

A CLINICAL PRACTICE-BASED APPROACH IN ALTERNATIVE TEACHER  
EDUCATION

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Alternative teacher education programs prepare teacher candidates to offset the K-12 nationwide teacher shortage. However, many alternative teacher candidates work as first-time K-12 teachers while simultaneously pursuing an initial teaching license. Many in-service alternative teacher candidates struggle because they are expected to be effective K-12 teachers before they have been trained or earned a professional teaching license. Clinical practice in teacher education directly aligns teacher training with learning in professional settings. Clinical practice-based teacher education may be an instructional approach that helps in-service alternative teacher candidates quickly develop effective instructional practices to strengthen K-12 student learning. This case study examined using a clinical practice-based approach to train in-service alternative teacher candidates enrolled in an alternative teacher education program. The purpose of this qualitative case study was to investigate how alternative teacher education courses intentionally aligned with a clinical practice-based approach influenced the development of the in-service alternative teacher candidates' instructional practice.

The study identified five characteristics of a clinical practice-based approach to meet the unique needs of in-service alternative teacher candidates. The characteristics of clinical practice-based approach in alternative teacher education are (1) intentional course design considerations, (2) purposeful engagement in core teaching practices, (3) encouragement of reflective thinking and instructional reasoning, (4) inspiring a conscious focus on K-6 students' perspective, and (5) emotional engagement and investment. The results of this study provide a framework that can

inform the design and implementation of clinical practice to support in-service alternative teacher candidates that work as first-time, full-time classroom teachers while enrolled in an alternative teacher education program.

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## **Chapter One: Introduction to the Study**

The need for qualified teachers for America's K-12 classrooms is at an all-time high. Since 1990, the nationwide teacher shortage has steadily increased (Sutcher et al., 2016; U.S. Department of Education, 2017). By 2025, Hussar and Bailey (2017) projected that the U.S. would need an additional 350,000 teachers to serve the 56.5 million K-12 students in classrooms across America. Every year, K-12 schools across the nation struggle to staff classrooms with qualified teachers due to the ever-increasing teacher shortages (Sutcher et al., 2016; U.S. Department of Education, 2017). In the U.S. Department of Education's (2017) most recent annual report on teacher shortages, the number of licensed teachers across disciplines, grade levels, and content areas will not meet the nationwide teacher demands. Sutcher et al. (2016) cautioned that "unless major changes in teacher supply or a reduction in demand for additional teachers occur over the coming years, annual teacher shortages could increase" (p. 16). The shortage is further exacerbated by the fact that enrollment in traditional teacher education is down by 35% in colleges and universities (Sutcher et al., 2016). Traditional undergraduate programs do not produce enough teacher candidates to meet the shortage (Sutcher et al., 2016). The nationwide teacher shortage has made alternative teacher education a popular option for filling vacant teaching positions in K-12 schools (Adcock & Mahlios, 2005; Blazer, 2012; Darling-Hammond, 2010; Education Reforms, 2012).

Alternative teacher education programs were developed to help offset the effects of the teacher shortage (Clark et al., 2013; Haberman, 2006; Rosenberg & Sindelar, 2005; U.S. Department of Education, 2016). While alternative teacher education programs help address the nationwide shortage (Blazer, 2012; Clark et al., 2013; Education Reforms, 2012), many alternative teacher education programs offer a quick pathway to earning a teaching license with



less training and support (Carver-Thomas & Darling-Hammond, 2017; Kee, 2012; U.S. Department of Education, 2016). Many of the candidates enrolled in an alternative teacher education program are considered in-service alternative teacher candidates (InATCs), meaning they work for the first time as full-time classroom teachers while pursuing an initial teaching license (Haberman, 2006; U.S. Department of Education, 2016). Since the InATCs serve as the teacher of record in K-12 schools, they are expected to be an effective teacher while teaching for the first time (Education Reforms, 2012).

Reports have indicated that teacher education programs must be revitalized to remain relevant while also producing quality teachers to serve America's K-12 students (Anagnostopoulos et al., 2018; Education Reforms, 2012; National Council for Accreditation of Teacher Education [NCATE], 2010). Federal policymakers, universities, and school districts have been tasked with proposing innovative solutions when thinking about how to recruit, train, and retain effective teachers for the classroom (American Association of Colleges for Teacher Education's [AACTE], 2018; Burn & Badiali, 2018; NCATE, 2010). Re-designing teacher education that focuses on clinical practice may be the solution for the "intensifying pressure to ensure that its graduates enter the nations' K-12 classroom-ready and able to teach all students effectively" (Anagnostopoulos et al., 2018).

A clinical practice-based approach in teacher education intentionally links teacher preparation curriculum with application in real-world settings to support learning and development of professional and pedagogical skills (American Association of Colleges for Teacher Education [AACTE], 2018; Ball & Forzani, 2009; Henning et al., 2019). A clinical practice-based approach directly aligns teacher training with learning for and in the professional contexts of K-12 classrooms (AACTE, 2018; Driskill, 2018; NCATE, 2010). A clinical practice-

based approach focuses teacher training on providing intentional practice opportunities in contextual settings to refine the development of instructional practices and pedagogical skills required for effective classroom teaching (AACTE, 2018; Burn & Mutton, 2015; Rust & Clift, 2015). Focusing on clinical practice in alternative teacher education may help InATCs develop effective instructional practices of teaching that can be immediately applied in their professional practice during their first year of teaching while simultaneously earning an initial teaching license.

### **Background of the Study**

Over the last five years, 90% of the alternative teacher candidates enrolled in the alternative teacher education program at Willow University work as full-time classroom teachers on a temporary license. A temporary teaching license can be issued to eligible candidates currently enrolled in an alternative teacher education program and working as a full-time teacher in a local K-12 school. The temporary teaching license is for individuals that have earned at least an undergraduate degree and enrolled in an alternative teacher education program to gain the professional and pedagogical knowledge to teach K-12 students (Humphrey et al., 2008; Urban Teacher Residency United, 2015).

Individuals that teach on a temporary teaching license while enrolled in an alternative teacher education preparation program are considered in-service alternative teacher candidates (InATCs). InATCs enrolled in alternative teacher education programs have uniquely different needs than teacher candidates enrolled in traditional teacher education programs. A few of the unique needs that effect InATCs enrolled in alternative teacher education programs are (1) teaching as a first-time, full-time classroom teacher with no prior training, (2) figuring out how to balance the expectations and advice of clinical educators versus school administrators

especially when they do not align, (3) while managing full-time teaching responsibilities, university course requirements, and family obligations (Blazer, 2012; Education Reforms, 2012; Haberman, 2006; Quigney, 2010; Smith & Evans, 2008; Wilcox & Samaras, 2009). Also, the InATCs are considered the teacher of record and are expected to be effective as any other first-year teacher on day one in the classroom (Education Reforms, 2012; Whitford et al., 2018). This means that they are expected to implement effective instructional practice to positively impact student learning and meet the federally mandated highly qualified teacher status (Education Reforms, 2012; Quigney, 2010). Smith and Evans (2008) argue that alternative teacher education programs must re-examine why and how they support teacher candidates that work as classroom teachers while simultaneously pursuing initial teaching certification.

### **Problem Statement**

The alternative teacher education curriculum at Willow University is a condensed two-year version of the four-year traditional education curriculum (Carver-Thomas & Darling-Hammond, 2017; Kee, 2012). It consists of about half of the teacher education credit hours required in traditional teacher education. Like many traditional teacher education programs, the courses are delivered via traditional instructional methods and disconnected from the contextual application of theory in professional practice (Rust & Clift, 2015; Sawyer et al., 2016).

Since InATCs work as first-time, full-time classroom teachers while enrolled in the alternative teacher education program, they require immediate support from clinical educators, their university faculty and supervisors, to support them in teaching K-12 students (Smith & Evans, 2008; Wilcox & Samaras, 2009). Researchers suggested that training in alternative teacher education programs should focus on clinical practice aligned with instructional practices that the InATCs are expected to implement in their K-12 classrooms skillfully (Humphrey et al.,

2008; Karge & McCabe, 2014). A clinical practice-based approach in alternative teacher education should be sequenced and aligned with course content and the specific challenges the InATCs face in their schools to support the development of the InATCs' instructional practice (Humphrey et al., 2008; Karge & McCabe, 2014). Darling-Hammond (2014) argued that teacher candidates that complete courses aligned with clinical practice exhibit a deeper understanding of theory and know when and how to apply knowledge of instructional methods to best support student achievement. This study examined the influence of a clinical practice-based approach on developing the pedagogical and professional knowledge required of K-12 teachers. The study also investigated how the clinical educators' actions contributed to the development of the InATCs' instructional practices implemented in their classrooms.

### **Purpose of the Study**

This case study's primary purpose is to better understand how a clinical practice-based instructional approach contributed to the development of InATCs' instructional practice in the alternative teacher education program at Willow University. I wanted to explore the influence of clinical practice as an instructional approach to train InATCs. I wanted to determine how courses that are intentionally aligned with clinical practice influence the development of teachers trained in an alternative teacher education preparation program. This study was completed using a qualitative case study research design to examine the experiences of the clinical educators and InATCs that completed the two clinical practice-based courses (Best Practices in English and Social Studies and Assessment of Learning I & II) during the 2019-2020 academic year at Willow University.

## **Research Question**

The goal of the alternative teacher education program at Willow University was to align coursework with the actual clinical practice of the InATCs' instructional practice in their K-12 classrooms. This study investigated the experiences of the clinical educators, InATCs, and the program director involved in the highly-rated clinical practice-based teacher education courses. The case study used the following question to guide the case study: How does a clinical practice-based approach in alternative teacher education contribute to the development of in-service alternative teacher candidates' instructional practice?

## **Conceptual Framework**

This study was informed by situated cognition learning theory and principles aligned with authentic learning environments to examine a clinical practice instructional approach in training in-service alternative teacher candidates (InATC) enrolled in an alternative teacher education preparation program (Merriam & Tisdell, 2016).

### **Situated Cognition Theory**

When focusing on a clinical practice-based approach, teacher education preparation programs should consider the characteristics of the learner, what the learners should be expected to know and be able to do, and how learners will be expected to transfer this knowledge to real-world application (Henning et al., 2019; Kriewaldt et al., 2017; NCATE, 2010). Brown et al. (1989) argued that learning should not be disconnected from real-world contexts. The situated cognitive learning space should intentionally reflect the physical and social constructs in which the knowledge will be applied whenever possible (Brown et al., 1989). These authentic learning environments should reflect how professional skills are used in the field and provide opportunities for learners to utilize tools through authentic practice that reflect authentic

performance (AACTE, 2018; Brown et al., 1989). When designing authentic learning environments, instructors need to consider the learners' needs and the assumptions that influence designing instruction and creating learning environments to support all learners (Bransford et al., 2004; Land et al., 2012). Ideally, an instructional approach should align with the real-world application of acquired knowledge in real-world situations (Benedict et al., 2016; Grossman, Compton et al., 2009; Herrington & Oliver, 2000; Stewart, 2014).

The American Association of Colleges for Teacher Education's (AACTE) (2018) report suggested that teacher candidates' immersion in authentic education settings was paramount in training effective teachers: "the actual process of learning to teach requires sustained and ongoing opportunities to engage in authentic performance in diverse learning environments, clinical practice is a valuable, necessary, and fundamentally non-negotiable component of high-quality teacher preparation" (AACTE, 2018, p. 14). Learning in authentic settings has been suggested as critical to training future teachers to refine professional and pedagogical skills (Benedict et al., 2016). Authentic learning environments have created relevancy based on real-world practice as they are directly aligned with the professional and specialized knowledge expected to be performed in the field (AACTE, 2018; Grossman, Hammerness et al., 2009). Learning experiences situated in authentic learning environments provide a framework for learners to think, investigate, use prior knowledge, seek new information, and collaborate to solve or apply knowledge contextually (Doyle, 2011; Kriewaldt et al., 2017). Applying the situated cognition learning theory's tenets provides an immersive, authentic learning environment for teacher candidates to engage in professional practice and help teacher candidates establish a professional perspective otherwise missing from traditional teacher education (Zeichner, 2010).

## **Clinical Practice in Teacher Education**

Teaching has been considered a clinical practice-based profession. This highlights a clinical practice-based approach to train future teachers for mastery of evidenced-based specialized knowledge and skills responsive to K-12 classroom settings (Burn & Mutton, 2015). Performance in real-world, authentic learning environments has been essential for training professionals in other similar performance-based practice professions such as nursing, medicine, military professionals, and teachers (Alter & Coggshall, 2009; Benedict et al., 2016; Grossman, Compton et al., 2009). Clinical practice in teacher education focuses on providing opportunities for teacher candidates to perfect the enactment of professional skills and a set of core teaching practices to impact student learning positively (Ball & Forzani, 2009; Forzani, 2014; Grossman, Hammerness et al., 2009; Jensen et al., 2018; McDonald et al., 2013; Zeichner, 2012). Multiple authors have contributed to the literature on clinical practice in teacher education (Alter & Coggshall, 2009; Ball and Forzani, 2009; Benedict et al., 2016; Grossman, Hammerness et al., 2009; Jensen et al., 2018; Kriewaldt et al., 2017; Zeichner, 2012). Table 1 highlights the studies on clinical practice in teacher education.

Alter and Coggshall (2009) identified five characteristics of a clinical practice profession that have been applied across disciplines: (1) centrality of clients, (2) knowledge of domains, (3) use of evidence and judgment in practice, (4) community and standards of practice, and (5) education for clinical practice. In the teaching field, the students are central to all actions in and around schools (Alter & Coggshall, 2009; Burn & Mutton, 2015; Kriewaldt et al., 2017). For teachers to positively impact student achievement, they must possess not only the specialized knowledge and skills but the capacity to know when and how to use them (Burn & Mutton, 2015; Kriewaldt et al., 2017). Viewing teaching as both art and a profession conceptualizes the

space between specialized knowledge and the application of skills to benefit student learning (Alter & Coggshall, 2009).

**Table 1**

*Studies on Clinical Practice in Teacher Education*

Author	Characteristics of clinical practice
Alter & Coggshall, 2009	Knowledge of domains; Use of evidence and judgment in practice; The centrality of clients; Community and standards of practice; and Education for clinical practice
Ball & Forzani, 2009	Construct settings for learning practice; Shift from knowledge to practice combining declarative knowledge with judgment and reasoning within context; and Develop pedagogy for the practice of core teaching practice
Benedict et al., 2016	Spaced learning; Varied learning; Scaffolded learning; Analyzing and reflecting; Modeling; and Coaching and feedback
Grossman, Hammerness et al., 2009	Organize around core practice; Define core practice; and Re-imagining the curriculum
Jenset et al., 2018	Plan for teaching and teaching role(s); Practice and rehearse teacher role (s); Analyze students' learning; Include teaching materials, artifacts, and resources; Talk about field placement; Take students' perspective; See models of teaching; and See connections to national or state curriculum
Kriewaldt et al., 2017	Focus student learning and development with the student being pivotal to all teacher actions, Engage in evidenced informed practice, and Highlight the processes of reasoning and inform instructional decision making
Zeichner, 2012	Training cycles that provide the opportunities to practice; Intention focus on the pre-identified high-leverage practices; The identification of core “best” practice in teaching the content; The identification of effective instructional practice; and Implement and receive feedback



Clinical practices and education have been described by multiple scholars. Kriewaldt et al.'s (2017) research established teaching as a clinical practice profession by introducing three core components of practice: (1) the focus on student learning and development with the student being pivotal to all teacher actions, (2) the teacher's need to engage evidenced informed practice, and (3) highlight the processes of reasoning and inform instructional decision making. Kriewaldt et al. (2017) identified four characteristics of clinical practice-based approach in teacher preparation: (1) close partnership between schools and universities to inform practice in both settings; (2) strong articulation between university coursework and professional practices founded on a shared understanding and commitment to clinical reasoning and practice; (3) professional conversations between novice and mentor that pose questions to make reasoning explicit; and (4) a shared community of practice, committed to a clinical approach.

Zeichner (2012) described clinical practice-based teacher education through five dimensions: (1) the identification of core "best" practices in teaching the content, (2) the identification of effective instructional practice, (3) intentional focus on the pre-identified high-leverage practices, (4) integration of experts from universities and K-12 schools, and (5) training cycles that provide the opportunities to practice, implement and receive feedback (p. 378).

