circumstances (Honig, 2006; Wegemer & Renick, 2021). Additionally,

brokers are conceptualized as individuals who engage in behaviors to link disconnected individuals, groups, or organizations (Scott, 2000). Indeed, the weak connection between the academic program and clinical setting has regularly been identified as a factor of consequence to the nature and quality of the clinical experience (Darling-Hammond et al., 2007; Thessin & Clayton, 2013). Recent work by Herman et al. (2022) broadly points to the ability of leadership coaches in PPPs to be such a link between the academic program and clinical experience.

Building from these concepts, brokering literature sheds light on the sorts of critical functions and social influences that brokers can take and have. For example, they can identify, organize, and filter resources that should flow from and be exchanged by two largely disconnected entities—for example, knowledge or information resources (Daly & Finnigan, 2010; Daly et al., 2014; Shiffman, 2019; Stovel & Shaw, 2012) and material resources and tools (Rodway et al., 2021). Further, they can negotiate space for joint participation, and they can coordinate actions and activities between multiple organizations or individuals (Hartmann & Decristan, 2018; Long et al., 2013; Montecinos et al., 2015). Finally, brokers can play an important role in helping to mediate more generally (Stuetzer et al., 2013), as well as more specifically due to conflicts between two groups or individuals (Stovel & Shaw, 2012).

The conceptual use of brokering theory has been previously utilized to examine "district-to-school brokering" (Hopkins et al., 2013, p. 222) by district-level coaches (e.g., instructional coaches, leadership coaches, principal supervisors) working with teachers and school leaders. Notably, such studies have revealed brokering as an important coaching action that enables information flow between districts and schools (Honig, 2012; Hopkins et al., 2013). Beyond information flow, these sorts of broking actions can also connect individuals within a school (e.g., principals) to central office resources, or can buffer them from such things as district demands (Honig, 2012).

We also extended our conceptual framing to draw on literature concerning social networks brokerage/brokering and third-party influence/rs. Social network brokerage/brokering pays attention to brokerage and brokering actions that occur within or between one or more social networks (Daly et al., 2014; Kwon et al., 2020). Thus, brokers can be network actors that occupy "a structural position" with ties between other actors within a social network, and where there is "exchange or interaction" between the broker and other network actors (Kwon et al., 2020, p. 1093). From this perspective, brokerage can be conceptualized as a "process that alters interactions between two or more individuals in a wide variety of triadic structures" (Obstfeld et al.,

2014, p. 136). For example, such brokerage might entail "facilitating coordination between connected individuals" (Obstfeld, 2014, p. 100) that might become necessary because some "disconnection may endure that necessitates . . . brokerage interaction" (Obstfeld et al., 2014, p. 147). Importantly, when a third-party is added to a dyad, there is potential for stronger cohesion (Yoon et al., 2013). Third parties to a dyad can also take actions that are of value to dyads, such as forming coalitions within the dyad, supporting exchange between dyad members (Simmel, 1950; Yoon et al., 2013), and serving as mediators more generally who act upon "discords between two parties which they themselves cannot remedy" (Simmel, 1950, p. 135). Weak connections within the aspirant–mentor dyad have been identified as consequential to the nature and quality of the clinical experience (Jamison et al., 2020; Thessin et al., 2018; Thessin, 2019).

Methods

Research Setting

Findings for this investigation come from a larger study of leadership coaching that centers on one PPP with features aligned to those associated with exemplary preparation (e.g., a robust clinical experience; see Darling-Hammond et al., 2007, 2022; Davis & Darling-Hammond, 2012; Orr, 2011; Orr & Orphanos, 2011; Young, 2015). This program includes a four-semester, 18-month preparation experience (i.e., spring, summer, fall, and spring). After the first semester of coursework, nearly all aspirants continue coursework and begin a 12-month, fully paid principal residency with the partnering district. Aspirants are assigned by the partner district to a specific school for this experience, and they begin full-time residency principal work in that school under the mentoring and supervision of the school's principal. During this time, the preparation program also pairs each aspirant with a designated, university-based leadership coach. These individuals, all of whom are former principals, are employed by the preparation program in clinical faculty roles, where the coaching role is a major part of their overall responsibilities,[3] or as leadership coaches more specifically. The program added leadership coaching in 2003 following its redesign from a master's to a doctoral program. These roles have been supported by a combination of sources, including funding from the university, the partner school district, and other external, philanthropic funding. These roles were added to the program based largely on the perspective that the intensive time demands faced by mentor principals would prevent them from consistently providing the

kinds of developmental supports necessary for more robust aspirant development (Cosner et al., 2012).

