Panel Calls for Turning Teacher Education 'Upside Down,' Centering Curricula around Classroom-Ready Training and Increasing Oversight and Expectations

Eight States -- Calif., Colo., La., Md., N.Y., Ohio, Ore., and Tenn. -- Commit To Implementing Teacher-Ed Transformation

WASHINGTON (November 16, 2010) -- A national expert panel composed of education experts and critics today called for teacher education to be “turned upside down” by revamping programs to place clinical practice at the center of teacher preparation. This new vision of preparation also will require the development of partnerships with school districts in which teacher education becomes a shared responsibility between P-12 schools and higher education.

Those and other sweeping recommendations are part of a report by the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning, convened by the National Council for Accreditation of Teacher Education (NCATE) to improve student learning.

The new approaches will involve significant policy and procedural changes in both the state higher education and P-12 education systems and entail revamping longstanding policies and practices that are no longer suited to today's needs. The changes called for will require state higher education officials, governors, and state P-12 commissioner leadership working together to remove policy barriers and create policy supports for the new vision of teacher education.

NCATE president James G. Cibulka talked about why NCATE convened the panel: “There are more students with greater learning needs than ever before; rigorous new standards for students with higher expectations for student achievement; and the need to turn around low-performing schools, to name just a few of the unsolved challenges present today. These unmet needs press education stakeholders at large to make bold, simultaneous systemic changes.”

"The nation needs a system of high-performing preparation programs – not a cottage industry of path breaking initiatives," Cibulka said.

Eight states – California, Colorado, Louisiana, Maryland, New York, Ohio, Oregon, and Tennessee – have already agreed to implement the panel's recommendations, including these:

- **There must be an intense focus on developing teaching practice and P-12 student learning**, making clinical practice the centerpiece of the curriculum and interweaving opportunities for teaching experience with academic content and professional courses. Online and video demonstrations must be expanded, as should case-study analysis and additional approaches widely used in other professional fields. The Panel says that candidates need to work directly with students in schools as they analyze problems, try out solutions, and gain feedback. Teachers need to be prepared to use research-based developmentally appropriate strategies, assess student progress, and change practice as appropriate for the purpose of improving student learning and meeting students' developmental needs.

- **Higher education and school districts must share accountability and responsibility** with P-12 schools playing a more significant role in designing preparation programs, selecting candidates, assessing candidate performance and progress, and placing them in clinical experiences. For example, current state laws often require that teacher preparation faculty sign off on candidate qualifications and completion of clinical experiences. The Panel says that evaluation of candidate effectiveness needs to be a shared responsibility, with accountability closer to the classroom.

- **Teacher-training programs must attract more academically prepared and more diverse cohorts of students.**

- **The reward structure in academe and P-12 schools' staffing models must shift** to value learning to teach, and to support placing clinical practice at the center of teacher preparation. The current practice of supervision of student teachers in schools now is typically assigned to a teacher as extra work, usually with no training, support, or changes in schedule. Schools need to adopt a new staffing model patterned after medical preparation, in which teachers, mentors and coaches, and teacher interns and residents work together as part of teams.

- **States and accreditation agencies must strengthen their scrutiny**, and preparation programs must become more accountable for meeting school needs and improving P-12 student learning.

- **States should help ensure that future teachers are prepared to fill the staffing needs** of P-12 schools by creating disincentives for schools of education that prepare teachers in specialties that are not in demand.
Federal agencies should support a clearly defined research agenda to document and provide evidence of the impact of practices in clinical preparation on teacher effectiveness. The Panel's recommendations are consistent with a recent report of the National Research Council which notes that clinical preparation is one of three areas most promising for potential increases in teacher effectiveness in the classroom.

Making these changes, the report says, will go a long way toward improving how the nation delivers, monitors, evaluates, oversees, and staffs preparation to incubate a whole new form of teacher education.

"This was an historic coming together of major stakeholders to make excellent programs the norm in teacher education," said Nancy Zimpher, chancellor of the State University of New York and co-chair of the panel. "Teaching, like medicine, is a profession of practice. Making clinical preparation the centerpiece of teacher education will transform the way we prepare teachers, and I am looking forward to working with my colleagues in higher education to implement the panel's recommendations."

"For this transformation to take place, school districts and teacher education programs will need to work together and take joint responsibility for teacher preparation programs, and states must develop new policy frameworks and incentives for clinically based programs to flourish," said Dwight Jones, the Colorado commissioner of education who served as the panel's co-chair.

More Rigorous Monitoring

Arthur Levine – the former president of Columbia University's Teachers College, a critic of teacher education's status quo, and a member of the panel – noted that these recommendations, coupled with recently announced plans for the nation's two teacher accreditation organizations to consolidate, are moving the field in the right direction.

"These changes will help make teacher education better connected to the needs of schools and students, yield teachers who can be more immediately effective and more likely to stay in the classroom for the long haul, and create a more coherent accountability system subject to higher standards," said Levine, president of the Woodrow Wilson National Fellowship Foundation.

Hard Choices and Cost Implications

The panel acknowledges that implementing this agenda will require reallocating resources and making hard choices about institutional priorities, changing selection criteria, and restructuring staffing patterns in P-12 schools. Clinically based programs may cost more per candidate than current programs, but will be more cost-effective, cutting turnover costs for P-12 schools and yielding educators who enter the field ready to teach.

Eight States Respond

Eight states have already agreed to implement the new agenda. As part of the NCATE Alliance for Clinical Teacher Preparation, these states will work with national experts to pilot approaches to implementation and bring new models of clinical preparation to scale. Working with NCATE and other invested organizations, including the American Association of Colleges of Teacher Education, the Association of Teacher Educators, national teachers' unions and their state and local affiliates, the Alliance also will reach out to and learn from other states working to transform teacher education.

Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning

NCATE convened and supported the work of the Panel. It is a coalition of over 30 national professional organizations committed to high-quality preparation for effective teaching, service, and leadership in P-12 schools. Over 700 schools of education with more than 10,000 educator preparation programs are part of the NCATE accreditation system; these programs, together with those accredited by the Teacher Education Accreditation Council, produce the majority of new teachers, specialists, and administrators annually. In late October of 2010, NCATE and the Teacher Education Accreditation Council (TEAC) announced that they will consolidate their organizations to form the Council for the Accreditation of Educator Preparation (CAEP) within two years.