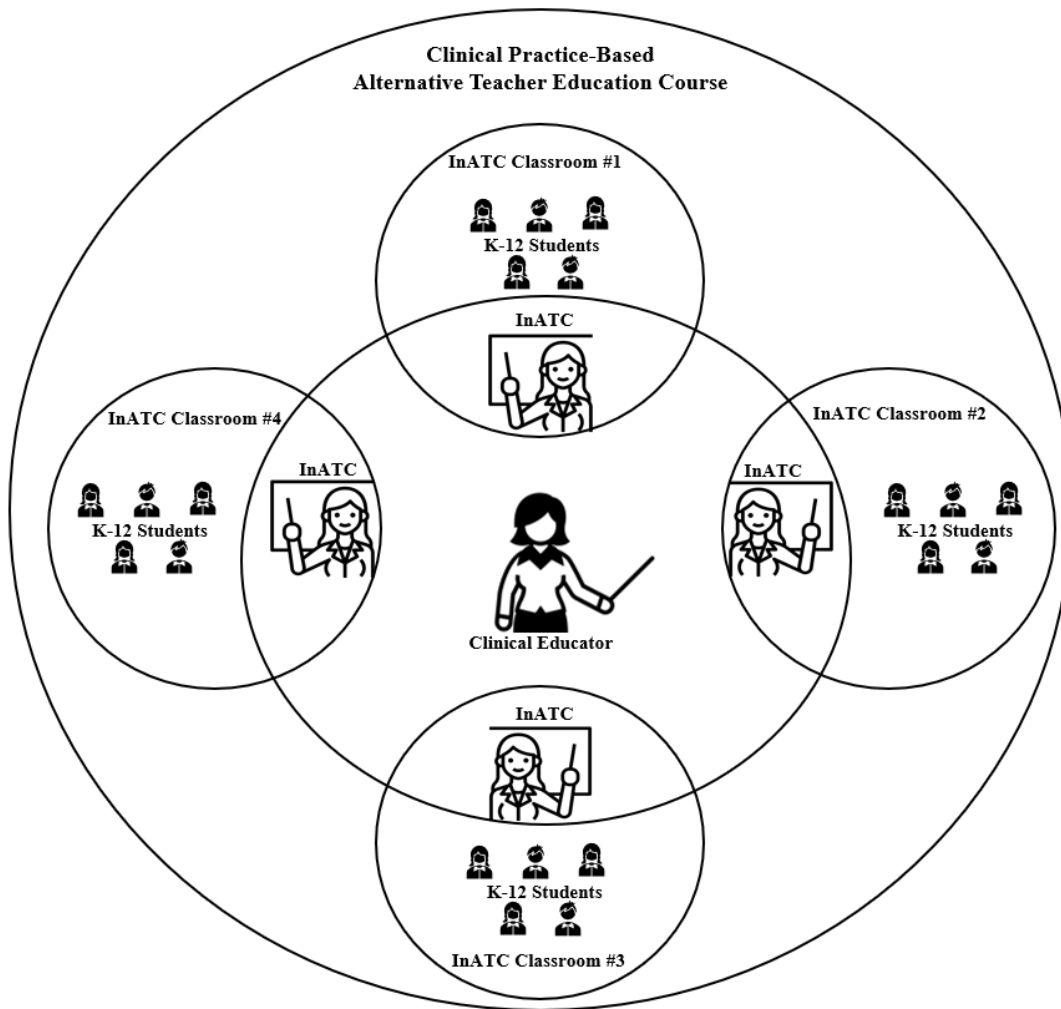
Grossman, Hammerness et al. (2009) recommended three components for clinical practice-based teacher education: (1) organize around course practice, (2) define the core practice, and (3) re-imagine the curriculum. Jensen et al. (2018) described three components for a clinical practice-based course in teacher education: (1) plan for teaching and teacher roles(s), (2) practice and rehearse instruction, (3) analyze students' learning; (4) include engaged with real-world educational resources and artifacts from the field, (5) to discuss and share field experiences, (6) take the students' perspective, (7) observe models of teaching, and (8) make connections with

curricular standards. Ball and Forzani (2009) contended that a clinical practice-based approach in teacher education shifts the focus *from* acquiring specialized knowledge *to* the teacher candidates' actions defined as the core teaching practices and instructional reasoning supporting K-12 students' learning.

Consistent with the situated cognition learning theory in authentic learning environments and the underpinnings of clinical practice in teacher education, this study will investigate the structure and enactment of a clinical practice-based approach to support the development of the InATCs' instructional practice, specifically the development of core teaching practices and instructional reasoning that the InATCs implement in their real-world classrooms. Figure 1 presents a framework that illustrates the interaction of the structure and enactment of core teaching practices and instructional reasoning in the clinical practice-based alternative teacher education course used to facilitate learning through practice in authentic, real-world environments (Brown et al., 1989; Herrington & Oliver, 2000; Kriewaldt et al., 2017; Zeichner, 2010).

**Figure 1**

*Conceptual Framework for Clinical Practice-Based Approach as a Model*



*Note.* This figure illustrates the influence of the structure and enactment of a clinical practice based alternative teacher education course on the InATCs' development of instructional practice in situated authentic learning environments, their respective classrooms.

### **The Researcher**

As the program director, I oversee all aspects of the development and management of the alternative teacher education preparation program at Willow University. I was the direct supervisor of the clinical educator that participated in the study. My professional experiences,

beliefs, and perceptions influenced my theoretical and conceptual understanding of the study's underlying structures (Merriam & Tisdell, 2016). My role provided an inherent advantage to maximizing access and nuanced understanding of the case study setting. I had established a professional relationship with all participants before the case study. However, it is also important to note the possible negative influence that my position may have had on the participants' responses and my interpretation of the data (Creswell, 2014; Fraenkel et al., 2015; Hodkinson & Hodkinson, 2001). For example, I did not want the InATC participants to feel obligated to participate in the study. I also did not want my presence to hinder open communication between participants during the end-of-course exit interviews facilitated by the clinical educators.

As strongly recommended by Yin (2016), to minimize the effects of bias, I kept a research journal and captured my thoughts using analytic memos throughout the study's data collection analysis phases. I also identified two colleagues familiar with the alternative teaching program to serve as *critical friends* to "report preliminary findings - possibly while still in the data collection phase" (Yin, 2018, p. 87). Engaging in conversations with my critical friends about the data collected helped to minimize the influence of my preconceptions and short-sightedness by challenging me to consider different perspectives and validating my interpretations of the data (Yin, 2018).

### **Limitations**

My role as the research and director of the program may have impacted the bias and raise concerns regarding the study's objectivity (Hodkinson & Hodkinson, 2001). While I remained cognizant of my positionality throughout the study's design and implementation, it was hard to completely remove bias from qualitative research interpretation as I was a member of the community (Creswell, 2014). Additionally, this study examined the influence of a course offered

during the first year of the alternative teacher education program. The study did not examine the influence of the program's second year or the program completer experiences. Enrollment in the clinical practice-based courses is voluntary and contingent upon completing the initial first-semester clinical practice-based methods course. The InATCs that participated in the study represented a subgroup of the 2019 Cohort. The results are likely limited to the alternative teacher education preparation program, and specifically the elementary InATCs, at Willow University (Hodkinson & Hodkinson, 2001).

### **Significance of the Study**

Teacher education preparation programs that intentionally integrate theory and real-world practice aligned with the InATCs' real-world settings deepen learning and the development of practice development (AACTE, 2018; Darling-Hammond, 2014; Goodnough et al., 2016; Humphrey et al., 2008; NCATE, 2010). The findings from this study can be used to better understand how a clinical practice-based approach contributes to developing the InATCs' professional and pedagogical skills. The findings based on the participants' experiences informed recommendations regarding the benefits, use, and limitations of a clinical practice-based instructional approach to train InATCs aspiring to earn a state-level initial teaching license in the alternative teacher education program at Willow University. This study provided insights for clinical educators and the program administrators to consider how to structure instruction and support for InATCs at Willow University.

### **Definition of Terms**

*Alternative teacher education program*- a state-approved higher education or non-university teacher training program for individuals seeking a state-level initial teaching license through a non-traditional teacher preparation program (Haberman, 2006; U.S. Department of

Education, 2016).

*Alternative teacher candidate*- an individual enrolled in a non-traditional teacher education program pursuing a state-level initial teaching license (U.S. Department of Education, 2016).

*Clinical educator*- a university-based faculty member that supports, mentors, coaches, and evaluates teacher candidates in K-12 classroom settings (Driskill, 2018; Humphrey et al., 2008).

*Clinical practice-based approach*- an instructional approach linking the teacher education coursework with application in real-world settings to support learning and development of professional and pedagogical skills (American Association of Colleges for Teacher Education [AACTE], 2018; Ball & Forzani, 2009; Henning et al., 2019).

*Core teaching practices*- Research-based instructional practices, when effectively enacted by novice or veteran teachers, have the greatest positive influence on student learning and result in high-quality instruction (Ball et al., 2009; Ball & Forzani, 2009; Henning et al., 2019; Grossman, Hammerness et al., 2009; McDonald et al., 2013)

*In-service alternative teacher candidate (InATC)*- an individual enrolled in an alternative teacher education program while simultaneously working as a full-time teacher of record in a K-12 classroom (Clark et al., 2013; U.S. Department of Education, 2016).

*Instructional reasoning*- Engaging in analytical decision-making processes to make judgments about teaching and learning practices (Clark et al., 2013; Kriewaldt et al., 2017)

*Teacher candidate*- student completing coursework in a teacher education program to obtain a state-level initial teaching license (AACTE, 2018).

*Traditional teacher education program*- a state-approved four-year university-based

teacher training program that typically prepares teacher candidates at the undergraduate level to recommend a state-level initial teaching license (U.S. Department of Education, 2016).

*University supervisor*- a university-based full-time or adjunct faculty member that provides supports, including but not limited to completing classroom observations, coaching, mentoring teacher candidates during clinical practice in a K-12 classroom setting (AACTE, 2018; Burns & Badiali, 2018).

## **Chapter Two: Literature Review**

While alternative teacher education programs help develop more teachers to address the nationwide teacher shortage, alternative teacher education programs are challenged to find ways to streamline four-year training to produce quality teachers in less time (Anthony et al., 2011; Humphrey et al., 2008; Kee, 2012). Teacher candidates that complete an alternative education program often work as full-time teachers while earning an initial teaching license. Training InATCs in alternative teacher education programs presents additional challenges beyond traditional teacher education programs, such as providing quality training in a shorter period of time with less coursework (Kee, 2012). InATCs also benefit from hands-on practice-based coursework aligned with the professional classroom that the InATCs work as first-time, full-time K-12 teachers (Humphrey et al. 2008; Karge & McCabe, 2014). This literature review addresses the purpose of teacher education, alternative teacher education goals, the characteristics of alternative teacher candidates, and exploring the new focus on clinical practice in teacher education.

### **Teacher Education**

Traditionally, teacher education programs prepare future teachers by taking university-based courses to acquire content and pedagogical knowledge in isolation. Clinical experiences are primarily completed at the end of the program when they complete the “student teaching” portion of the teacher education program (Darling-Hammond et al., 2005). In traditional teacher education, most of the candidates complete a four-year undergraduate program in education and complete one semester of student teaching in a local K-12 school (U.S. Department of Education, 2016). However, traditional teacher education programs have not produced enough



teachers to meet the growing nationwide demand for certified teachers in K-12 education (Education Reforms, 2012; Sutchter et al., 2012).

Alternative teacher education programs offer a pathway for individuals with a post-secondary degree to obtain a P-12 teaching license without completing a traditional four-year teacher education program at the undergraduate level (Education Reforms, 2012; Haberman, 2006; U.S. Department of Education, 2016). Alternative teacher education programs have increased the pool of available teachers to address the teacher shortage crisis (Alhamisi, 2011; Education Reforms, 2012; U. S. Department of Education, 2016). Alternative teacher education programs have developed an alternative pathway to teacher certification by offering a reduced number of required courses, financial assistance, and awards that may not be available to traditional teacher education candidates, and on-site coaching in the field (Alhamisi, 2011). While alternative teacher education programs help address the teacher shortage, more work is needed to address how to prepare quality alternative teacher candidates to teach K-12 students quickly (Education Reforms, 2012; Karge & McCabe, 2014; Whitford et al., 2018).

### **The Goals of Alternative Teacher Education**

The number of teachers who have earned certification through alternative teacher education programs has increased exponentially (Darling-Hammond, 2010; Education Reforms, 2012). Since 2010, about 20% of the nation's current teachers are reported as completing an alternative teacher education program (NCATE, 2010; U.S. Department of Education, 2016). Alternative teacher education programs address the need to replenish the short supply of teachers. However, the quality of the training, program format, and training period vary from program to program (Darling-Hammond, 2010; Humphrey & Wechsler, 2007; Kee, 2012; McCray, 2012; U.S. Department of Education, 2004). As more and more potential teachers

choose alternative routes to become licensed teachers, it is critical to focus on the quality of the preparation to produce competent teachers that feel well prepared to teach in K-12 classrooms the day they enter the classroom (Education Reforms, 2012).

Regardless of the program format or completion speed (traditional vs. alternative), the focus should be placed on whether teacher education programs produce effective teachers that increase student achievement in the classroom (Cochran-Smith et al., 2015; Darling-Hammond, 2010; Education Reforms, 2012). Alternative teacher candidates are expected to meet this requirement even if they are learning to become a teacher while simultaneously working as a K-12 classroom teacher (Education Reforms, 2012). Clark et al. (2013) found that taking university courses while working as a full-time teacher negatively impacted both student and teacher performance in the classroom. Many critics argue that alternative teacher education programs do not adequately prepare new teachers (Darling-Hammond, 2010; Kee, 2012). Teachers that completed alternative teacher education programs were more likely to leave the teaching profession because they did not feel adequately prepared when compared to teachers that completed traditional teacher education programs (Carver-Thomas & Darling-Hammond, 2017). Critics argue that alternative teacher education programs offered fast-tracked teacher training that lacked an emphasis on the acquisition of content and pedagogical knowledge (Cochran-Smith et al., 2015). Some teachers that completed alternative teacher education programs feel less prepared than their traditional trained counterparts (Kee, 2012; Espinoza et al., 2018).

Espinoza et al.'s (2018) report note that teachers that enter the field through alternative teacher education programs are less effective than traditionally trained teachers during the first few years of teaching. However, after two to three years of the difference in teaching

effectiveness decreases between teachers that completed traditional and alternative teacher education programs (Espinoza et al., 2018). Whitford et al.'s (2018) meta-analysis of studies comparing teachers that completed traditional and alternative programs noted little difference in K-12 student learning outcomes. Uriegas et al. (2014) also found no significant difference in traditionally trained candidates' teaching performance and the candidates that complete alternative teacher education programs. Other studies on the quality of alternative teacher education program have provided evidence that alternative teacher education programs have produced competent and knowledgeable teachers (Adcock & Mahlios, 2005; Clark et al., 2013; Humphrey et al., 2008; Karge & McCabe, 2014; Rosenberg & Sindelar, 2005; Whitford et al., 2018).

### **Characteristics of Alternative Teacher Education Candidates**

Alternative teacher candidates reflect more diversity in age, ethnicity, and professional experience when compared to completers of traditional education programs (Cochran-Smith et al., 2015; Humphrey & Wechsler, 2007; Kee, 2012). Most notably, alternative teacher education attracts more candidates of color, both non-white and non-native English speakers, to the field of education (Carver-Thomas & Darling-Hammond, 2017; Cochran-Smith et al., 2015; Kee, 2012; U.S. Department of Education, 2016). More diverse, non-white teachers enter the field of education through alternative teacher education than traditional teacher education programs (Carver-Thomas & Darling-Hammond, 2017; U.S. Department of Education, 2016). Alternative teacher candidates are more diverse, demonstrate a greater range in age, and draw more males to the teaching field than traditional teacher candidates (Carver-Thomas & Darling-Hammond, 2017; Humphrey et al., 2008; Kee, 2012; Thomas et al., 2005).

Alternative teacher education programs attract career changers with solid content knowledge from other professions such as business, law, science, psychology, or engineering, which can be leveraged to provide the depth in content knowledge needed to teach K-12 subjects (Humphrey & Weschler, 2007; Humphrey et al., 2008). According to the study completed by Humphrey et al. (2008), over half of alternative teacher candidates have some experience working with youth or some form of K-12 classroom experience.

While many alternative teacher candidates have previous work experiences or depth of content knowledge, they lack the pedagogical knowledge and skills required to enter the classroom as full-time first-time teachers with little to no teacher training (Darling-Hammond, 2010; Education Reforms, 2012; Humphrey & Weschler, 2007). InATCs enrolled in post-baccalaureate alternative teacher education programs have different and unique needs from traditional undergraduate teacher candidates (Blazer, 2012; Haberman, 2006; Smith & Evans, 2008). One big difference between traditional and alternative teacher candidates is that the many alternative teacher candidates are hired as full-time classroom teachers to fill shortages in high need K-12 classrooms on an emergency or temporary teaching license while earning a teaching certification (Clark et al., 2013; U. S. Department of Education, 2004). These InATCs are learning the skills and techniques required to become effective teachers while working full-time in K-12 classrooms (Clark et al., 2013; Darling-Hammond, 2010; Humphrey et al., 2008; Whitford et al., 2018), taking alternative teacher education coursework while simultaneously working as first-time full-time takes time and energy away from being an effective classroom teacher and causes additional stress for InATC (Clark et al., 2013; Wilcox & Samaras, 2009).