The work of these leadership coaches is shaped in several ways. Given that these coaches were all highly successful principals, the program did not initially (nor over time) choose to adopt a formal coaching model or protocol. Instead, these leadership coaches received some basic training through book study (e.g., Blended Coaching; see Bloom et al., 2005) at various points in time, and they have structured ongoing opportunities to meet together as a team to discuss and consider how to strengthen their coaching. Prior to the start of the clinical experience, aspirants complete a standards-aligned self-assessment that helps them to identify leadership competency areas for developmental attention. Assigned coaches then draw upon these self-assessments during the creation of each aspirant's leadership development plan. These plans become a key coaching tool, as they are (a) initially used to consider the kinds of clinical work experiences that would be of value to an aspirant's developmental needs, and (b) used to monitor and share with their mentor and coach major areas of clinical work taken on over time. By design, coaches typically meet with aspirants weekly or bi-weekly throughout the residency year for one to two hours per week. Although coaching is oftentimes enacted in a dyadic manner (i.e., between aspirant and coach), a variety of coaching structures are used (Cosner et al., 2018). Germane to this study is the "triad" structure, which provides several more formal occasions throughout the year for the coach to meet together with the aspirant and mentor principal (Cosner et al., 2018). Coaches are also likely to interact directly and separately with mentors as issues or needs arise.

Sample and Data Sources

Data for this study come from: (a) two cohorts of aspirants, and (b) the five coaches assigned to these aspirants (N = 25). All aspirants from both cohorts were invited to participate in this study. Roughly 70% participated, including 10 of the 13 students from one cohort and 10 of 16 from the other (n = 20). All aspirants identified leadership coaching as contributing to their standards-aligned leadership development, and nearly all identified leadership coaching as a major developmental contributor. One hundred percent of these aspirants were hired as principals or assistant principals at the culmination of their preparation experience. Program cohorts are consistently diverse and include: (a) a large percentage of teachers who are also teacher leaders and a very small percentage of early career assistant principals or principals; (b) a larger percentage of African American and White students, with smaller percentages of students who identify as Latinx or Asian; and (c)

students who typically have between 4–15 years of teaching experience. The coaching team included three who identify as White and two who identify as Black. At the time of this study, all of the coaches had at least 5 years of coaching experience within this program.

Aspirant Interviews. Two semi-structured interviews, each lasting about 2 hours, were conducted with 18 of the 20 participating aspirants (n = 38). Because of time constraints experienced by two aspirants, second interviews were not conducted with these individuals. The first interview occurred shortly after the start of the clinical experience and the final interview occurred near its end. Interviews were conducted by members of the research team who had no teaching responsibilities or affiliation with the program. Interviews were audiotaped, transcribed, and "scrubbed" of any hidden identifiers mentioned by individual aspirants. Aspirants were asked about their leadership learning and development, as well as the developmental contribution of various program features (e.g., the clinical experience and leadership coaching). Aspirants were also asked to discuss focal areas of clinical work, and how those areas of work were identified, what challenges were encountered with their clinical experience, and whether or how those challenges were addressed. Lastly, they were asked to identify and elaborate leadership coaching practices and approaches that were consequential to their clinical experience and clinical experience development.

Coach Interviews. To achieve data saturation for topics being investigated, either two or three semi-structured interviews, roughly two hours in length, were also conducted and transcribed for each of the five coaches (n = 13) following the same procedures as those for aspiring leaders. These interviews were used to identify focal areas of clinical work for aspirants they coached and processes of clinical work selection. Coaches were asked to provide more granular accountings of key leadership coaching practices, including how and why these practices were enacted.

Data Analysis

All interview data were uploaded and analyzed using Dedoose, a qualitative computer software package. In our coding for a broader study of leadership coaching, we noted that nearly all of the identified coaching actions could be organized into two categories: (a) direct provisions of developmental supports to aspirants (e.g., modeling, providing feedback or advise), and (b) more indirect provisions of support that addressed the developmental opportunity of the clinical experience. This second type of coaching action became the

focus of this study. We moved the coded material related to the latter category into a separate Dedoose file for further analysis.

To develop an initial set of deductive codes related to our first research question, we considered our review of literature that helped us to understand issues that are likely to promote or undermine the developmental opportunity of the aspirant clinical experience. Thus, our initial a priori codes related to a set of issues in the clinical setting that coaches could act upon. Examples of such codes are the mentor/aspirant relationship and aspirant time with the mentor. Members of the analysis team used these initial codes for the independent "practice coding" of several transcripts. Through independent practice coding and follow-up discussions about coding and code use, we came to a group consensus on coding and code application (Saldaña, 2016).

Through this coding and subsequent discussion, we identified several additional codes. For example, we noted a code related to coaching actions intended to sustain aspirant engagement with developmentally consequential work. We considered these observations in relation to our set of a priori codes. By considering the underlining purpose of the coaching action, we eventually grouped codes into five core code categories— actions to: (a) address relational issues between the aspirant and mentor; (b) address insufficient time between the aspirant and mentor; (c) support aspirant identification of and engagement with clinical work of importance to their development; (d) foster aspirant access to and/or authority for clinical work; and (e) to enhance the developmental supports provided to aspirants by mentors.

For our final analysis related to our first research question, we moved all of the coded material for each role (i.e., aspirant and coach) into five separate spreadsheets representing the core code categories. To triangulate our data, we made comparisons across the two role sets in each category. Through this process, we found evidence from both role sets across multiple individuals for each of these aforementioned issues.

For our second research question, we continued to work from the five separate spreadsheets. To consider how coaches acted upon each of these five issues, we began by identifying discrete coaching approaches that were reported as each of the key actions were elaborated. In some instances, the considerations that shaped these coaching approaches were also revealed. In the findings section, we make visible the range of approaches that were noted and any important considerations germane to the use of an approach. As we considered the underlying function of these coaching approaches in relation to our conceptual tools, we recognized the important role that leadership coaches played as: (a) brokers or individuals with potential for taking a brokering stance between the program/clinical setting and between the aspirant/mentor principal, and (b) third-party influencers. We applied the

brokering code when actions were taken to bridge between the two largely disconnected elements of leadership preparation—the academic program and clinical experience. In these instances, brokering tended to draw important resources and knowledges into the clinical experience from the academic program. We also applied this code to actions that occurred within the social network that connected the aspirant, mentor, and coach. Oftentimes, these actions were undertaken for purposes of coordination or mediation between the aspirant and mentor, and/or to influence the behavior of one of the members of the aspirant–mentor dyad. When these actions were taken more directly with one member of this dyad, we also applied the code of third-party influence.

Research Team and Member Positionality

The research team engaged in the initial broader study of leadership coaching included one tenured faculty member (first author) from this program with no leadership coaching responsibilities and three additional research scientists with no teaching responsibilities or formal associations with this program. The tenured faculty member did not recruit individuals for the study or engage in data collection. For this study, an additional research faculty member (second author) with no teaching responsibilities or formal associations to the program and a graduate assistant joined this team to support data analysis.

Findings

Our findings point to five key actions that coaches took in their work to fortify the developmental opportunity of the clinical experience—actions to: (a) address relational issues between the aspirant and mentor; (b) address insufficient time between the aspirant and mentor; (c) support aspirant identification of and engagement with clinical work of developmental importance; (d) foster aspirant access to and/or authority for clinical work; and (e) enhance the developmental supports provided by mentors. As each of these actions is explored, we reveal key coaching approaches and considerations that shaped these actions, and we consider these approaches in relation to brokering and third-party influence.

Acting to Address Relational Issues Between Aspirant and Mentor Principal

Leadership coaches acted in various ways to promote aspirant–mentor relationship-building when relationships were either slower to develop, or

where relational strains/challenges became evident. One aspirant, for example, credited his coach with helping him "navigate some of those issues with being a resident and with the mentor principal relationship." A limited number of aspirants reported experiencing relational challenges or a slower pace of relational development with their mentor and receiving some sort of coaching support to address these issues. Coach accountings also revealed these sorts of coaching actions and various approaches that were used.

One of the coaches, for example, reported interacting individually with the aspirant as she sought to address an aspirant–mentor principal relationship:

> I was . . . able to convince [the aspirant] that she would need. . . to invite [mentor] out to dinner, pay for the dinner, talk with [mentor principal] about how they're experiencing each other because it wasn't working. And, you know, [aspirant] did that with [mentor] a couple times in the spring semester, with that idea that we've got to get away from school. . . [Because of this] things are much better now.

In contrast, another coach reported separate exchanges with both the mentor principal and the aspirant in his approach to strengthen the nature of the aspirant–mentor relationship:

> [The relationship between the mentor and aspirant] has changed . . . with me doing two things: subtle coaching with the principal, and then helping the resident figure out how to manage this [relationship] and to gain trust. And now it's in a great place and there's complete trust.

Together, these approaches make visible the stance that coaches took as brokers and third-party influencers to the aspirant–mentor dyad. From a brokering perspective, coaches acted to mediate between the aspirant and mentor by working to alter interactions between the aspirant–mentor principal dyad. These sorts of interactions could also be conceptualized as a third-party influence to dyad members, given that coaches chose to interact in an individual manner with one or both members of the dyad to encourage behaviors vital to relationship development (or repair).

Acting to Address Issues of Insufficient Time Between Aspirants and Mentor Principals

Leadership coaches took actions to address an issue encountered by several aspirants related to insufficient time with mentors. As one aspirant reports:

> So, I had this vision when I went in that it was going to be highly collaborative and that [mentor] would stop what she was doing and come and spend some time with me. It didn't happen. So, my coach helped me to really figure it out and establish some time when the [mentor] principal wasn't busy. . . I also had to figure out a way to communicate with her where we always didn't have to sit down and meet.