## **A Focus on Clinical Practice**

Most traditional and alternative teacher education programs focus on acquiring content knowledge and pedagogical skills separately (Ball & Forzani, 2009; Darling-Hammond, 2010). Typically, content knowledge and pedagogy are front-loaded in the curriculum, and the application of the learning is isolated, completed at the end of teacher preparation training (Darling-Hammond, 2010). Research has long been established that clinical practice and clinical internships have one of the most profound effects on the preparation of competent teachers (Darling-Hammond & Baratz-Snowden, 2007). More attention has been placed on making clinical practice an essential component in all teacher education programs by policymakers, professional organizations, and universities in the last ten years (AACTE, 2018; NCATE, 2010; Parker et al., 2019). However, what comprises and defines clinical practice in teacher education?

Defining clinical practice in training future professionals is unclear even for professions known as practice-oriented professions such as medicine, nursing, or clinical psychology (Philpott, 2017). The term “clinical practice” remains ambiguous in teacher education (Burn & Mutton, 2015; Kriewaldt et al., 2017; Parker et al., 2019). It is a term that is applied to almost any activity that requires teacher candidates to practice the skills of teaching (Forzani, 2014). Clinical practice is historically known as fieldwork or practicums completed in K-12 environments (AACTE, 2018; Darling-Hammond, 2014). Efforts continue to be made to create a common language to define and discuss clinical practice structures in teacher education (AACTE, 2018; Grossman, Compton et al., 2009; Parker et al., 2019). It has been argued that establishing a common language for clinical practice would unify efforts and offer more clarity as clinical practice in teacher education is often defined as the “best practice in teacher education” (AACTE, 2018; Parker et al., 2019).

In teacher education, clinical practice has been described as the space where teacher candidates practice and apply acquired pedagogical and content knowledge in real-world settings under the guidance of university faculty, veteran teachers, and mentors (AACTE, 2018; Henning et al., 2019; NCATE, 2010; Zeichner, 2010). Burn and Mutton (2015) contended that clinical practice should be understood as both the routines of teaching and as the deliberate, intentional repetitious rehearsal to deepen instructional knowledge and hone pedagogical skills. The purpose of clinical practice in teacher education is to develop effective teachers (Burn & Mutton, 2015; Humphrey et al., 2008; NCATE, 2010). Clinical practice in teacher education should be envisioned as teacher candidates demonstrating knowledge in, of, and for practice (Cochran-Smith & Lytle 1999, as cited in Henning et al., 2019). Teacher candidates need a place to practice evidence-based instructional strategies in authentic environments while reflecting on practice and applying theory as the foundation of a clinical practice model in teacher education (Henning et al., 2019; Zeichner, 2010, 2012; Zeichner & Bier, 2015). Henning et al. (2019) emphasize that “a clinical model is a curriculum grounded in practice, enhanced through reflection, and informed by theory” (p. 9). Grossman and colleagues (2009) have suggested that teacher education coursework and curriculum built around clinical practice can bridge the gap between theory and practice. Reform in teacher education, including alternative teacher education, needs to focus on decreasing the divide between theory and practice in training teacher candidates. The curriculum should focus on the intersection of practice and application of theory in real classroom settings (Grossman, Hammerness et al., 2009; Humphrey et al., 2008). Teacher candidates that complete teacher education programs where their courses offer a balance between theory and practice possess deeper learning and have conceptual knowledge of professional expectations (Darling-Hammond, 2014; Humphrey et al., 2008; Ünver, 2014).

Coursework aligned with clinical practice supports metacognitive development and reinforces professional learning for alternative teacher candidates in their study of the profession and in the field (Darling-Hammond, 2014; Bransford et al., 2004).

Incorporating clinical practice in teacher education requires teacher education programs to re-envision the curriculum and learning outcomes and develop instructional modes making clinical practice central to teacher training (Ball & Forzani, 2009; Goodnough et al., 2016; Grossman, Hammerness et al., 2009). In focusing on clinical practice in teacher education, Ball and Forzani (2009) recommend developing specific pedagogies for practice and constructing learning core teaching practices to develop teacher candidates' instructional practice. Alignment between coursework and clinical experiences is a top priority in developing clinical practice teacher education courses (Kriewaldt et al., 2017; Jensen et al., 2018; Zeichner, 2012; Zeichner & Bier, 2015). Therefore, authentic educational settings must be intentional and central to redesign efforts (AACTE, 2018; Ball & Forzani, 2009; Grossman, Hammerness et al., 2009).

Recommendations based on the design principles for a clinical model in teacher education focus on clinical practice were outlined by NCATE's Blue Ribbon Panel on Clinical Preparation and Partnerships (2010). This report suggested the importance of re-defining the role and emphasis a blend of content knowledge with practical application in teacher education coursework. The NCATE's (2010) Blue Ribbon Panel recommended redesigning teacher education curricula, challenges traditional faculty roles, and creating an innovative approach that transforms teacher preparation. Some have suggested that the benefits of a clinical practice-based approach in teacher education can surpass the learning in traditional teacher education programs (AACTE, 2018; NCATE, 2010). Changes to the teacher education curricula should intentionally incorporate active learning in contextually relevant settings (Stewart, 2014). Authentic learning

in contextualized settings leads to mastery and increased confidence in the classroom (Humphrey et al., 2008; Stewart, 2014; Yost, 2006).

Zeichner and Bier (2015) recommend defining and teaching evidence-based core teaching practices that will increase student learning. These core teaching practices are non-discipline specific, evidence-based instructional practices that inform the teacher's actions to improve K-12 student learning (Ball & Forzani, 2009; McDonald et al., 2013). A clinical practice-based approach intentionally sequences learning of core teaching practices to maximize student learning through authentic, real-world application (Anagnostopoulos et al., 2018; Jensen et al., 2018; AACTE, 2018).

Although bridging the gap between theory and practice is ideal, it comes with a few challenges. Zeichner and Bier (2015) urged teacher education programs to be careful when redesigning the curriculum to incorporate more clinical practice-based approaches. The clinical practice-based approach can be time-intensive and often requires removing other essential teacher education elements (Zeichner & Bier, 2015). Also, the turn toward clinical practice-based teacher education can blur the clinical educator's role and result in uncertainty of roles and responsibilities (Driskill, 2018). Roles and responsibilities may need to be clearly redefined as teacher education cross new boundaries in the innovative approach in clinical practice-based teacher education (AACTE, 2018; Driskill, 2018). In clinical practice-based teacher education, the role of the clinical educator morphs between facilitator, mentor, model-teacher, which requires the clinical educator to rely on previous experiences engaged in authentic practice in the field in order to provide the practical, pedagogical and professional support the InATCs' need (Driskill, 2018; Humphrey et al., 2008; Sawyer et al., 2016; Smith & Evans, 2008).



Smith and Evans (2008) recommended that alternative teacher education programs consider how to best support InATCs as they work in local schools as first-time, full-time K-12 teachers while enrolled in alternative teacher education programs. These needs are different from traditionally trained teachers as alternative teacher education candidates need training in instructional practices that can be implemented to instruct K-12. Therefore, alternative teacher education programs should incorporate more personalized coaching and feedback aligned with real-world practice, which is often missing in traditional teacher education (Alhamisi, 2011; Karge & McCabe, 2014; Kraft et al., 2018). InATCs need access to clinical supervisors and faculty as soon as they enter the program to build strong mentoring relationships to support their development as classroom teachers (Adcock & Mahlios, 2005; Humphrey et al., 2008; Kraft et al., 2018). Early support from university faculty provided through mentoring and coaching is an essential characteristic of effective alternative teacher education programs (Blazer, 2012; Humphrey et al., 2008; Smith & Evans, 2008). InATCs benefit from extensive support on-site coaching (Humphrey et al., 2008; Karge & McCabe, 2014; Kraft et al., 2018; U.S. Department of Education, 2004). Kraft et al. (2018) found that coaching models that aligned coaching and coursework significantly impacted developing teachers' instructional practices in alternative teacher education programs.

### **The Potential for Clinical Practice in Alternative Teacher Education**

Clark et al. (2013) found evidence that some alternative teacher candidates were less effective in the classroom. They suggested that this was due, in part, to the added stress of completing teacher education coursework while working as K-12 classroom teachers (Clark et al., 2013). Therefore, InATC may benefit from a teacher education curriculum that clearly articulates program outcomes that are aligned with the school setting and skills that the InATCs

are expected to demonstrate in the workplace to balance learning the art of teaching in context with teaching responsibilities (Humphrey et al., 2008). A focus on clinical practice is a valuable instructional method in alternative teacher education as more and more schools rely on alternative teacher candidates to fill high shortage content areas and unfilled teaching positions in hard-to-staff urban and rural schools (Quigney, 2010).

The purpose of alternate route teacher programs is to have alternative teacher candidates quickly transition into the classroom with little time to prepare or consider teacher effectiveness. Kee (2012) recommends providing additional support to alternative teacher candidates by engaging them with other clinical practice-based courses where instruction aims to provide direct feedback that results in immediate adjustments to instructional practice and help InATCs feel better prepared. University instructors and coaches should employ instructional strategies that allow alternative teacher candidates to practice the instructional skills being taught in the teacher education curriculum and offer opportunities to build self-confidence in their teaching ability (Kee, 2012; Humphrey et al., 2008).

Clinical practice in alternative teacher education courses can leverage learning core teaching practices and instructional reasoning by aligning instruction, course assignments, observation sessions, and feedback to the in-service alternative teacher candidates' real-world full-time teaching placements. Alternative teacher education programs have little control over the school environment in which the InATCs work full-time teachers (Carver-Thomas & Darlin-Hammond et al., 2017; Haberman, 2006; U.S. Department of Education, 2016). However, alternative teacher education programs can focus on developing a curriculum that balances theory and practice, provide timely and relevant curricula, and offer just-in-time support in the field to better prepare InATCs (Humphrey et al., 2008). InATCs benefit from coursework that is

sequenced and aligned with the specific challenges InATCs will face in their schools when possible (Humphrey et al., 2008; Karge & McCabe, 2014). Teacher candidates that complete courses aligned with clinical practice have a deeper understanding of theory know when best to when, and how to apply to support student achievement (Darling-Hammond, 2014).

InATCs need alternative teacher education coursework that considers that they are working as first-time, full-time classroom teachers with no prior training. The InATCs need courses that are aligned with their K-12 classroom setting that help balance the teacher education requirement, professional expectations, and competing family obligations (Blazer, 2012; Education Reforms, 2012; Haberman, 2006; Quigney, 2010; Smith & Evans, 2008; Wilcox & Samaras, 2009). A clinical practice-based approach meets these needs because the coursework is aligned and sequenced with the InATCs professional work settings. Clinical practice focuses on aligning teacher training with the authentic, real-world practice in contextual settings (AACTE, 2018; Ball & Forzani, 2009; Grossman, Hammerness, 2009; Kriewaldt et al., 2017; Parker et al., 2019; Jensen et al., 2018; Zeichner, 2012). In a clinical practice-based approach, training is focused on InATCs learning core teaching practices that can be applied to enhance K-12 student learning and result in quality classroom instruction (Ball & Forzani, 2009; Zeichner, 2012; Zeichner & Bier, 2015). There is strong evidence that suggests mentoring during clinical practice and coaching are essential factors in the training of InATCs (Anthony et al., 2011; Cochran-Smith et al., 2015; Darling-Hammond et al., 2017; Kraft et al., 2018; Smith & Evans, 2008), further research is needed to investigate the quality and relevance clinical practice-based courses in alternative teacher education (Humphrey et al., 2008).

### **Chapter Three: Research Method**

Qualitative case study design was applied in this study to better understand *what, how, and why* various aspects of a clinical practice approach contributed to the development of the InATCs' instructional practice as well as their learning in the alternative teacher education clinical practice-based course (Creswell, 2014; Yin 2018). The purpose of the case study was to complete an in-depth, multifaceted investigation of the influence of a clinical practice-based instructional approach within a real-world setting. This setting was critical to understand the development of the InATCs' instructional practice enrolled the clinical practice-based courses in the alternative teacher education program at a small private university in the Midwest (Merriam & Tisdell, 2016; Yin, 2018).

The investigation of the case study was guided by the research question: How does a clinical practice-based approach in alternative teacher education contribute to the development of in-service alternative teacher candidates' instructional practice? The research design rationale and methods used to collect and analyze data are described in this chapter.

#### **Research Design and Rationale**

The case study design was selected as the research design for this study because of its responsiveness to best capture the complex dynamics of the influence of the clinical practice-based courses on the development of the InATCs instructional practice (Ebneyamini & Sadeghi Moghadam, 2018; Merriam & Tisdell, 2016; Yin 2016, 2018). The case study design offered an investigative research method for exploring a phenomenon in a specific bounded context, especially when it is hard to distinguish between the characteristics of the phenomenon and the context (Merriam & Tisdell 2016; Yin 2016). In this case, I utilized the case study design method to better understand the facilitation and implementation of the clinical practice-based approach to

train InATCs in an alternative teacher education program (Yin, 2016). According to Yin (2018), the case study method can "capture the complexity of a case, including relevant changes over time, and attend fully to contextual conditions, including those that potentially interact with the case" (p. 270). Yin (2018) asserts that rigorous case studies are logical and intentionally designed to explicate the investigation. Quality case study design includes five essential components: (1) the research question(s), (2) the case study's proposition(s) or clear purpose, (3) a detailed description of the case, (4) clear logic linking the data to the research proposition(s), and (5) an explanation of the criteria to interpret the findings (Yin, 2018). Table 2 outlines the manifestation of the five research design components in my case study.

**Table 2**

*Case Study Research Design Components*

Research design component	Description	Manifestation of component in case study
Research question	Specific questions investigating the "how" and "why" of the study	How does a clinical practice-based approach in alternative teacher education contribute to developing of InATCs' instructional practice?
Research propositions	Specific constructs that should be reviewed within the scope of the study to guide the investigation	Alignment with real-world classrooms; relevant immediate practice; future development; interaction of core teaching practices; instructional reasoning; and modeling
Bounded case	Identified unit of analysis to be studied with parameters	The clinical practice-based courses offered to the elementary alternative teacher education program at Willow University during the 2019-2020 school year

**Table 2***Continued*

Research design component	Description	Manifestation of component in case study
Logically linking data	Reasoned collection and analysis method(s) that connect data to the purpose and/or research propositions	Articulated data selection, collection, and analysis methods linked to the development and enactment of the clinical practice-based courses; and thematic analysis Phases 1-4
Criteria for interpreting findings	An analytic strategy that highlights meaning and interpretation of data	Thematic analysis phases 5 and 6; addressing rival explanation(s); and comparison of data with literature review

The case study research design was instrumental in discovering the "*how or why*" of the clinical practice-based course phenomenon without influencing or controlling naturally occurring actual events in the real-world bounded context of this program (Ebneyamini & Sadeghi Moghadam, 2018; Yin, 2018). As the director of the alternative teacher education program, I am interested in delivering courses that meet the unique and diverse needs of InATCs while simultaneously preparing them to develop strong instructional practice and effective teaching competencies (AACTE, 2018; Humphrey et al., 2008). In this case study, I investigated *how* a clinical practice-based approach in alternative teacher preparation contributed to the development of InATCs' instructional practice. I conceptualized clinical practice in teacher education as the interaction of structure and enactment in a clinical practice-based course facilitated through core teaching practices and instructional reasoning based on a review of the literature education (Alter & Coggshall, 2009; Ball and Forzani, 2009; Benedict et al., 2016; Grossman, Hammerness et al., 2009; Jensen et al., 2018; Kriewaldt et al., 2017; Zeichner, 2012).

The design of case study research should be informed by the research question and propositions to guide the data collection and analysis process. Propositions should reflect the theoretical underpinnings of the case study and determine where to begin looking for evidence for the case study (Yin, 2018). The propositions I considered while designing the case study included, but were not limited to, alignment with real-world classrooms, relevant practice, future development, the interaction of core teaching practices and instructional reasoning, and modeling. I created the following proposition statements at the onset of the case study:

1. InATCs benefit from the clinical practice-based instructional approach because the courses are designed to be aligned with relevant to application in their current real-world work settings.
2. The clinical educators model the core teaching practices and articulate the rationale for instructional decisions in the clinical practice-based courses; in turn, the InATCs implement the modeled core teaching practice and instructional reasoning strategies from the clinical practice-based in their K-6 classrooms to develop their instructional practice.

Although I identified these propositions to guide the scope of the case study, I remained open to rival explanations and data that emerged from further analysis (Yin, 2016; 2018). I used the research question and propositions to identify relevant data sources and the selection and implementation of analytic strategies in the case study (Yin, 2018). The implementation and analysis of the case study are described in detail in the sections below.

### **Case Selection**

The selected case and participants for this study were chosen intentionally using the purposeful sampling strategy based on enrollment in the initial licensure post-baccalaureate alternative teacher education program at Willow University. According to Merriam and Tisdell

(2016), purposeful sampling is an appropriate method for selecting participants in qualitative case studies to ensure an in-depth investigation of the bounded case within context. The InATC participants were first-time, full-time in-service teachers in local elementary schools and registered for the year-long clinical practice-based courses facilitated by highly rated clinical educators. The clinical educator participants served as the instructor and university supervisor of the clinical practice-based courses. I discuss why this case and these participants were selected in detail below.

### **Context: The MAT Teacher Education Program**

The 2019 Cohort consisted of 91 InATCs, Elementary Education Generalist, (46%), Secondary Math, (12%), Secondary English, (16%), Secondary Science, (6.7%), Secondary Social Studies, (8.8%), World Language, (4.3%), English Learners, (3.3%), or Special Areas (i.e., Art, Choir, Instrumental Music), (2.2%). The InATCs earned a bachelor's degree in various majors, which is a pre-requisite for admission into the alternative teacher education program (Education Reforms, 2012; IDOE, 2019b; U.S. Department of Education, 2004). The alternative teacher education program at Willow University requires a minimum of 36 credit hours and is completed in six semesters. During the first summer semester of the program, the InATCs complete a six-week crash course in teaching, which includes training in a K-12 school setting. The crash course consists of a variety of topics (e.g., classroom management, lesson planning, diversity in education) as a precursor to entering a K-12 classroom in the fall. The remaining five semesters consist of coursework completed in the alternative teacher education program at Willow University. The InATCs usually take two courses and earn clinical internship credit hours each semester as they work for two years as classroom teachers while enrolled in the alternative teacher education program. During the first fall semester, all InATCs complete one



class, a best practice course aligned with the anticipated licensure area. The following spring semester, the InATCs are enrolled in two classes, Assessment of Learning I & II, and a second graduate education course (e.g., Best Practices in Teaching Elementary Math & Science, Child Development, or Exceptional Needs I & II). The alternative teacher education course sequence is provided in Appendix A. Upon successful completion of the alternative teacher education coursework, program requirements, and state licensing exams, the InATCs earn a master's degree and an initial teaching license.

### **Bounded Context: The Clinical Practice-Based Courses**

The clinical practice-based courses were developed and facilitated by a clinical educator team, Ms. Clark and Mrs. Washington. The clinical educator team decided to revise their approach to training InATCs after attending a faculty meeting eight years ago. During the Fall 2012 semester, the faculty read and discussed NCATE's (2010) Blue Ribbon Panel report on *Transforming Teacher Education Through Clinical Practice* for three meetings. At the end of the semester, the clinical educator team revised their approach to training the InATCs enrolled in the alternative teacher education program. The clinical educator team wanted to create learning experiences centered on applying the relevant teaching practices in context rather than focusing solely on theory or theoretical application (Darling-Hammond, 2014; Grossman, Hammerness et al., 2009; Humphrey et al., 2008).

In February 2013, the clinical educators presented a proposal to pilot a clinical practice-based approach in the following school year. The proposal was approved, and the clinical practice-based courses began in Fall 2014. The clinical practice-based courses offered content, activities, and a focus on the real-world, authentic practice, which was missing from the typical alternative teacher education courses. The clinical practice-based courses provided opportunities

for the InATCs to learn and rehearse core teaching practices with feedback from the clinical educators in authentic, real-world settings. Table 3 provides a comparison of a typical alternative teacher education course to a clinical practice-based alternative teacher education course.

**Table 3**

*Comparison of Alternative Teach Education Course Content and Activities*

Typical alternative teacher education course	Clinical practice-based alternative teacher education course
<p>Topic: Classroom management</p> <ul style="list-style-type: none"> <li>Online discussion on classroom mgmt</li> <li>Watch classroom mgmt video and participate in a class discussion</li> <li>Write a review of an online classroom mgmt electronic tool/resource</li> <li>Submit a classroom mgmt plan</li> </ul>	<p>Topic: Classroom management</p> <ul style="list-style-type: none"> <li>Read five articles on classroom mgmt</li> <li>Watch classroom mgmt videos and rehearse the strategies observed in the video with a peer</li> <li>Select three classroom mgmt strategies and implement the strategy in your elementary classroom for at least two weeks</li> <li>Submit reflection on the implementation in the classroom</li> <li>Schedule an observation/feedback session with your clinical educator</li> <li>Revise implementation of the classroom mgmt strategies based on feedback.</li> <li>Practice strategies for four more weeks in your elementary classroom</li> <li>Submit reflection on the implementation in the classroom</li> <li>Schedule an observation/feedback session with your clinical educator</li> <li>Submit a classroom mgmt plan that reflects the Implementation and revision of classroom strategies with evidence</li> </ul>
<p>Topic: Best practices in teaching</p> <ul style="list-style-type: none"> <li>Review state and national elementary English standards</li> <li>Discuss Depth-of-Knowledge and Bloom’s Taxonomy</li> <li>Complete unpacking standards and writing objectives activities</li> <li>Elementary teacher guest speaker</li> <li>Review and critique video of elementary English classroom</li> <li>Create a lesson plan for a 90-minute reading block</li> <li>10-minute microteaching demonstration of an activity from reading block lesson plan activity with peers</li> </ul>	<p>Topic: Best practices in teaching</p> <ul style="list-style-type: none"> <li>Review state and national elementary English standards</li> <li>Discuss Depth-of-Knowledge and Bloom’s Taxonomy</li> <li>Complete unpacking standards and writing objectives activities</li> <li>Bring curriculum guidance documents (e.g., curriculum maps, learning guides) from your school to discuss with your peers</li> <li>Bring in English lesson plans used in your classroom to review and discuss with your peers</li> <li>Revise English or Social Studies lesson plan based on feedback from peers and instructor</li> <li>Schedule an observation/feedback session for an English/Reading lesson with your clinical educator</li> <li>Visit elementary English classroom at a local school</li> <li>Review and critique two videos of elementary English classroom</li> <li>Submit instructional plan outlining professional reflection and a philosophy based on your experience this semester with evidence from your classroom to support the instructional plan</li> </ul>

Each year the clinical educator team continued to refine the clinical practice-based approach considering feedback shared by me (the program director), the InATCs and K-12 principals, lessons learned, and the most recent research and trends in the field of education. The clinical practice-based courses were selected as the focus of this case study because the clinical practice-based courses have consistently earned the highest ratings on the end-of-course evaluations compared to the other courses in the alternative teacher education program. Also, the InATCs that had completed the clinical practice-based courses typically shared overwhelmingly positive comments about how the clinical practice-based courses had impacted their development of instructional practices while enrolled in the program and years after completing the program. Over the last four years, I have received feedback from the non-clinical practice-based instructors and university supervisors that the InATCs that completed the clinical practice-based courses continue to excel in their performance in subsequent courses when compared to InATCs that did not complete the clinical practice-based courses.

In my role as the program director, I have observed the positive influence that the clinical educators had on the development of the InATCs' that have completed the alternative teacher education program at Willow University. Evidence of the clinical educators' influence can also be evidenced by the number of graduates that return to serve as guest speakers and mentors to InATCs currently enrolled in the clinical practice-based courses. Over the last three years, some of the graduates that are now school administrators in highly rated K-12 schools have returned to teach as adjunct instructors in the alternative teacher education program specifically because of their experiences with the clinical educator team. This suggests that the clinical practice-based courses' format may be more impactful than the instructional approach used in the other alternative teacher education courses at Willow University.

## **Participants**

The Fall 2019 Best Practices in Elementary Math & Science and the Spring 2020 Assessment of Learning I & II clinical practice-based courses for elementary InATCs served as the case for the study. About 38% of the 2019 Cohort completed the clinical practice-based courses during the 2019-2020 school year. There were 12 elementary InATCs enrolled in the clinical practice-based courses during the Fall 2019 and Spring 2020 semesters. The clinical practice-based courses were facilitated by two highly rated clinical educators, Ms. Clark and Mrs. Washington (pseudonyms). The case study participants consisted of the 12 InATCs, the two clinical educators, and me (the researcher). The purposeful sampling strategy was used to select participants that offered unique views of the case from multiple perspectives to provided rich data for analysis (Merriam & Tisdell, 2016). Profiles of the InATCs and clinical educators are provided in Appendix B. Pseudonyms were assigned to all participants to respect their anonymity (Yin, 2016).

The InATCs enrolled in the course were offered the opportunity to participate in the study at three different levels (see the Informed Consent form Appendix C). Table 4 lists the involvement level offered to the InATCs from Level I, minimal involvement, to Level III, which included participation in a focus group and sharing submitted course assignments. As outlined on the informed consent form, the InATCs were asked to sign a FERPA release form (see Appendix C), providing permission to review course artifacts and submitted assignments to better understand how the clinical practice-based courses contributed to developing their instructional practice. The InATCs provided consent and self-reported demographic and background information on the Participation Information Sheet (see Appendix C).

**Table 4***Participation Levels Offered to the InATCs*

Level of participation	Description
Level I	Participants volunteered to: <ul style="list-style-type: none"> <li>• self-report background information by completing the Participant Information Sheet, and</li> <li>• have their 30-minute end-of-the-semester virtual interview with the clinical educators recorded.</li> </ul>
Level II	Participants volunteered to: <ul style="list-style-type: none"> <li>• self-report background information by completing the Participant Information Sheet,</li> <li>• have their 30-minute end-of-the-semester virtual interview with the clinical educators recorded,</li> <li>• sign the FERPA release to share course assignments and work samples for review, and/or</li> <li>• participate in a ten-minute unstructured virtual interview about their experiences in the clinical practice-based courses.</li> </ul>
Level III	Participants volunteered to: <ul style="list-style-type: none"> <li>• self-report background information by completing the Participant Information Sheet,</li> <li>• have their 30-minute end-of-the-semester virtual interview with the clinical educators recorded,</li> <li>• sign the FERPA release to share course assignments and work samples for review,</li> <li>• participate in a ten-minute unstructured virtual interview about their experiences in the clinical practice-based courses, and</li> <li>• participate in a 60-minute recorded video conference focus group after the spring semester has concluded.</li> </ul>

Three of the InATCs participated at Level I, and eight participated a Level III. One InATC participated at Level I by submitting self-reported background information on the Participant Information Sheet. Table 5 lists the level of participation for each InATC. Only one of the InATCs was male, and 11 of the InATC participants identified as female. The InATCs ranged in ages between 24-51. Five of the 12 InATCs identified as an ethnic minority; three as Hispanic and two as Black. All the InATCs worked as classroom teachers during the 2019-20

school year. This was the first year that nine of the InATCs worked as full-time K-6 classroom teachers. There were two InATCs with at least one year of prior experience teaching in an elementary school before entering the program. The InATCs' background and demographic information are listed in Table 5.

The clinical educators were also asked to select their level of participation for the case study. The clinical educator instructor, Ms. Clark, and clinical educator university supervisor, Mrs. Washington, were invited to participate in the case study as outlined on the clinical educators' informed consent form (see Appendix C). The clinical educators were provided opportunities to volunteer to participate at two different levels. Both volunteered to participate in the study at a Level II. The clinical educators have over 85 years of combined experience in the education field, working as K-12 teachers, principals, and university faculty members supporting new teachers in different settings. See Table 5 for more background information on clinical educators.

**Table 5**

*Participants Background and Demographic Information*

Participant (pseudonym)	Gender	Age	Ethnicity	Professional experience in a non-education field (Years)	Professional experience in education before the case study (Years)	2019-2020 Teaching placement/position	Participant role	Participation level
Gabrielle	Female	30	Hispanic	4	0	Kindergarten	In-ATC	Level I
Hannah	Female	51	White	7	0	5 <sup>th</sup> Grade	In-ATC	Level I
Isabella	Female	27	Hispanic	8	1	1 <sup>st</sup> & 2 <sup>nd</sup> Grade	In-ATC	Level III
Michael	Male	25	White	2	0	3 <sup>rd</sup> Grade	In-ATC	Level III
Monica	Female	25	Hispanic	0	0	6 <sup>th</sup> Grade	In-ATC	Level I
Natalie	Female	49	White	5	0	Kindergarten	In-ATC	Level III
Nicole	Female	31	Black	2	1	3 <sup>rd</sup> Grade	In-ATC	Level III
Olivia	Female	24	Black	1	0	3 <sup>rd</sup> Grade	In-ATC	Level I ( <i>partial participation</i> )
Rose	Female	27	White	2	0	4 <sup>th</sup> Grade	In-ATC	Level III
Shelby	Female	25	White	0	0	2 <sup>nd</sup> Grade	In-ATC	Level III
Sophie	Female	25	White	0	0	4 <sup>th</sup> Grade	In-ATC	Level III
Violet	Female	25	White	1	0	1 <sup>st</sup> Grade	In-ATC	Level III
Ms. Clark	Female		White		49	Clinical Practice-Based Course	Clinical Educator-Instructor	Level II
Mrs. Washington	Female		White		37	Clinical Practice-Based Course	Clinical Educator-Supervisor	Level II
Erika Wise	Female	44	Black		18	Program Director	Researcher	

## Data Collection Methods

This case study focused on examining the participants’ experiences to better understand the influence of the clinical practice-based approach on the InATCs development of instructional practices. Data were collected from four primary sources over eight weeks: (1) an ongoing review of pertinent course and program-related records, documentation, and artifacts, (2) virtual semi-structured interviews, (3) virtual observations of the clinical practice-based end-of-course exit interviews, and (4) a virtual focus group interview (Yin, 2018). Table 6 outlines the data collection method and analysis timeline for the case study. The selection of relevant data sources was logically linked to the research question, purpose, and propositions to establish “a solid foundation for the later analysis” (Yin, 2018, p. 33). A case study database was created to label, organize, and track the multiple sources of data collected for the case study (Yin, 2018). A list of the documents included in the case study database is provided in Appendix D.

**Table 6**

*Data Sources, Collection, and Analysis Timeline*

Data source	Collection method	Data analysis	Timeframe
Archived records, documents, and artifacts	Professional archived documents reviewed in my possession	Reviewed and analyzed prior to the initial interview; exported to Excel for further analysis	Weeks 1-2
Case study database	Electronic collection of all data sources	Reviewed and analyzed throughout the case study	Weeks 1-25
All	Collected and compiled electronically	Phase 1: Familiarization with data	Weeks 1-15
Informed Consent and FERPA release	Sent, collected, and stored electronically	Recorded for the level of participation and permission	Week 2



**Table 6***Continued*

Data source	Collection method	Data analysis	Timeframe
Participation Sheet	Sent and collected electronically	Exported and recorded in Excel for analysis, if needed	Week 2
Initial Interview	Conducted and recorded via Zoom	Video transcript exported to Word, checked for accuracies, exported to Excel for coding and further analysis	Week 3
Observation Notes	Transferred handwritten notes to Observation Field Notes Word template	Exported to Excel for further analysis	Week 3
Review of course documents and artifacts shared by the clinical educator during the initial interview	Shared electronically by clinical educator instructor	Reviewed and analyzed using the Document Review template; exported to Excel for further analysis	Weeks 3-4
Observation of virtual exit interviews	Observations recorded via Zoom	Video transcript exported to Word, checked for accuracies, exported to Excel for coding and further analysis	Week 4
Reviewed submitted assignments and InATCs' artifacts	Shared electronically by clinical educator instructor	Reviewed and analyzed using the Document Review template; exported to Excel for further analysis	Weeks 4-6
Observation of exit interview submission videos	Videos shared via email; playback recorded in Zoom	Video transcript exported to Word, checked for accuracies, exported to Excel for coding and further analysis	Week 5
Virtual focus group interview	Conducted via and recorded Zoom	Video transcript exported to Word, checked for accuracies, exported to Excel for coding and further analysis	Week 6
Virtual focus group responses	Survey link shared electronically	Responses exported into Excel for further analysis	Week 6-7

**Table 6***Continued*

Data source	Collection method	Data analysis	Timeframe
Final interview	Conducted and recorded via Zoom	Video transcript exported to Word, checked for accuracies, exported to Excel for coding and further analysis	Week 7
Observation Notes	Transferred handwritten notes to Observation Field Notes Word template	Exported to Excel for further analysis	Week 7
Review of additional course assignments and artifacts	Shared electronically by clinical educator instructor	Reviewed and analyzed using the Document Review template; exported to Excel for further analysis	Weeks 8
All	Electronic documents and spreadsheets	Phase 2: Generating initial codes	Weeks 12-18
All	Electronic documents and spreadsheets	Phases 3 & 4: Searching for and reviewing themes	Weeks 18-23
All	Electronic documents and spreadsheets	Phase 5: Naming and defining themes	Weeks 24-26
All		Phase 6: Producing the report	Weeks 27-30

### **Data Sources**

*Document Review.* I began the case study by reviewing existing program-related documents, observation notes, and my professional notes completed during the 2019-2020 school year as the alternative teacher education program director. I also reviewed pertinent archived records, documents, and artifacts such as professional emails, mid-term and end-of-course student evaluations, minutes from meetings, and previous course work samples from the last six years on the clinical practice-based courses. The clinical practice-based course syllabi,

course readings, materials, and resources were reviewed, along with submitted assignments, images, and artifacts from the field, to gain a more comprehensive understanding of the enactment of a clinical practice-based approach (Yin, 2018). The document review was completed using the Document Review Template (see Appendix E). An excerpt from a completed document review is provided in Figure 2.

## Figure 2

### *Excerpt from a Document Review*

#### Document Review

Document: Effective Teaching Brochure Foldable Database Tag Number: 1.9.3

Date Received: 9/26/2019 Date Reviewed: 4/21/2020

Description or Purpose of the Document: The foldable is an activity completed during EDU529 AND EDU 530/531 to serve as a quick guide for the InATC to reference while teaching in the field.