The act of addressing time limitations took on multiple forms. As revealed above, one form occurred during interactions between a leadership coach and aspirant for provisions of advice relevant for addressing time concerns. However, triad meetings enabled another form of these actions when consideration and attention by both the aspirant and mentor principal were deemed necessary. As the following accounting suggests, coaches likely valued this approach when aspirants had been less successful in making progress with addressing insufficient time on their own:

> Residents need to [negotiate time with mentor principals] on their own and without having me [as the coach] sort of sit there and hold their hand or be viewed as their protector or whatever. But if they don't make progress with that, then the triad session [i.e., the three person meeting between aspirant, mentor, coach] becomes a good place for people to raise it again, and I can then say, "Well you know, c'mon, you gotta meet with this person once a week, you can't be meeting only every three weeks," . . . and it sets up a good dialectic among parties.

The accountings of coaches also revealed several instances where coaches raised issues in conversations with just the mentor, as suggested by this coach:

> [Mentor principal] and I talked about this quite a bit. It's like, "If you allow yourself to not have a regular weekly meeting just about [aspirant's] work . . . because you're busy with other things . . . you will not be able to get into her story enough to be able to incrementally get her to the point that your mentorship is designed to help her."

Taken collectively, these accountings illustrate the role that coaches played when issues of insufficient meeting time arose between the aspirant and mentor. Coaches used varied approaches, and in at least one instance, considerations of an aspirant's agency informed approach selection. These accountings also illuminate the coaches' stance as a broker and third-party influencer to the aspirant–mentor dyad. Through brokering and third-party influence, coaches sought to support the mediation of time challenges arising between the aspirant and the mentor. Interactions largely functioned to influence the

behaviors of one or both of the dyad members. These accountings also shed light on the structural importance of triad meetings when joint engagement of both members of the aspirant–mentor principal dyad is deemed useful to mediation.

Acting to Help Aspirants Identify and to Encourage Engagement with Clinical Work of Importance to Their Developmental Needs

Aspirants' accountings suggest that leadership coaches played an important role—both initially and over time—in shaping the nature of their clinical work experiences. In particular, we found three widespread and distinctly purposeful actions: (a) supporting the initial identification of clinical work relevant for and vital to an aspirant's leadership competency developmental needs; (b) encouraging ongoing engagement with clinical work that would be developmentally useful and reducing engagement with clinical work deemed of less developmental value; and (c) supporting the ongoing identification of and encourage the ongoing engagement with clinical work experiences relevant for and vital to an aspirant's developmental needs.

Early on, we found widespread evidence of coaching actions taken to shape the nature of aspirants' clinical work by identifying initial focal work relevant for and vital to their leadership competency development. As one aspirant reported:

> My coach helped me be strategic in thinking about [clinical work experiences], like mapping out at the beginning . . . and these competencies were always right out in front of us and saying, "Okay are you going to have some experiences here [in relation to a particular competency]?" . . . It was important to have a coach who was thinking through these competencies and saying, "You know, you need to do some work with parents . . . and learning about how to mobilize parents."

Accountings by both aspirants and coaches revealed that coaches routinely supported the initial process of clinical work selection and did so by drawing upon aspirants' self-assessments and the leadership competencies central to these assessments. One of the coaches described these sorts of actions as she discussed her early work with one of the aspirants:

> So, one of the first things that I do . . . is ask [aspirants] to bring their self-assessment . . . so we look at that together, and we have a conversation about it together . . . we do this before they even get into their school, and we look at the areas where, "Okay, you really don't have a lot of experience in that

> so let's be thinking about that as you enter the school." And then the second step is entering the work site, "What are you noticing, what are those conversations with your mentor principal look like. What are the kinds of things that she's talking about that is really needed for the school, right, and for your development too?" And then we sit down and we have a conversation about, "All right, let's try to put those two things together". . . And, I just try to be a good listener and then say, "Here's what I know about the school and places that you might want to go and do some further [work] . . ."

Accountings by both aspirants and coaches revealed that coaches also took several key actions to encourage ongoing engagement with clinical work deemed useful to aspirant's developmental needs (and to discourage engagement with work regarded as less developmentally useful). Coaches routinely had students use their leadership development plans as a place for documenting, planning for, and tracking their progress on key areas of clinical work that had been selected for focal attention. Importantly, these documents became focal points of discussion between the aspirant and coach, as well as during the formal triad meeting. One coach discusses her use of this tool in such a manner:

> [LDP discussions] are not just a routine, they're very purposeful, they're very necessary and they really, they keep us on track . . . what have you done and here's where we are in time, these are the things that need to be done, and it helps us set the calendar for . . . what the expectations are with that resident for the next two months . . . It's really necessary to meet with that mentor principal and that resident to make sure that we are moving in the right direction. And if there are problems, that's the time they come out. And you say, "Well, I see by this time we should have done this and this, have you?"