Description of Content	Notes		
	Core Teaching Practice	Instructional Reasoning	Other Interpretations
<b>Hook</b> A bulleted list of things that teachers can do to engage students as an anticipatory set before the lesson. <ul style="list-style-type: none"> <li>• Tell a story</li> <li>• Use a writing prompt</li> <li>• Provide an analogy (X is to Y as A is to B)</li> <li>• Share video clip</li> <li>• Gallery walk</li> <li>• sing a song these songs create cognitive dissonance</li> <li>• vocabulary</li> <li>• front load academic language</li> <li>• Brown bag put items in a bag and have the students think and talk about it</li> </ul>	Practice CTP		REL-AP teachers are expected to implement this in classroom
<b>Instruction</b> <ul style="list-style-type: none"> <li>• Essential questions-guides the learning and should be posted on the board</li> <li>• Time/ pace -assign a student the role of timekeeper</li> <li>• Artifacts               <ul style="list-style-type: none"> <li>○ Tip use the board as students read from left to right this is important when teaching literacy</li> <li>○ Agenda is posted on the board and should be visible and shared with students</li> </ul> </li> <li>• Learning targets</li> <li>• exemplary work               <ul style="list-style-type: none"> <li>○ post exemplars also post expectations outlining explanations and expectations for the student work</li> <li>○ the goal is to move students to independent practice</li> </ul> </li> <li>• Anchor Charts               <ul style="list-style-type: none"> <li>○ place anchors by content</li> <li>○ Use to reference and frame learning</li> </ul> </li> </ul>	Practice CTP  These align to 4-focus areas		Which practices are required when in the course of the semester/year? Are they expected to implement all?
<b>Teachers Do (Teacher Actions)</b> <ul style="list-style-type: none"> <li>• Warm up Review/Preview</li> <li>• Direct instruction on big things this is explicit instruction</li> <li>• Mini lessons direct instruction</li> </ul>	Practice CTP		Which practices are modeled in the grad course?

*Virtual Initial Interviews.* A semi-structured initial interview with the clinical educators was completed at the beginning of the study (see Table 6). The initial interview session was conducted virtually via Zoom. I recorded the virtual interview as an additional data source for further analysis (Yin, 2016). The clinical educators answered the scripted initial interview

questions; however, the interview was conducted conversationally to allow the natural flow during the initial interview (Yin, 2016). During the interview, I posed the scripted initial interview questions (see Appendix F) to be a good listener and remained adaptive to ask additional questions when necessary (Yin, 2018). The initial semi-structured interview helped me better understand the structure and enactment of the clinical practice-based approach. The clinical educators shared additional insights that I would not have known were essential to the sequence of instruction in the year-long clinical practice-based courses.

At the end of the study, the clinical educators completed a two-hour in-depth semi-structured to provide additional insights to better understand how they perceived the clinical practice-based course's facilitation influenced the development of the InATCs' instructional practice. The clinical educators' final interview was conducted after all scheduled sessions with the InATCs (see Table 6) to minimize the potential bias or influence that my opinion or questions would have on the study or assignment of final grades for the course (Fraenkel et al., 2015). The list of the final interview questions for the clinical educators is provided in Appendix F. The semi-structured final interview provided an additional data source to triangulate the data collected during the study (Creswell, 2014; Fraenkel et al., 2015). I video recorded the final interview to decrease the potential for bias rather than relying solely on my field notes and first impressions (Yin, 2016).

Several informal and unstructured interviews were conducted with the clinical educators during and after the study to better understand the impact of the clinical practice-based course on the InATCs' development of effective teaching competencies. During the informal, unstructured interview sessions, responsive, open-ended questions were posed to better understand "*how*" and "*why*" the clinical practice-based course was facilitated or influenced the development of the

InATCs' instructional practice (Yin, 2018, p. 118). The unstructured interviews were also used to check the accuracy of my preliminary thoughts on key topics and understanding of the data collected (Creswell, 2014; Yin, 2016). The informal and unstructured interview questions are listed in Appendix F.

*Virtual Observations of the Clinical Practice-Based Course Exit Interviews.* At the end of each semester, the InATCs were expected to articulate and support the implementation of the core teaching practices during an exit interview. The clinical educators asked the InATCs to pick two of the provided exit interview questions (see Appendix G) and address how the clinical practice-based course influenced their knowledge, application, reasoning, and skills (KARS). The InATCs were expected to share their thoughts on developing their instructional practice demonstrated by their performance in their K-12 classroom or artifacts from the field included in a teaching portfolio. Due to the impact of COVID-19 on the Spring 2020 semester, the instructor offered the InATCs two options to meet the end-of-course exit interview requirement. The InATCs had a choice of (1) participating in the virtual exit interviews as scheduled or (2) submitting a recorded video answering exit interview questions. Eleven of the 12 InATCs participants met this requirement; seven attended the virtual interview session via Zoom, four submitted a video recording of the exit interview, and one student did not meet the requirement during the allotted time.

The exit interviews were conducted via Zoom, and each session was recorded for further analysis (Yin, 2016). I virtually observed seven of the InATCs' exit interviews and took notes, paying specific attention to the evidence discussed and presented by the InATCs and clinical educators related to the clinical practice-based approaches. To reduce the influence that my role as the director may have had, I limited my participation in the end-of-course exit interviews

(Yin, 2016, 2018). I did not ask questions during the end-of-course exit interviews. I provided technical assistance and limited my communication to greeting the students when they entered the virtual meeting space. While most of the participants completed the virtual exit interviews, four of the InATCs opted to answer the exit interviews on their own and submit a recorded video. I recorded my thoughts and notes during the observations of the virtual and recorded exit interviews using the Observation Field Notes template (see Appendix E).

*Virtual Focus Group.* The InATCs were invited to participate in a virtual focus group session via Zoom. Six of the InATCs attended the virtual focus group session. See Appendix F to review the focus group questions. The focus group interview was essential to understanding how the clinical practice-based course influenced the development of the InATCs' perspective. The focus group offered the participants the opportunity to express how and they perceived the influence of their experiences on the development of their instructional practice (Yin, 2018). After several failed attempts to find an available time for a second focus group, I created an online survey with the focus group questions at the request of one participant that could not participate due to the pandemic. I emailed the InATCs that did not participate in the virtual focus group session a link to the online survey; only two of the five remaining participants responded.

*Personal journal.* During the case study, I answered the same questions posed to clinical educators during the initial and final interview sessions (see Interview Questions in Appendix F). I kept a personal journal that provided the opportunity for me to make personal connections with the data and find my researcher's voice (Yin, 2016). Finding your own voice is one of the steps for writing engaging qualitative research (Mitchell & Clark, 2018). I used the personal research journal to record any thoughts that arose when I was not actively engaged in data collection or

analysis. I created an excel file to capture my thoughts and reflections during the data collection and analysis phase of the case study. It was easier to access the Excel research journal throughout the day from a computer or mobile device to keep track of my reflections in one place. Figure 3 is an excerpt from my personal electronic research journal.

**Figure 3**

*Excerpts from Personal Research Journal*

Entry	Date	Action	Notes
1	4/7/20	Research protocol PPT	Revise RQ question, create PPT outlining protocol, revise diagram, redo lit review (see notes form Dr. L.
2	4/7/2020	Propositions	Prop #1 In-service alternative teacher candidates greatly benefit from the clinical practice-based instructional approach because the courses are designed to be aligned with and relevant to application in their current real-world work settings.  Prop #2 The CE model and facilitate the course using HLP and articulate the rationale for instructional decision in the CPB courses; in turn the InATC implement the modeled HLP and IR strategies from the CPB in their own K-12 classrooms to develop their instructional practice
3	4/15/2020	Obtain informed consent from clinical educators	
4	4/18/2020	Goal: Identify unit of analysis, what are you trying to answer?	CE actions contributions (HLP and IR) ; InATC development, perceptions, HLP and IR
5	4/19/2020	Generated initial open codes based on theoretical propositions and review of the literature Yin, 2018, p. 168 )	The theoretical propositions are reflected in the focus of the research question, literature review, and plan that guided the implementation of the case study. Yin, 2018, p. 168
6	4/19/2020	During the content analysis of course documents and professional notes from class observations, I used the initial open codes based on RQ and propositions to initial code the documents (Saldana, 2016; Yin, 2016)	
7	4/20/20	Begin labeling and tag data in case study database	
8	4/20/2020	Syllabi are not consistent from semester to semester. Many details omitted from Fall 2019 syllabus. Labeling of knowledge in multiple places. What distinguish KARS on syllabus?	
9	4/22/2020	Conduct initial semi-structured interview with clinical educators	Reviewed documents shared by instructor for the EDU529 and EDU530/531 courses to date. Completed the data reduction process to identify relevant samples to be included in the study [Add to process need quote]
11	4/23/2020	Reminder: Review and edit the initial semi-structured interview transcripts	Completed an doc review of the interview; It will be interested to see if/how the InATCs recognize they were in a CPB. It is unclear how often this is shared with the InATCs.
12	5/3/2020	Decided that I am going to use level to demonstrate relation to the text and cycles and number of times text/data was analyzed	Level 1- initial and open codes directly from text Level 2- sorting method to identify categories, Level 3 synthesize codes to identify themes Level 4 selective coding to Define Themes and conceptual explanation (Hahn, 2008; Yin, 2016)  Iterative processes using various coding methods in cycles identify codes at each level (Saldana, 2016; Yin, 2016)
13	4/28/2020	Obtain informed consent from in-service alternative teacher candidates	This needs to be completed before the start of the initial interviews; Also, create an table to track participation, returned forms, assigned pseudonyms and data from info sheets
14	5/5/2020	Use Word/Excel to format and code all sources.	Researched using excel to sort and code data. Found the Radar article by Watkins and M Word/Excel article by Ose (see New Quotes and Notations word document for additional thoughts.
15	5/2/20	Complete and review notes from recorded interview session	This needs to be completed before the focus group session;
16	7/25/2020	First cycle for analyzing notes and document review- provisional coding to produce Level 1 codes (CE Initial and	
17	5/4/20	Put all transcripts in same format	Identified a format and exported all transcripts to excel

*Professional notes.* I compiled and analyzed existing professional notes and documents completed during my normal day-to-day workday as the program director to develop a detailed description of the clinical practice-based approach, its development, and enactment in the MAT

program. The professional notes were analyzed using the Document Review template (see Appendix E) to gain a deeper understanding of the clinical practice-based approach.

*Analytic Memos.* Analytic memos are like personal journal entries; they capture the researcher's personal thoughts during the study (Saldaña, 2016). The primary function of analytic memos is a sense-making data analysis process used to refine and evolve understanding through continuous comparisons, questioning, and purposeful reflection (Saldaña, 2016; Yin, 2016). During the study, I completed analytic memos using the template provided in Appendix E to capture my current understanding, examine my assertions, and support my understanding and assertions with evidence collected during the case study (Yin, 2018). Analytic memoing is a strategy that challenges the researcher to think about the data in different ways (Maietta & Hamilton, 2019; Yin, 2018). Using the Analytic Memo template, memos were written regularly as a tool for discovery and a way to organize my thoughts when searching for and reviewing themes (Maietta & Hamilton, 2019; Saldaña, 2016). An example analytic memo written during the case study is provided in Figure 4. I also created memos reflecting on Saldaña's analytic memo topics (2016) to think critically about my analysis of the data. An analytic memo on one of Saldaña's (2016) memo topics is shown in Figure 5.



## Figure 4

### *Analytic Memo Written during Case Study*

#### **Analytic Memo**

**Event: Recalling notes**

**Date: 8/20/2020**

#### **Summary of Current Understanding or Topic**

- What do I know so far?
  - The clinical educators enjoy providing opportunities for the InATC to feel success. They believe that the InATC should be affirmed for the things that they are doing right while still challenging them to push to continue perfecting the craft of teaching
- What did I learn from this data collection episode?
  - I learned that affirming and building confidence are a big part of the CE instructional reasoning and approach to the clinical internship. They spoke mostly on the affective aspects of the clinical model.
- Why is the data collection episode important to my study?
  - This changes the scope or findings in the sense that I am it is unclear the HLPT that are taught, but it is clear the support system and building of the relationships is one of the most if not the most important aspect of the model.

#### **Assertions**

What assertion can I make based on one of the research questions?

The clinical practice-based approach builds the confidence of the struggling InATC and encourages them to try and develop instructional skills. Create a supportive environment to learn and apply different strategies. The early wins also create conditions for them to trust the advice and continue developing instructional practices.

## Figure 5

### *Analytic Memo Reflecting one Saldana's Memo Topic*

#### **Analytic Memo**

**Event: Reflecting on Cycle 1 codes**

**Date: 8/27/2020**

1. **Reflect on and write about your code choices and their operational definitions.**  
The codes that were initially selected (piori codes) were established based on the research question and conceptual framework.

CEINF- Clinical Educators Influence was selected as I was interested in identifying the areas, concepts, practices, and actions that the InATC perceived as impactful or having a positive or negative influence on the development of their instructional practice.

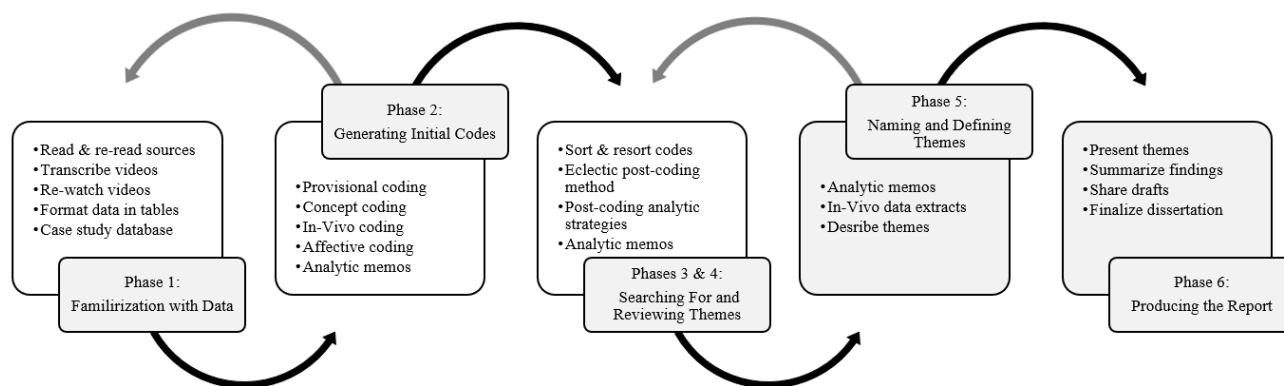
Affective codes were identified as I continued to code the data, emotions, values, and beliefs became a prevalent theme of the data. Many of the participants shared how they felt and the emotional aspects of participating in the clinical practice-based course over the course of the year. The participants also shared aspects of the course which they valued or found valuable to their professional development or the ongoing development of the clinical practice-based approach. This led me to complete a value/emotional coding strategy as a first cycle coding strategy before moving on the second level coding. The affective coding strategy helped me to frame the participants' experience and share the evolution of their development experienced in the year-long clinical practice-based courses.

## Data Analysis

The data collected for the case study coded, organized, and analyzed through coding cycles to identify significant categories and themes embedded in the data (Braun & Clarke, 2006, 2012; Saldaña, 2016). I followed Braun and Clarke's (2012) six-phase thematic analysis strategy to analyze the data compiled in my case study database. Thematic analysis offered the flexibility to think critically about the literature on clinical practice-based teacher education and the patterns constructed by analyzing the data across the data sources (Braun & Clarke, 2006; 2012). The six-phase thematic analysis methods proposed a framework to focus on the participants' responses in their own words and actions to identify the most salient themes. Although there are six distinct phases, the thematic analysis method is an iterative nonlinear process and allowed me to move back and forth between phases as needed (Braun & Clarke, 2006). Figure 6 illustrates how I engaged the six-phase thematic analysis process to guide the case study analysis.

**Figure 6**

*Thematic Analysis Process Used in the Case Study*



### Familiarization with the Data

The first phase of thematic analysis required immersion in the data is becoming intimately familiar with all of the data sources (Braun & Clarke, 2006; 2012). I decided early in

the study to complete a systematic coding and data analysis of the case study using Microsoft Word and Excel (Ose, 2016). Before starting the case study, I created templates to record observation notes, analyze documents, and complete analytic memos (see Appendix E). The templates were used to prepare and manage data through the thematic analysis process. I used a consistent template to standardize the review process across all data sources for further analysis (Ose, 2016).

Familiarizing myself with the data began at the onset of the study. I spent the first few weeks reacquainting myself with archived communications, observation notes, records, and other documents that I had retained as the director of the alternative teacher education program (Braun & Clarke, 2012). I completed a review of the archived records, documentation, and artifacts using the Document Review Template to standardize the review process across all data sources. The information placed in the document review was transferred to tables in excel to create a standard format for all tables for further analysis (Ose, 2016). Standardizing the format for my observation notes, document review, memos, personal journal entries, and topic monitoring provided a unified structure as I transitioned back and forth between the data collection and analysis, which is essential when engaging qualitative research (Creswell, 2014; Yin, 2016). Figure 7 illustrates the standard format of the data exported from a document review to Excel for further analysis.