Aspirants regularly suggested that LDP-related discussions—that occurred separately with coaches and/or during broader triad meetings—helped them to "remain focused" on more useful clinical work, and also helped the mentor principal to become (and remain) aware of their work in these areas. For example, one of the aspirants reported the following:

> [Triad discussions] helped my mentor to kind of get an understanding of where we were going. So, the three of us are now on the same page, this is where we're going, this is what I've done so far, these are the initiatives I'm thinking about doing . . . And having the coach kind of always refocus us back to this is kind of the point of this or this is the purpose. That was very helpful.

Accountings by both aspirants and coaches also revealed coaching actions taken to discourage engagement with clinical work regarded as less developmentally useful. Sometimes these actions were taken with the aspirant more directly:

> The coaching, it was intense to the point where it kept you focused. So, in the residency you're doing so many things that you're doing nothing or too much. But the coaching part really brought you back. So, the coach did a really good job of bringing you back. "These are [your development] goals. These goals are connected to the needs of the school. How is all of this [potential new clinical work] tied together? How does this help benefit the school and [your development goals]?"

Coaches also reported proactive initial interactions with an aspirant to surface areas of clinical work that might be interfering with work more critical to his/her developmental needs. When aspirants identified such activities, follow-up conversations occurred in triad meetings to gain the mentor's support with the protection of time for the clinical work of most value to the aspirant. One coach's accounting is illustrative:

> I would often strategize [with the aspirant] about, "Okay, so where are you in a situation where you're getting pulled away from the stuff where you need to have protected time?" And then we'd sit down [in triad meetings], get those times protected again [with the mentor principal].

We also found evidence of actions taken at later times throughout the clinical experience by coaches to shape aspirant's consideration and selection of clinical work relevant to their developmental needs. One aspirant's accounting is revealing:

> Coaching just kept me focused. It kept me purposeful about the work that I was doing. Yeah, because I feel like I could have been going through the motions, but with the coach kind of saying, "How does that relate to this? How are you building on this development goal? What is something new that you're doing towards this goal?" So, I think just having someone there that was holding me accountable to what I said I wanted to do was very helpful, because it's easy to get lost.

Taken collectively, these accountings reveal three related actions and an assortment of approaches utilized by coaches to support aspirants with initial/ongoing identification, selection, engagement with clinical work deemed of greater developmental opportunity. These accountings illuminate

a brokering stance that coaches enacted between the program and clinical setting as well as between the aspirant and mentor. Given that mentors may not be sufficiently or routinely aware of the leadership standards (e.g., NELP, 2018) or related work experiences most relevant for an aspirant's developmental needs (Clayton et al., 2017), coaching interactions that drew upon specific program resources (e.g., the leadership competency self-assessment and LPD) encouraged the flow of critical program resources and information into the activity of clinical work selection. These coaching actions also reveal third-party influence through interactions, particularly with aspirants during the initial and ongoing selection of clinical work experiences. Coaching actions also reveal the structural importance of the formal triad meeting to some of these coaching actions.

Acting to Help Aspirants Gain Access to and/or Authority for Clinical Work

Our analysis reveals that leadership coaches played an important role in addressing issues that some aspirants encountered in gaining access to and authority for the kinds of clinical work that would be of value to their learning and development. Some of these actions were taken in the process of initial or ongoing work selection. However, other actions were taken in more direct response to subsequent challenges that aspirants experienced with gaining adequate access and/or authority.

Several actions important to aspirant access and authority were taken during work selection. Work by Clayton and her colleagues (2013) points to the alignment of clinical work tasks with school needs as a factor that can enable an aspirant's access to and authority for clinical work. We similarly found early coaching actions reported by both aspirants and coaches that were taken to help aspirants identify focal clinical work experiences that would connect with existing streams of work identified as important to the school serving as their clinical setting. One aspirant's accounting of his initial goal setting for the clinical experience is illustrative:

> One of the things that we had to do was develop goals for our residency . . . and my coach was like, "Why would you want to do that?" and really pushing me. And pushing me, and the reason was because my goals weren't necessarily tied to the vision of that school. It was just like I would have been doing some task, and it would not have really contributed to the vision of the school. So, it made me take a step back and say, "Okay, let me focus on what is this school trying to do, and how can I help them achieve that."

Coach accountings regularly drew attention to these sorts of considerations and actions in their early discussions with aspiring leaders. As one coach said:

> The trick becomes . . . how do I find opportunities within the existing school, including the priorities of the school, to do things that will be productive for the school, but will also allow me to push my aspirants in these needed developmental areas . . . to get a better experience?