**Figure 7**

*Standard Format for Document Review Data in Excel Table*

Data Collection Episode	Doc #	Document	Text/Description of Text	Initial Code	Notes
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	For your consideration: This course will be about intersecting theory with practice, deconstructing it, and living it so that we may provide explicit instruction and enhance student understandings.	CPB- Structure	Included on all syllabi
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	Introduction of Clinical Model	CPB- Structure	On syllabus, but students stated unaware in Focus Group
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	Begin with the end in mind	CPB- Core Defined	
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	Phase I Establishing baseline data and begin to go slow to go fast	CPB- Core Defined	
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	Blueprint of your room and picture of your room Bring one interest inventory to class and enough copies for colleagues 25	RELAP	
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	Begin to "read room", Organization and preparation for learning to occur Application: How is your current room organized What do people read when they come to your room? How do students collaborate and engage with each other? How do students understand how to do the work? How is feedback giving regarding behavior?	CPB- Modeling w/expectations	Instructional strategy modeled and expected; student are required to answer this Set of reflection questions embedded in course, stated on syllabus
Doc Review Cycle #1	1.2	1.2 Syllabus EDU529	Begin to "read room", Organization and preparation for learning to occur Application: How is your current room organized What do people read when they come to your room? How do students collaborate and engage with each other? How do students understand how to do the work? How is feedback giving regarding behavior?	CPB- InATCIR	Instructional strategy modeled and expected; student are required to answer this Set of reflection questions embedded in course, stated on syllabus

The recorded video of the observations, interviews, and the focus group were transcribed using the Zoom transcription feature. I watched each video twice while reviewing the transcripts to ensure the accuracy of the transcriptions. The transcripts were exported to Microsoft Word reformatted into a table consistently used for all transcripts in preparation for final export to Microsoft Excel (Ose, 2016). Figure 8 illustrates the standard format of all transcripts exported from Word to Excel. Formatting the transcripts in a standard structure made it easier to re-read transcripts and sort the responses as I became more familiar with the data (Braun & Clarke, 2012).

**Figure 8**

*Standard Table Format for All Transcripts*

Data Collection Episode	Line #	Participant/Question	Text	Initial Code	In-Vivo Code	AFF Code	Notes
CE Initial Interview	1	Opening	Interviewer: Alright, so I am recording so alright so. Thank you, Naomi for meeting with me today.				
CE Initial Interview	2	Opening	CE-INST-N: You're welcome.				
CE Initial Interview	3	Q1	Interviewer: So, can you please share what influenced you to develop the clinical practice based approach for the in service teacher candidates.				
CE Initial Interview	2	Caroline Q1	CE-SUP: Naomi and I discussed the importance of connecting th	CEIA- affirming		affirming	
CE Initial Interview	4	Naomi Q1	CE-INST-N: One of the things that I saw that was lacking in the graduate student preparation. Our teacher preparation was that There was no connection between what we were doing in the classroom and what was going on out in the field. Additionally,	CEIR- bridge theory and practice	CEIR- bridge theory and practice "One of the things that I saw that was lacking in the graduate student preparation. Our teacher preparation was that There was no connection between what we were doing in the classroom and what was going on out in the field"	There was no connection between grad program and field	Humphrey et al's work on InATC
CE Initial Interview	5	Naomi Q1	CE-INST-N: There seem to be. There's a lot of work out there, regarding teacher retention and that if you really took a look at teacher retention. Why do people end up staying in the field and they end up staying in the field because Not just because of financial but more importantly, because somebody is really paying attention and values the work that they are doing and wanting to see that they improve so I started doing a lot of research on what might be some practices. And if we were to focus them. What might we do and what might it take, and then we put a proposal together.	CEIR- retention			
CE Initial Interview	7	Naomi Q1	CE-INST-N: And we were allowed to go ahead and start doing this, where I teach, [logistics] for I have a partner that I work with, and I teach for three weeks in a particular area and on a particular topic, and then we go out and we observe the instruction that is going on, based upon what we have been learning	CPB- logistics/structure (Partner)			
CE Initial Interview	8	Naomi Q1	CE-INST-N: Having said that, The work is very clear that at the end of 10 years a, a really effective teacher will be excellent at three things.	CEIR- planning	CEIR- planning "very clear that at the end of 10 years a, a really effective teacher will be excellent at three things."		Need a quote on this??
CE Initial Interview	9	Naomi Q1	CE-INST-N: So the entire time that I am working with teachers. I am doing less is more so that we are not looking at 50,000 things that they are going to be getting really good at, we're looking at a few things.	CEIR- less is more			
CE Initial Interview	12	Naomi Q1	CE-INST-N: We Caroline and I... We go out and we watch them and then they tell us what they would like to get really good at.	CPB- logistics/structure (Partner)	CPB- We go out and we watch them and then they tell us what they would like to get really good at."		

**Generating Initial Codes**

I generated initial codes using a constructive process that required several cycles of interpretation through recording, reflecting, making meaning, and re-labeling the data (Braun & Clarke, 2006, 2012; Saldaña, 2016). I used multiple first cycle coding methods to come up with a coding scheme to assign meaning to the most salient points while reducing the data (Miles et al., 2014; Saldaña, 2016). My coding scheme consisted of four first cycle coding methods, (1) provisional coding, (2) concept coding, (3) in-vivo coding, and (4) affective coding to identify meaningful patterns in the data (Saldana, 2016). I maintained a codebook of codes and sub-codes

in an Excel spreadsheet to reflect changes and progression of the codes throughout the data analysis process (Saldaña, 2016). The codes generated during first-cycle coding are listed in the codebook see Appendix H. A complete list of codes and sub-codes generated during the first cycle coding is provided in Appendix I.

*Provisional coding method.* Using the provisional coding method, I created initial codes based on the literature review clinical practice in teacher education, and concepts discussed in the conceptual framework were determined before I started the case study (Saldaña, 2016). These codes were labeled as priori codes in my codebook and list of codes (see Appendix I). I used this deductive approach to interpret the data based on research propositions informed by my previous professional experience and a review of the literature (Miles et al., 2014; Saldaña, 2016; Yin, 2018).

*Concept coding method.* During this first review of the data, I also wanted to remain open to unknown embedded patterns that emerged during this stage of first cycle coding. I identified additional initial codes using the concept coding method to identify a word or phrase representative of a “suggested meaning broader than a single term or action” (Saldaña, 2016, p. 119) that were not aligned with the established priori codes. The codes identified with the concept coding method were listed as concept code in the codebook (see Appendix H).

*In-vivo coding method.* Before starting the study, I knew that I wanted to capture the story of the participants using their own words to better understand how the clinical practice-based course contributed to the development of the InATCs’ instructional practice (Yin, 2016). Saldaña (2016) recommends using in vivo coding in case study research when the goal is to “prioritize and honor the participants’ voice” (p. 106). In the second stage of first-cycle coding, I re-watched the recorded videos while reviewing the transcripts to identify the participants’ most

salient points and statements to contribute a rich description of the case (Braun & Clarke, 2012; Saldaña, 2016). The in-vivo codes are not listed in the codebook. The in vivo codes were highlighted on transcript spreadsheets in Excel (see Figure 8) and extracted for analysis when I completed the quote identification, periodic topic monitoring, and topic mapping templates.

*Affective coding method.* After completing the focus group session and a preliminary review of the transcripts from the clinical educators' initial interview, it was evident that emotions were an important factor. I decided to add affective coding methods to the analysis of all transcripts to investigate and acknowledge the emotional experience that the participants' voiced and I observed during the study (Saldaña, 2016). During this phase of generating codes, I focused on coding the emotions descriptively to maintain authenticity to the participants' original voice (Braun & Clarke, 2012). The affective codes are listed in the codebook and list of codes (see Appendices I and J).

### **Searching For and Reviewing Themes**

According to Braun and Clarke (2012), "searching for themes is an active process, meaning we generate or construct themes rather than discovering them" (p. 63). During phases three and four of the thematic analysis process, I continued to logically link the case study data to the research question and propositions (Yin, 2018). I used eclectic coding as a post-coding method to transition from first-cycle coding to recode with the goal of identifying patterns in the data (Saldaña, 2016). I used multiple post-coding activities to compare codes from first-cycle coding and recode to identify categories (Maietta & Hamilton, 2019; Saldana, 2016; Yin, 2018). Sorting and reviewing the codes in Excel allowed me to refine and revise the codes to identify preliminary themes (Ose, 2017; Saldana, 2016). Additionally, post-coding analytic strategies such as code landscaping strategies and code charting helped me to construct and reconfigure the

data to identify categories and themes based on the recoded data (Braun & Clarke, 2012; Saldana, 2016). After reviewing and coding all the transcripts from the initial interview, exit interviews, focus group, and the final interview, I merged all of the tables together to review the initial codes (provisional, concept, and affective codes) and entered the initial codes into a word cloud (see Figure 9). This code landscaping analytic strategy helped me to uncover preliminary categories (Saldana, 2016) visually. Figure 9 illustrates the visualization of the data using the code landscaping strategy.

**Figure 9**

*Word Cloud of First-Cycle Codes of all Transcripts*



I periodically engaged in topic monitoring to managing topics and recode the data into categories and, eventually, themes (Maietta & Hamilton, 2019; Saldaña, 2016). I used multiple analytic strategies through several cycles of analysis to refine the codes and identify categories while searching for and reviewing themes to make sense of the data (Miles et al., 2014; Saldana, 2016; Yin, 2018). When searching for and reviewing themes, I created tables in Excel, which allowed me to sort, color code data, and to make sense of the data (Ose, 2017). Figure 10 shows an example of a table created for the topic monitoring, post-coding method. I analyzed the data



sources individually and holistically, scanning for categories that explained how the clinical practice-based approach contributed to the development of the InATCs' instructional practice (Yin, 2018). The post-cycle coding strategies helped me to make comparisons and construct themes (Ose, 2017; Saldana, 2016).

**Figure 10**

*Example of Post-Coding Method- Topic Monitoring*

	A	B	C	D
1	<b>Periodic Topic Monitoring Template</b>			
2	<b>Instructions:</b> Identify three of the strongest topics based on your analysis. In ten sentences or less, write a brief memo for each topic. Describe the origin of			
3				
4	<b>DC Session</b>	<b>Topic</b>	<b>Topic Descriptor</b>	<b>Memo</b>
5	CE Initial Interview	Topic #1	Emotional Experience for all	This is the first time that I have heard the CE address the emotional engagement from the attachment theory perspective. The CE also addressed personal emotions that they experienced
6	CE Initial Interview	Topic #2	Redesign to meet unique needs	The ties to emotional reasons of caring, commitment and passion, but also the CE wanted to create a course that helped the struggling new teacher discover their way into the field and ease a lot of their anxiety
7	CE Initial Interview	Topic #3	Illustrative Instructional approach used in CPB	The course centers around modeling core teaching practice with support for the InATC to implement in their classrooms. The instructors sets the university classroom to illustrate what, how, and why things should be displayed and implemented in the field
8	Focus Group	Topic #1	Emotional Experience	All of the InATC shared an array of emotions felt while completing the CPB. Emotions were both positive and negative and ranged from self-doubt to appreciation
9	Focus Group	Topic #2	Support System and Growth	All of the InATC appreciated at least one aspect of the CPB. Most appreciated the CE team and their expertise; even if it was a stressful process
10	Focus Group	Topic #3	Changed thinking (reasoning)	The InATC voiced they did know what to expect during their first time teaching in the classroom; the course provided valuable support in changing and challenging their thinking and revealing things they did not even think about considering or exploring, especially as a first year teacher
11	Ob of Exit Interview	Topic #1	Affirming to Support	The CE framed every comment as an affirmation. Areas of growth were sandwich between an affirming statement
12	Ob of Exit Interview	Topic #2	Focus on Students	The InATCs measured their success for the year by the response and relationships built with their students.
13	Ob of Exit Interview	Topic #3	Core-practices	Of all of the core teaching practiced implement progress monitoring which included self-assessments for students was implemented by all InATCs
14	CE Final Interview	Topic #1	Affirming is key	The word keeps popping up and I specifically used by the CE as a strategy in providing support to the InATC. The CE uses this term to reinforce the encouragement during the exit interview and consistently throughout the exit interview conversations with each of the InATCs. The CEs lead with an affirming statement and ties it back to the evidence provided during the exit interview or observed in the field during the year. This is important because it appears to be a structure of the CPB that is consistently enacted to support the InATC development of instructional practice. This also ties with the way the CE build relationships with the InATC.
15	CE Final Interview	Topic #2	CPB (re) design- the	The idea to begin using the CPB was sparked the lack of relevance of the alternative teacher preparing courses to the InATC real classrooms. This gap fueled the CE's to make the coursework more relevant to field since the InATC came to class at the end of a long work dead feeling exhausted in defeated. The ideas was to provide relevant strategies, skills, and resources that could be immediately utilized in the k-12 classroom the next day. This is important to the study because it illustrates the impetus of the CPB for the program.

### Defining and Naming Themes

During the fifth phase of the thematic analysis process, five themes were created from the data that showcased how the participants experienced the clinical practice-based courses. The five themes were constructed from the 18 categories and sub-categories (see Table 7). Together,

the final themes articulated a rich, cohesive story based on the case study's most relevant evidence (Braun & Clarke, 2012).

**Table 7**

*Five Descriptive Themes*

Themes	Categories and sub-categories combined to form themes
Intentional course redesign considerations	Rationale for redesign of clinical practice-based course; and Structure of clinical practice-based courses- Learning cycles; Four focus areas and KARS; Core teaching practices defined; Modeling; and Observation-feedback cycles
Purposeful engagement in core teaching practices	InATCs practicing core teaching practices; and Immediate, relevant application in the K-6 classroom
Encourage reflective thinking and instructional reasoning	Explaining instructional reasoning; Articulating influence on current or future practice; and Explaining changes in thinking or instructional approach
Inspire conscious focus on K-6 students' perspectives	Students' perspectives- Motivation; Engagement; and Investment
Emotional engagement and investment	Affirming to support; Unexpected emotions; and Value and appreciation

**Producing the Report**

The last phase of Braun and Clarke's (2006) thematic analysis process involved writing the final report of the case study. I continued the analysis by selecting the most compelling evidence related to the research question and review of the clinical practice-based teacher education to include in the report (Braun & Clarke, 2006). This included providing a detailed account of the clear, concise, and cohesive description of themes (Braun & Clarke, 2006; 2012).

I also shared summaries of the themes and a draft of the report with the clinical educators and my critical friends to support the final report's validity and accuracy (Yin, 2018).

### **Validity & Reliability**

I used multiple well-established strategies to address the validity and strengthen the case study's reliability (Creswell, 2014; Merriam & Tisdell, 2016; Yin, 2016; 2018). I documented and articulated the research processes used in the case study, including the potential impact of my bias as the researcher (Ebneyamini & Sadeghi Moghadam, 2018; Hodkinson & Hodkinson, 2001; Yin, 2018). Table 8 outlines the reliability and validity strategies and the phase they completed in the case study. Below is a summary of the validity and reliability strategies employed in the case study.

I clearly articulated the research design and protocol used to complete the case study beginning with the data collection phase (Ebneyamini & Sadeghi Moghadam, 2018; Yin, 2018). I also created a case study database to organize and manage the multiple data sources directly related to the development and delivery of the clinical practice-based courses (Yin, 2018). Maintaining sources in the case study database was a strategy used to strengthen the reliability and integrity of case study research for future external review (Yin, 2018).

I analyzed the compiled data collected from a variety of sources (e.g., archived records, transcripts, work samples) and used extracted data as evidence to support the findings and interpretations of the case study (Yin, 2018). I maintained a chain of evidence by documenting my actions throughout the case study, tracking data through a case study database, and writing analytic memos and research journal entries (Yin, 2018).

**Table 8***Validity & Reliability Strategies Employed*

Quality research indicator	Strategy	Phase completed in the case study
Reliability	Clearly articulated case study protocol	Data Collection
	Code check with a critical friend	Data Analysis
	Critical friends reviewed a summary of findings and conclusions	Producing the Report
	Maintained case study database	Data Collection
	Maintained chain of evidence	Data Collection & Analysis
	Member checks	Data Analysis
	Transcript accuracy checks	Data Collection
Validity	Considered plausible rival explanations	Data Analysis
	Maintained a chain of evidence	Data Collection & Analysis
	Review of the report by the clinical educators	Producing the Report
	Triangulated evidentiary support	Data Analysis
	Used multiple data sources of evidence	Data Collection

In addition, internal threats to validity were addressed during the data analysis phase of the case study by patterning matching and remaining open to rival explanations as I began to make sense of the data (Yin, 2016; 2018). I engaged in pattern matching by periodically comparing the recoded data to the concepts discussed in the review of literature on clinical practice in teacher education to address the internal validity of the case study (Yin, 2018). Pattern matching through a comparison of final themes with the literature on clinical practice in

teacher education served as a measure to increase the case study's validity (Yin, 2018). Evidence collected from all data sources was compared and triangulated to support the analysis results (Creswell, 2014; Yin, 2018).