Notably, accountings by both aspirants and coaches also reveal that coaches regularly used triad meetings as a space where these sorts of alignment issues could be collectively considered. One coach's accounting is particularly demonstrative:

> [My role] is to mediate the conversation between the mentor principal and the resident in a way that protects the resident's interests [i.e., identified work] . . . And, on the mentor principal or school side, to make sure that the learning experiences [i.e., focal clinical work] that get negotiated at the school are gonna contribute as much as possible to the pre-existing school improvement initiatives.

Beyond issues of alignment, coaches also recognized their ability to promote aspirant access and authority more directly at various points in time and by various means. For example, coach interviews reveal regular considerations and actions to promote aspirant access and authority within the context of early triad meetings, as is illustrated by the following coach accounting:

> We had a couple three party [triad] meetings. . . my role in those conversations was to make sure that [aspriant's] interests were being protected and that she had an advocate there in the event that there was some resistance from the [mentor] principal in terms of giving her the latitude to do X, Y or Z or access to information or giving her the political capital to work with a particular group of teachers.

We also found evidence that coaches encouraged aspirants to act in ways that could cultivate or promote their access to developmentally useful work that became visible throughout the year. Coaches viewed initiating actions by aspirants as essential given that mentors were unlikely to remain persistently attentive to their developmental needs. One coach's accounting is illustrative:

> We used this word 'insert' yourself a lot. We looked for opportunities for [aspirant] to insert herself in what was going on in a way that wasn't disrespectful to

> [mentor principal], but showed opportunities where she could take something [e.g., work] to the next level. So, this is a common language that we just used at one point throughout our coaching— where are those areas that you can insert yourself because her mentor principal was running the school and not thinking of [aspirant] . . . she was an afterthought . . .

In a limited number of instances, aspirants reported experiencing specific challenges with gaining access to or authority for work that had initially been identified and agreed upon by the mentor, as this aspirant reveals:

> So [mentor principal] gave me the green light to get that [instructional leadership] team up and rolling on their own. They were up and running and rolling… but there were moments where [she] would pull back and say, "Oh, we're going to lead this meeting because this is the topic we need to lead." So, it was good, but not good.

In turn, accountings by aspirants and coaches reveal the importance of coaching actions to address access and authority challenges. Although aspirants reported receiving advice for how to advocate for their needs during interactions with mentors, coach accountings also revealed their direct intervention with mentors when access/authority issues persisted. The following coach accounting is representative:

> I was getting all these emails from [aspirant] not feeling really respected or feeling challenged because she really wasn't given the kind of authority she knew she could handle and I said something to the [mentor] principal…I was trying in my own way to get the [mentor] principal to understand what she was doing… and I said, "You've got just a very loyal resident there that is loyal to you, loyal to your vision, and you need to think of ways that you can really step back and really allow her to enact her leadership"… At that point then the [mentor] principal started to relax a little bit and… here was somebody that not only could contribute to her vision, but she could completely trust with her vision and that was a big turning point. And at that point then, [aspirant] really got to lead. She was doing stuff before, but she really got to lead.

In sum, these accountings draw attention to a set of distinct coaching approaches—some taken proactively and others more reactively—to help aspirants gain access to and authority for clinical work. By surfacing key approaches and considerations, a brokering stance that bridged the program and clinical setting as well as the aspirant and mentor is made visible. In some instances, brokering encouraged information flow to the aspirant from

the clinical setting more generally (e.g., existing areas of school-wide improvement attention). Third-party influence through more direct interactions with one of the members of the aspirant–mentor dyad is also illustrated as various coaching approaches are examined. Finally, the structural importance of the triad meeting is made visible for circumstance where joint consideration is vital.

Acting to Shape the Developmental Supports Provided by Mentors

Our analysis suggests that coaches regularly took actions to shape or strengthen the developmental supports provided by mentor principals to aspirants. Three distinct types of actions were made visible: (a) actions to help aspirants identify or clarify their developmental support needs for mentor attention; (b) actions that engaged aspirants with routines for making an aspect of their leadership practice public to mentors for purposes of gaining planning support or practice feedback; and (c) actions to strengthen the developmental supports provided by mentor principals.

Indeed, many aspirants encountered coaching interactions prior to triad meetings that helped them clarify their most pressing developmental needs for mentor principal attention. This helped aspirants plan for triad meetings in ways that would allow these issues to receive attention. One aspirant's accounting of this coaching action is illustrative:

> [Coach] started early on sort of the expectation that I would set the agenda for the [triad] meetings . . . how am I going to cohesively present, like, all the stuff I've done since the last time I've seen my mentor, or my vision for where I want it to go, and like, I have to think about, what do I want feedback on, so it's not just this . . random feedback, but it's very targeted towards something that I feel like is going to be useful.

In several instances, such interactions occurred between the coach and mentor principals through joint consideration prior to triad meetings. The following coaching accounting is revealing:

> We [coach and mentor principal] would talk about some of the things that [aspirant] had to work on and kind of like… do a little offline, "Okay in the triad, we really want to bring this up, right, in a way that was supportive [for the aspirant], but also got to the heart of the problem, right?" And so, during our triad sessions, we were able to get [aspirant] to think about what he needed to do to really enact a stronger leadership presence in the school.

As revealed in these prior accountings as well as by the following coach accounting, one of the frequently identified developmental support needs related to accessing leadership practice/competency feedback from mentors:

> [Beforehand, aspirant and I] would talk a lot about what we wanted to accomplish in that triad meeting and definitely get [mentor principal's] feedback on her development…. So it was kind of like. . . a little brainstorming here into what we really wanted to accomplish there, right?. . .[Aspirant] was in charge, we definitely would talk about those agendas [for the triad meeting] and where we wanted to take the agendas to go.

In addition to pre-triad conversations that occurred to clarify or identify areas of aspirant development that would benefit from feedback attention, coaches also regularly enacted a routine during triad meetings that made relevant areas of leadership practice visible to and generally understood by mentors (e.g., "making practice public"; see Kruse et al., 1996). Specifically, coaches encouraged aspirants to draw in and upon their LDPs —which were used to document their planned and enacted clinical work in areas targeted for development—as they shared with mentor principals oral accountings of their practices and related practice-based artifacts. This routine allowed a mentor to gain the kinds of insights and understandings about aspirant's practice that are vital for providing planning support or practice feedback. The following aspirant accounting is illustrative:

> So, the triad conversations, right? So, the mentor [principal] and the coach and I… we're all sitting around the table together so that would be like getting just oral feedback— here's the set of some initiatives [from the leadership development plan], where I see it going, and hearing my mentor helping me identify like, "Okay, maybe you haven't thought of this, maybe you're moving too fast," and then my coach was very helpful in helping me be strategic and managing up sometimes… like even though my mentor has perspective, maybe how I need to interact with certain people.

Lastly, we found evidence of different coaching actions to address mentor principal developmental support concerns when such concerns arose. On one hand, coaches helped aspirants consider how to directly engage with mentors when aspirant's developmental support needs were reported to coaches as not being sufficiently addressed. For example, one aspirant recalled a critical exchange he had with his coach when he felt that his mentor was not allowing him to understand the thinking behind some of his key leadership actions and decisions: "I remember emailing my coach and saying, 'I'm really frustrated by this and concerned." In this instance, the coach helped the aspirant

recognize that he needed to address this concern directly with the mentor, and he eventually reported telling the mentor principal, "I need to hear more about what you're thinking." Through these exchanges, the aspirant then came to realize his need to act on these sorts of matters with his mentor, telling us, "If I feel like I am not getting what I need, I need to speak up [to my mentor])."

On the other hand, we also found evidence of coach interactions with mentor principals when concerns with their developmental supports were recognized by the coach. This is illustrated in the following coach accounting:

> [I] mostly talked with [mentor principal] about. . . where I thought it would be productive for [aspirant] to go. . . especially during that first semester, trying to draw [mentor principal] into making some commitments to give [aspirant] some feedback on how faculty was reacting to her and what kinds of things [mentor] would suggest, and to ask [aspirant] questions straight up, "So what is it that's keeping you from connecting with the rest of this school community?". . .

Thus, these accountings draw attention to three discrete actions and several coaching approaches—some taken proactively and others more reactively—to help aspirants gain better access to developmental supports from mentor principals. A brokering stance is also made visible as coaches took actions to encourage largely coordinated behaviors by the aspirant and mentor during triad meetings by way of making practice public routines. Third-party influence is also frequently evidenced as coaches interacted directly with one of the members of the aspirant–mentor principal dyad to influence their thinking and actions.

Discussion

The clinical experience is recognized as both vital to aspirant development and challenging to enact in more developmentally robust ways (Darling-Hammond et al., 2022). Yet, research has paid much less attention to examining ways of strengthening its developmental opportunity. Findings from this study shed important light on this issue and reveal how the leadership coaching role—evidenced in a small but growing number of PPPs and enacted within the context of one such PPP in the US—holds potential for acting on some of the key issues known to shape the developmental opportunity of the clinical experience. In this way, our findings extend beyond prior studies that have pointed to several more general approaches for addressing these challenges, such as mentor principal communication or training (e.g., Chandler et al., 2013; Earley & Jones, 2009; Hanbury,

2009), or piecemeal coaching moves (e.g., Fusarelli et al., 2019; Korach et al., 2019). Moreover, although prior work (Bickman et al., 2012; Celoria & Roberson, 2015; Goff et al., 2014; Klar et al., 2019; Lochmiller, 2013; Nava et al., 2020; Silver et al., 2009) points to an assortment of developmentally supportive interactions coaches can have with aspirants to help them learn from experience (e.g., providing advice and feedback, modeling practices)—interactions that largely supplement those provided by the mentor—this study expands the scope of coaching influence to also include the developmental opportunity of the clinical experience more generally.