I did not rely solely on past experiences or assumptions to lead my investigation (Yin, 2016). I identified a plausible rival explanation at the beginning of the case study: The growth observed over the year is expected after working one year as a full-time elementary teacher while enrolled in an alternative teacher education program and should not be contributed to the clinical practice-based approach. The rival explanation reminded me to analyze the data with skepticism and remain objective while conducting the case study (Yin, 2016, 2018).

To increase the transcripts' accuracy, I watched each video while reviewing the transcripts (Creswell, 2014). All transcripts were reviewed and checked before I began the first-cycle coding process. To increase the reliability of the results, I completed a code checking activity with a colleague who works in my department but not directly with the clinical practice-based courses. My colleague served as a critical friend that reviewed and shared professional insight to increase the reliability of the findings (Creswell, 2014; Miles et al., 2014). My critical friend and I coded five pages of the focus group transcripts with 92% agreement based on the codes listed in the codebook. We achieved an agreement of 92% during the code-checking activity, which exceeded the expected 80% agreement rate for qualitative reliability (Creswell, 2014). As an additional check, I completed an intra-coding activity on the clinical initial interview transcript and the focus group transcript. I achieved an intra-coder agreement of 87% on the clinical initial interview transcripts and 95% focus group transcript.

After I completed the initial and final interviews with the clinical educators, I shared a summary of the main topics and extracted quotes from the interviews to ensure I captured their

thoughts correctly (Creswell, 2014). I also completed member checks with the InATCs that participated in the virtual focus group. Three weeks after data collection, I meet with the clinical educators for a brief session. I shared the preliminary categories as a result of the first cycle coding analysis to check for accuracy in my understanding of the data (Creswell, 2014). Additionally, a draft of the dissertation was shared with the clinical educators to check for the accuracy of the reported results (Creswell, 2014; Yin, 2018). I also shared a summary of the finding and conclusions with my critical friends for additional input and considered alternative perspectives (Yin, 2018).

### **Ethical Considerations**

Before beginning the study, I obtained Institutional Review Board (IRB) approval through Indiana University, Bloomington, and Willow University to conduct the case study. All participants were assigned a pseudonym to reduce to protect the participants' identity. All prospective participants received an email invitation outlining the study and stated that participation was voluntary, confidential, and would not influence their grade or standing in the alternative teacher education program (Fraenkel et al., 2015; Yin, 2018). Mrs. Washington and I decided it would be best that Mrs. Washington send the participation invitation email to avoid the InATCs feeling pressured to participate by receiving the request from a program administrator (Yin, 2016). The participation invitation provided detailed information on the purpose, procedures and offered the InATCs the opportunity to volunteer to participate at three participation levels outlined on the informed consent forms in Appendix C.

## Chapter Four: Results

This chapter presents the results of the analysis of the case study data. The data collected from the virtual interviews, virtual observation of the exit interviews, virtual focus group session, and document review were analyzed to examine how a clinical practice-based approach in alternative teacher education contributes to the development of InATCs' instructional practice. Five descriptive themes were defined and identified through the thematic analysis refinement process to capture the participants' experience: (1) intentional course redesign considerations, (2) purposeful engagement in core teaching practices, (3) encourage reflective thinking and instructional reasoning, (4) inspire a conscious focus on K-6 students' perspective, (5) through emotional engagement and investment. See Table 9 for definitions and examples. Each theme is described in greater detail below.

Table 9

### *Definitions of Five Themes*

Theme	Definition	Example Quote
Intentional course design considerations	Deliberate reflection and analysis of major learning assumptions to guide the development of an instructional approach based on the needs of the learner.	"We believed the clinical approach would provide opportunities for accountability and affirmation, as our first-year teachers navigated their first year in the classroom." (Mrs. Washington, Initial Interview)
Purposeful engagement in core teaching practices	Intentional opportunities to enact the identified instructional practices that strengthen K-6 students' learning.	"I've started organizing data. This year especially we worked a lot on student data and having data meetings and making sure we were using our data to teach and re-teach" (Nicole, Exit Interview)

Table 9

*Continued*

Theme	Definition	Example Quote
Encourage reflective thinking and instructional reasoning	Provide deliberate opportunities to analyze and articulate instructional thinking and decision making	“I have a tendency to bite off more than I can chew; so, I told myself I just need to do one thing well...” (Hannah, Exit Interview)
Inspire conscious focus on K-6 students’ perspectives	Encourage teacher candidates to consider the students’ needs, viewpoints, and interest when making instructional decisions	“It is a matter of care, showing a student that you do care--- both inside and outside of the classroom.” (Monica, Exit Interview)
Emotional engagement and investment	Making a professional and personal commitment to teaching while forming meaningful connections with others	“I would just say trust her. She knows what she's talking about, even though it seems overwhelming at first, just like, hang on tight. It's a rough ride.” (Natalie, Focus Group)

**Theme One: Intentional Course Design Considerations**

The theme intentional course design considerations typically described the structure and enactment of the clinical practice-based courses. This category also included the core teaching practices defined, observation and feedback cycles, and modeling. The clinical educators’ rationale for redesigning the alternative teacher education courses is also included in this theme.

***Rationale for the redesign***

In consideration for redesigning the alternative teacher education course, one of the primary points was to make connections between theory and practice. To address the gap between theory and application in training InATCs, the clinical educators created the clinical practice-based courses for Willow University’s alternative teacher education program. Through



the clinical educators' interview, they communicated that the redesign's rationale was to make stronger connections between the theory and strategies learned during the courses and the InATCs' real-world experiences in their classrooms. For example, Ms. Clark stated that the redesign needed to include stronger connections: "one of the things that I saw that was lacking in our alternative teacher education program was that there was no connection between what we were doing... [in the university course] and what was going on out in the field". Ms. Clark shared the rationale for the redesign the courses was to "support struggling InATC and help retain them in the field." Mrs. Clark felt that creating stronger connections between the clinical practice-based courses and real-world instructional practice in the classroom would increase the InATC retention rate for the program and in the field of education. Ms. Clark stated, "as a result, my retention rates in the courses that I have are outstanding. My retention rates for teachers that are still in the field after they have been through this program with us are excellent as well." Mrs. Washington shared her perspective on the rationale for the redesign of the alternative teacher education courses:

We discussed the importance of connecting the best practice principles taught in Willow's coursework and the implementation of those practices into the classrooms. We believed the clinical approach would provide opportunities for accountability and affirmation as our first-year teachers navigated their first year in the classroom.

### ***Structure of the clinical practice-based courses***

*Learning cycles.* The clinical practice-based courses were structured into four-week learning cycles each semester to maximize learning. During the initial interview, the clinical educators stated that the clinical practice-based courses were structured in four-week learning

cycles to include three weeks of instruction and one week for classroom observations in the field.

Ms. Clark described the learning cycles as:

I teach for three weeks in a particular area and on a particular topic, and then we go out and we observe the instruction that is going on, based upon what we have been learning... we're seeing the things that we've talked about in the classroom [the university course] with us... but then we've taken it to another level. “every time that we are going out there. We're not only watching what they are doing for us. We are also affirming their thinking.

A review of the clinical practice-based course syllabi for the past two school years revealed that each semester is comprised of three four-week learning cycles that end by week 14 of the semester. The learning cycles are structured to accommodate two-week fall and spring breaks aligned with the InATCs school schedules. The learning cycles are structured to provide time for the clinical educators and the InATCs to prepare for the end-of-semester exit interviews completed during the last two weeks of the fall and spring semester in December and April. The structure of the schedule for the year-long clinical practice-based courses, including the learning cycles, is shown in Table 10.

*Four focus areas and KARS.* Ms. Clark and Mrs. Washington structured the clinical practice-based course to address what they call the “four focus areas” (1) climate and culture, (2) behavior management, (3) instruction, and (4) assessment. The four focused areas are sequenced in the courses’ learning cycles (see Table 10).

**Table 10***Schedule of Clinical Practice-Based Courses*

Event	Focus area(s)	Timeline
Learning cycle #1	Climate and culture	Fall semester Weeks 1-3 Instruction Week 4 Observations
Learning cycle #2	Behavior management and instruction	Fall semester Weeks 5-7 Instruction Week 9 Observations
Fall break		Fall semester Weeks 9-10
Learning cycle #3	Instruction	Fall semester Weeks 11-13 Instruction Week 14 Observations
End-of-semester exit interviews	Climate and culture, behavior management, and instruction	Fall semester Weeks 15-16
Learning cycle #4	Instruction and assessment	Spring semester Weeks 1-3 Instruction Week 4 Observations
Learning cycle #5	Instruction and assessment	Spring semester Weeks 5-7 Instruction Week 9 Observations
Spring break		Spring semester Weeks 9-10
Learning cycle #6	Climate and culture, behavior management, instruction, and assessment	Spring semester Weeks 11-13 Instruction Week 14 Observations
End-of-semester exit interviews	Climate and culture, behavior management, instruction, and assessment	Spring semester Weeks 15-16

During the initial interview, the clinical educators explained that the learning cycles provided the structure to cover more core teaching practices. “Before coming up with the four focus areas, it was a challenge to try to get everything in that we needed in the first year of the program (Ms. Clark, Initial Interview). The clinical educators created a Knowledge, Application,

Reasoning, Skills (KARS) model for the InATC to demonstrate the development of the instructional practices. The clinical practice-based courses are structured to train the InATCs to demonstrate the core teaching practices through knowledge gained, application in the field, articulation of instructional reasoning, and teaching skills developed:

We operate on KARS...so what knowledge do I want them to gain? ...and then we practice that knowledge. Then we move on to reasoning. What's the thinking going to be because I want them to constantly think about the work? What's their thinking going to be as a result of this? And the skills, what skills are they picking up as we go forward? (Ms. Clark, Initial Interview).

*Core teaching practices defined.* The clinical practice-based courses are structured around core teaching practices defined by the clinical educators. The core teaching practices are presented sequentially as the InATCs move through the four focus areas. The clinical educators introduce the core teaching practices by having the InATC create a foldable Effective Technique Brochure at the middle of the first semester and again at the beginning of the spring semester. The content of the brochure is outlined in Table 11. The clinical educators introduce, model, observe and expect the InATC to incorporate the core teaching practices listed in the Effective Teaching Brochure into their instructional practice over the course of the year. Mrs. Washington feels that “the modeling of effective instructional strategies during the course and the emphasis on “growth over time” helps immerse the new teachers into the profession.”

**Table 11**

*Content of Effective Teaching Brochure*

Brochure section	Section content
Hook	<p>A bulleted list of things that teachers can do to engage students as an anticipatory set before the lesson</p> <ul style="list-style-type: none"> <li>Tell a story</li> <li>Use a writing prompt</li> <li>Provide an analogy (X is to Y as A is to B)</li> <li>Share video clip</li> <li>Gallery walks</li> <li>Sing a song; songs create cognitive dissonance</li> <li>Vocabulary- front load academic language</li> <li>Brown bag put items in a bag and have the students think and talk about it</li> </ul>
Instruction	<p>Essential questions-guides the learning and should be posted on the board</p> <p>Time/ pace -assign a student the role of timekeeper</p> <p>Artifacts- tip use the board as students read from left to right; this is important when teaching literacy</p> <p>Agenda is posted on the board and should be visible and shared with students</p> <p>Learning targets</p> <p>Exemplary work</p> <p>Post exemplars also post expectations outlining explanations and expectations for the student work</p> <p>The goal is to move students to independent practice</p> <p>Anchor charts- place anchors by content</p> <p>Use to reference and frame learning</p>
Teachers do (teacher actions)	<p>Warm-up, review/preview</p> <p>Direct instruction on big things; this is explicit instruction</p> <p>Mini-lessons direct instruction</p> <p>Work time- individual and collaborative</p> <p>Closing/Summary -lesson wrap-up</p>

**Table 11**

*Continued*

Brochure section	Section content
Students are doing (student actions)	<p>Students should have a clear understanding of their work</p> <p>Working in groups flexibility doesn't stick students in the same group all the time group by levels group by choice Focused attention during this time, eyes on me teach students academic stance Evidence of learning Student self-assess I can rate myself Students should be connected and supported</p>
Effective strategies	<p>Similarities and differences Summarizing notetaking Effort recognition attribution drive theory affirm students' effort specifically Non-linguistic representations pictures and environmental print Cooperative learning Objectives and feedback Generating questions Advanced and graphic organizers</p>
Descriptors	<p>Students can describe quality work When students leave your classroom, they can X Students read twice as much as students in other classrooms Create a culture of evidence Routine and events create fun things like upside-down day Monitor and track student work Students monitoring tracked their own work</p>

*Modeling.* Modeling is a critical structure of the clinical practice-based courses. In the initial interview, Mrs. Washington shared that the core teaching practices are being presented and modeled in the clinical practice-based courses beginning on the first night of class:

I mean modeling from the get-go. I mean, Ms. Clark models how to set up a classroom; she models every one of the strategies that she presents in class, and then she models how to speak to people how to develop relationships. She really does model the whole thing to them [the InATCs] ...each piece of the course is being modeled to them so they can attach to the learning.

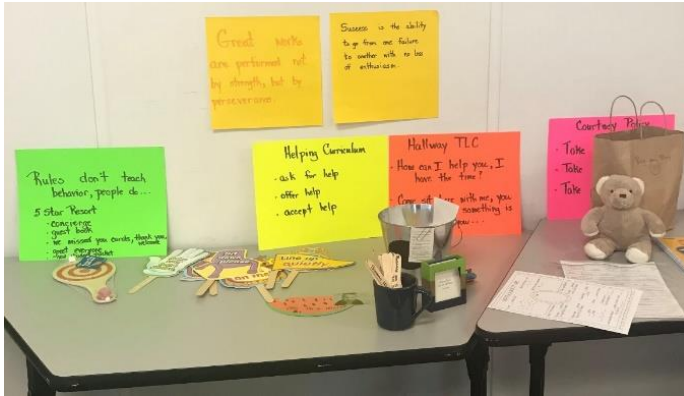
Modeling and providing opportunities to learn by doing is a critical structure of the clinical practice-based courses, evidenced by the fact that Ms. Clark takes the time to set up and break down learning stations every night before and after the clinical practice-based course. Ms. Clark pushes her carts full of anchor charts, manipulatives, worksheets, and instructional items up and down the hallway twice a week during the semester, at least two hours early in preparation to model during each university class session. Ms. Clark reasoned that:

When you walk into my Willow class, it is set up exactly how the end would look at the end of the year. So, the reason that becomes important is because they must actually see what it looks like, not on some video... they must actually see it be able to feel it, touch it, and do it.

Figures 11-14 illustrate how the clinical practice-based classroom is setup up in stations on the first night of the semester to model and illustrate some of the core teaching practices and classroom systems the InATCs are expected to implement in their classrooms.

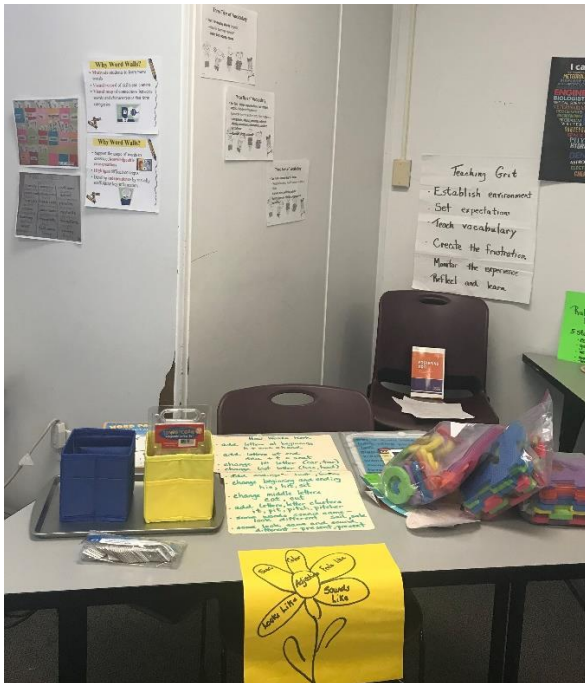
**Figure 11**

*Classroom Rules and Reward Station*



**Figure 12**

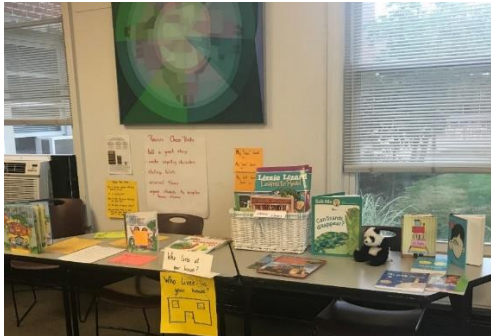
*Word Wall and Literacy Manipulatives Station*





**Figure 13**

*Grade Level Classroom Library Station*



**Figure 14**

*Reading Area Station*



The clinical educators modeled the core teaching practices and explained the instructional reasoning by emphasizing the importance of developing their instructional practice. The core teaching practices are modeled in the clinical practice-based course throughout the semester “they always leave with little nuggets of something that they can apply in their classroom almost immediately,” shared Mrs. Washington. Mrs. Washington continued, “Ms. Clark provides them with the intellectual ideas and the strategies and the philosophies and even activities that can be implemented into the classroom. And then when we go back in and see how it’s applied [in their classroom].” Ms. Clark stated, “we’re building as Mrs. Washington calls it the toolbox of different types of techniques and strategies” for the InATCs to use in their classrooms.