Relatedly, our study findings generate valuable knowledge to those designing and developing leadership coaching as an element of a PPP. Importantly, we find that the design of these roles is likely to be advantaged when they are conceptualized more broadly as ones that can provide supplementary developmental supports to aspirants as well as ones that can take actions to strengthen the developmental opportunity of the clinical experience for aspirants. Study findings also make visible the kinds of coaching actions, approaches, and considerations that are likely to be of value as such roles are designed, and as coaches are trained and supported for role enactment.

To support such design and development, we draw attention to a handful of the more nuanced observations in our findings that are particularly relevant for these purposes. First, it is important to note that actions taken by these coaches occurred at various points in time throughout the clinical experience— some acts were taken very early in the clinical experience and some much later. Thus, coaching designs that span the bulk of the clinical experience timeframe are likely to have advantages for strengthening the developmental opportunity of the clinical experience. Second, our analysis reveals the occurrence and utility of both proactive and reactive coaching actions as coaches are seeking to strengthen the developmental opportunity of the clinical experience. As leadership coaches are developed, it will likely be of value to help them anticipate potential challenges that aspirants may encounter and learn how to effectively use inquiry routines to investigate such issues with aspirants. Third, we saw some evidence of coaching considerations that centered on maintaining aspirant agency as various challenges within the clinical experience were either encountered or anticipated by coaches. These sorts of considerations are likely to be important as coaches are developed by such PPPs. Fourth, several tools and routines figured prominently as coaches acted to shape the developmental opportunity of the clinical experience, and these have implications for both the designers of PPP-based coaching as well as for the development of these leadership coaches. Examples of such tools included a leadership competency assessment tool and leadership development plans. Similarly, one prominent

routine was the triad meetings for making aspirant practice public to mentor principals. Although the importance of tools and routines to leadership coaching practice has been previously established (e.g., Cosner et al., 2018; Pacchiano et al., 2016), our findings advance these understandings by expanding them to coaching actions that are aimed at strengthening the developmental potential of the clinical experience specifically.

Additionally, our conceptual tools allowed us to understand these coaching actions as ones of brokering and third-party influence. From these perspectives, we came to recognize that brokering occurred (a) at the program level in ways that bridged the academic program and clinical experience, and (b) at the social network level in ways that related more directly to the aspirant–mentor principal dyad. We also came to understand some of the important brokering functions that were at play as coaches acted, including information and resource flow, mediation, and coordination. Last, we noted ample evidence of third-party influence to the aspirant–mentor principal dyad as coaches interacted with one or both members of the dyad to influence behavior and action. Thus, we see value in drawing attention to brokering and third-party influence as PPP-based leadership coaching roles are designed and as individuals are developed for these posts.

Our consideration of brokering and third-party influence also drew our attention to coach interactions that were elemental to these pursuits. From this perspective, our findings reveal some of the coach interactions with just one member of the aspirant–mentor principal dyad and others that included both dyad members within the triad meeting. Thus, our findings suggest that coaching for these purposes will benefit from coaching designs that support some form of connection or interaction opportunity with both members of the aspirant–principal dyad (and not just with the aspiring leader). These findings are similar to but extend prior research (Cosner et al., 2018) by revealing additional benefits from a multifarious structuring of leadership coaching and where such structuring includes formalized meetings between the aspirant, mentor principal, and coach.

Finally, our findings generate important PPP policy and practice considerations. Enhancing the developmental opportunity of the clinical experience is a pressing challenge given the potential that such experiences have for leadership development (Orr & Orphanos, 2011; The Wallace Foundation, 2016). Our consideration of Grissom and collogues' research-informed assertion that "it is difficult to envision an investment in K-12 education with a higher ceiling on its potential return than improving school leadership" (Grissom et al., 2021, xiv) leads us to conclude that leadership coaching roles enacted within PPPs to move beyond the largely compliance-oriented

function of the clinical supervisor role (Herman et al., 2022) are likely to be a critical PPP policy and practice consideration for the field moving forward.

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Notes

1. Clinically rich clinical experiences: (a) are deliberately structured; (b) include field work that is tightly integrated with curriculum; (c) provide engagement in core leadership responsibilities; (d) are supervised by an expert mentor; (e) provide exposure to multiple sites and/or diverse populations; and (f) require 300+ hours of field based-experience.
2. Some of the features of these enhanced clinical experiences include: emphasizing school improvement efforts; helping aspirants apply learned components from the program (e.g., coursework) to their professional practice; developing aspirants' professional decision making skills; and addressing problems collectively.
3. Clinical faculty in this program spend the bulk of their time providing leadership coaching to program participants. Additionally, these faculty members may teach one or two courses, engage in some university service, and do some writing for publication.

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