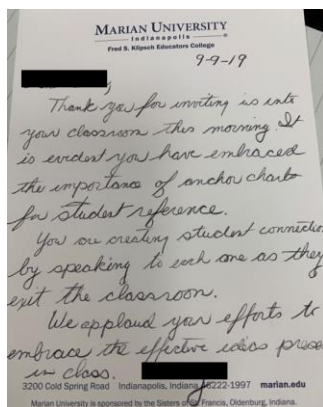
*Observation and feedback cycles.* The clinical practice-based courses are structured to provide opportunities for the InATCs to be observed a minimum of six times for the year (see Table 10). The clinical practice-based courses are structured to provide the InATCs with specific feedback on implementing the core teaching practices in their real-world instructional practice. Ms. Clark shared the observation feedback cycles hold the InATCs “accountable for the work in the classroom as well as the work out in the field.” During the final interview, Mrs. Washington shared that the three weeks of learning followed by one week of observations is a critical structure of the clinical practice-based course:

When Ms. Clark presents it [the core teaching practice in the course], I know what nugget she's presenting... then I go in, into the [InATCs] classrooms within the next couple of weeks. I can put that in that note that I leave for them, or I can affirm them verbally.

Figure 15 presents a note left by Mrs. Washington at the end of an observation visit.

### Figure 15

#### *Post-Observation Note to Nicole*



*Note.* Example of a handwritten note to Nicole after the first observation visit by Mrs.

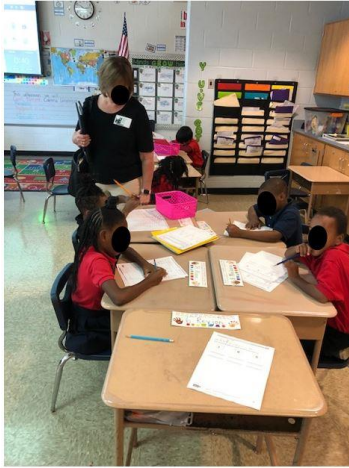
Washington that illustrates the method of affirming implementation of core teaching practices from the clinical practice-based course.

The clinical educators created observation checklists to communicate expectations and guide the InATCs' implementation of the core teaching practice in their respective classrooms. The InATCs are provided with observation checklists each semester to assist with the implementation of the core teaching practices into the InATCs instructional practice. During the fall semester of the clinical practice-based course, the InATCs are provided with three observation checklists aligned with three of the four focus areas: (1) climate and culture, (2) behavior management, and (3) instruction. The clinical educators share a different observation checklist during the spring semester. Only one observation checklist is used for all three learning cycles during the spring semester. The spring observation checklist is aligned with the clinical practice-based courses' four focus areas (1) climate and culture, (2) behavior management, (3) instruction, and (4) assessment. The observation checklists outline the strategies and core teaching practices that clinical educators expect to observe during classroom visits. Rose shared that she found the observation checklists are helpful to not only prepare for the observation visits but "spark thoughts on how to make it my own... and growing off of that."

The clinical educators give specific and targeted feedback to support implementing the core teaching practices in each of the InATCs classrooms during the observation visits. Ms. Clark stated, "I teach for three weeks in a particular area and on a particular topic, and then we go out, and we observe the instruction that is going on, based upon what we have been learning" (Ms. Clark, Initial interview). Figure 16 shows Mrs. Washington observing Rose's class.

## Figure 16

### *Observation Visit*



Modeling and the observation-feedback cycles are critical features of the clinical practice-based courses' structure. The modeling with the observation-feedback cycles was essential to the development of instructional practices:

Mrs. Washington and Ms. Clark are hands-on with us... giving us actual feedback... coming in and seeing us teach... literally, Ms. Clark put to practice what she preaches... the biggest impact was the conversation on how I can apply [the core teaching practice] into my classroom. (Shelby, Focus Group)

### **Theme Two: Purposeful Engagement in Core Teaching Practices**

The second theme, purposeful engagement in core teaching practices, captured the immediate, relevant application of the core teaching practices in the InATCs' classrooms. The clinical educators purposefully engaged the InATCs in core teaching practices by providing opportunities to view and reflect on different instructional strategies before the InATCs integrated the core teaching practices in their classrooms. Purposeful engagement in the core teaching practices was experienced differently by the InATCs, as displayed in Table 12.

**Table 12***Evidence of InATCs Purposeful Engagement*

Participant	Quote	Source
Gabrielle	“...taking this class made me think... you can actually create your own Assessments”	Exit Interview
Hannah	“The other big thing I did in the class was the progress monitoring chart on the board with the learning targets and the week-at-a-glance... it was a game-changer.”	Exit Interview
Isabella	“By building a culture for learning that supports the whole thing about mistakes; like making mistakes in my classroom, since I do teach just math, I have the word math posted; it means like M.A.T.H. mistakes allow thinking to happen.”	Focus Group
Michael	“I establish clear learning targets and individualized goals. I have constant assessments in my class to inform us of our learning I use assessment to inform my instruction and to inform students where they are”	Exit Interview
Monica	“... different forms of tracking like self-assessments and assessments with different tiers. Tier one, two, and three; providing assessments that also are not just within a matter of a quiz.”	Exit Interview
Natalie	“For my classroom, I used climate and culture to get them invested in our room because that was something that I did not have a handle or understanding how to get them invested, so that's been a big turnaround.”	Exit Interview
Nicole	“I've started organizing data. This year especially we worked a lot on student data and having data meetings and making sure we're using our data to teach and reteach.”	Exit Interview
Rose	“I started color-coding certain things so that it would be able to be recalled easier; you know, making sure that I had constant visuals up in my classroom.”	Focus Group
Shelby	“Something that I've been doing... is looking at those exit tickets as more of a formative assessment. So, when I say I'm teaching something in math I am now seeing the trends, what students may be missing, what am I missing in the teaching. And using that as a way to shape my teaching to guide my instruction.”	Exit Interview
Sophie	“Developing my own assessments using the three levels of questions, motivating students in the classroom through self-assessment and conferencing, and planning a unit of instruction”	Focus Group
Violet	“The skills that I acquired or just under understanding how to use three tiers of questioning... I'm building off each in test and making sure those tests give students the chance to demonstrate their knowledge.”	Exit Interview

In the initial interview, Ms. Clark stressed that purposeful engagement in core teaching practices is encouraged at the beginning of the clinical practice-based course. As evidence by the review of the syllabi, professional notes, and statements made during the initial interview, purposeful engagement with the core teaching practices began with the first clinical practice-based class session. Ms. Clark stated every year, she tells the InATCs on the first night of class:

I begin with the end in mind. I'm going to share with you the knowledge you're going to gain. We're going to be on this journey over the course of a semester and then over the course of a year... I'm going to tell you the types of things that you are going to apply; I'm going to share with you the reasoning.

The clinical educators described how they encouraged purposeful engagement with the core teaching practice by sharing strategies and offering the opportunity to practice it in the classroom to make it fit with their style of teaching:

We also impress upon them that we can introduce them to a strategy, but the implementation of that strategy is based on how they are comfortable and based on their strengths, whereas another person might come at it a different way using the same strategy, but they come at it from a different angle. And I have always interpreted that as being part of the application process because they're taking and understanding the skill set that we are wanting them to implement, really thinking about how it works with them and how they can be successful at it (Mrs. Washington, Final Interview).

The core teaching practices taught in the clinical practice-based course were relevant to the InATCs classrooms, as evidenced by the quotes in Table 13. During the clinical practice-based class sessions, the clinical educators purposefully modeled strategies that the InATCs can implement in their K-6 classrooms the very next day. Several of the InATCs stated that one of

the most influential aspects was the immediate, relevant application of the courses' core teaching practices. Nicole pointed out that the courses enabled her to apply the core teaching practices in her classroom: "it has also enhanced my interest in the class because I am able to take it to real life. I learned a lot of new techniques and ways to teach during my courses." Sophie also indicated that she was able to directly apply the core teaching practices shared in the clinical practice-based courses: "I love that I can use all of this information in my classroom. I can apply it immediately. And I've seen that it makes a big impact when it is executed." Rose also commented on the immediate, relevant application of the core teaching practices: "I liked that we were able to take things that we learned and then directly apply them into our classroom, whether it be, you know, that week, next week, or next month."

**Table 13**

*Evidence of Immediate Relevant Application*

Participant	Quote	Source
Nicole	"It's easy to implement best practices from class to the classroom the very next day."	Focus group
Michael	"I thought it was nice to have something you could just take every week to your classroom."	Focus group
Shelby	"I think that's one of the huge things that she did, she always made the work like interactive for our grade level; where you can do something with a kindergarten class, but also somehow tweak it to make it for a fifth-grade class."	Focus group
Ms. Clark	"We have multiple pathways to student success. So, they have to bring in during that first semester they have to bring in activities that have been working for them from their classroom."	Final interview
Mrs. Washington	"Ms. Clark provides them with the intellectual ideas and The strategies and the philosophies and even activities that can be implemented into the classroom."	Final interview

Even when the InATCs struggled to apply a core teaching practice immediately, they attempted purposeful engagement. Shelby expressed having difficulty in immediately implementing the core teaching practices in her classroom:

Trying to apply all the things that she gave us to my specific situation at my school was hard; I didn't see the practices in my school... How do I apply that to my actual teaching?" (Shelby, Focus Group)

Shelby also engaged in purposeful engagement by attempting to align the expectations of the clinical practice-based course with her teaching placement:

There were a lot of things like I couldn't apply to my classroom due to being observed by an admin a lot being a first-year teacher, and the feedback I was getting from the clinical educators was different from my admin. So, it was just a push and pull, like there are so many good things that I could apply that Ms. Clark gave me, and then there are so many things that wasn't for me.

The clinical practice-based courses were sequenced to offer the InATC purposeful engagement with the core teaching practices. Ms. Clark discussed the courses' sequenced schedule to support intentional engagement and the InATCs development of instructional practices:

Again, we teach with the end in mind. For example, during the first semester, we show our units of instruction up on the wall. We give them templates to, in fact, look at, but we do not demand what I would consider to be an outstanding unit of instruction until the second semester; that's when we start seeing what really is occurring in their classrooms and what really is occurring in their thinking... now, all of a sudden, they can put a sequence of lessons related to an essential question with the assessments, both formative



and summative, and products that all go in together. They've been introduced to it that first semester but then held accountable during the second semester.

The InATCs are not required to master all of the core teaching practices. Mrs. Clark invited the InATCs to select the core teaching practices they would like to implement in their classrooms effectively. Mrs. Clark shared: “choice is really important to us. It is important for them to choose to want to get better in an area. And then, we kind of home in on that, and so that's a part of it too. We offer multiple pathways to success”. Table 14 lists the frequencies of the top 12 core teaching practices referenced across the primary data sources.

**Table 14**

*Top 12 Core Teaching Practices Referenced Across Data Sources*

Core teaching practices	Reference Frequency	Clinical educator interviews	Observation of exit interviews	Focus group	Document review
Student engagement and investment	116	7	51	4	54
Progress monitoring	84	18	14	6	46
Formative assessment	73	10	46	2	15
Climate and culture	53	12	33		8
Self-assessments	46	9	19	1	17
Building relationships & community	45	15	13	2	15
Grading policy	38	2	23	4	9
Assessment- levels of questions	29	6	13		10
Learning over time	27	2	2	3	20
Clipboard teaching	25	4	11	2	8
UbD- begin with the end in mind	13	4	1	3	5
Organizing for learning	12	5	6		1

The InATCs described their implementation of the core teaching practices during the end-of-course exit interviews. Based on the analysis of the InATCs exit interview transcripts, the majority of the InATC chose to implement student engagement and investment, progress monitoring, formative assessment, self-assessments, and clipboard teaching into their instructional practice. Table 15 indicate which InATCs referenced the implementation of the top 12 core teaching practices during the end-of-course exit interviews. Over 80% specifically discussed how they addressed climate and culture in their instructional practice. All InATCs expressed how the purposeful engagement in core teaching practice increased their students' investment and engagement in their classrooms. The focus on the K-6 students' perspectives is Theme #4 and discussed in more detail below.

**Table 15**

*Implementation of Core Teaching Practices Referenced during Exit Interviews*

Core teaching practices	Gabrielle	Hannah	Isabella	Michael	Monica	Natalie	Nicole	Rose	Shelby	Sophie	Violet	Percent of InATCs Referenced	
												Yes	No
Student engagement and investment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%
Progress monitoring	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	72.7%
Formative assessment	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	90.9%
Climate and culture	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	81.8%
Self-assessments	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	63.6%
Building relationships and community	No	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	54.5%
Grading policy	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes	Yes	63.6%
Assessment- levels of questions	Yes	No	No	Yes	Yes	No	No	No	Yes	No	Yes	Yes	45.5%
Learning over time	No	No	No	No	No	No	No	Yes	No	No	No	No	9.1%
Clipboard teaching	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes	Yes	Yes	63.6%
UbD- Begin with the end in mind	No	No	No	No	No	No	No	No	No	Yes	No	No	9.1%
Organizing for learning	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	36.4%

*Note.* The table shows the percent of InATCs that indicated they implemented one of the top 12 core teaching practices.

### **Theme Three: Encourage Reflective Thinking and Instructional Reasoning**

In the clinical practice-based courses, the InATCs were encouraged to engage in reflective thinking and demonstrate instructional reasoning. The InATCs reflected on the influence of clinical practice-based courses on their current and future instructional practice. The clinical educators and InATCs also explained changes in the InATCs' professional thinking or instructional approach.

The clinical educators shared that they intentionally provided opportunities for the InATCs to engage in reflective thinking. Ms. Clark encouraged the InATCs to apply instructional reasoning "constantly through reflection, self-assessment, and questions both in writing and with their peers" throughout the year. The InATCs reflected on their instructional practice and articulated their instructional reasoning during the observation and feedback cycles. Ms. Clark explained that the exit interviews completed at the end of each semester also encouraged reflective thinking. The clinical educators designed the end-of-course exit interview questions for the InATCs to articulate their instructional reasoning and demonstrate how their thinking changed while enrolled in the clinical practice-based courses.

During the focus group session, the InATCs shared how the clinical educators encouraged them to engage in reflective thinking and articulate instructional reasoning. Rose described her experience:

Ms. Clark pushed us to think about the why behind the things that we were doing in class. She taught us how we needed to think. It motivated me to think differently about teaching and how I was going to teach my students.

Michael shared how he came to understand and demonstrate reflective thinking and instructional reasoning in his instructional practice. He stated that he engaged in reflective

thinking by questioning his instructional reasoning: “why am I teaching this or why is this hanging up in my classroom? Sometimes asking why results in you finding out that none of it meant anything.” Michael provided a Philosophy of Education statement that demonstrated the clinical practice-based courses' influence on his instructional approach. In his statement, Michael articulated the *what, why, and how* of his instructional practice. He articulated why his objectives as an educator were important and identified the core teaching practices that would be used to support achieving his professional objectives. Figure 17 presents an excerpt from Michael’s statement.

### **Figure 17**

#### *Excerpt of Michael’s Philosophy of Education Statement*

##### Philosophy of Education Statement

*My What.* My objective as an educator is to enable students to become highly capable learners. I am responsible for, *at minimum*, a year’s growth in my classroom. I have the responsibility and duty to each student to keep them informed about where they are, where they’ve been, and where they are going.

*My How.* To accomplish these objectives, I establish clear learning targets and individualized goals. I have constant assessment (formative, summative, self-assessment, observations, etc.) in my class to inform us of our learning. This means taking pre and post tests and it also means that grades are a representation of a student’s growth overtime. I use assessment to inform my instruction and to inform students of where they are. I then communicate through hard and candid conversations to keep parents/guardians and the students informed about where they are in achieving those goals.

There are multiple ideals that are imperative to establishing this kind of classroom. First and foremost, I believe that learning occurs over time. As a teacher, my students always have multiple opportunities to prove mastery and it is my responsibility to provide them with different ways to learn the material. In my class, I’m looking for ways to make the learning meaningful and constantly asking the question of “how do I deliver the information in a way that sticks?” We ask questions, both big picture and general curiosities, to keep us on our toes and to guide our thinking.

The InATCs were encouraged to engage in reflective thinking and instructional reasoning to make decisions that aligned with their K-6 classroom settings. Shelby shared that it took time

to figure out how to apply the core teaching practices in her instructional practice. During the year, Shelby reflected on balancing the clinical educators' expectations with her school administrators' expectations. Shelby utilized instructional reasoning to determine the best way to implement the core teaching practices in her classroom. As a result of continued discussions with the clinical educators and reflective practice, Shelby created a classroom management plan aligned with the parameters set by her school and incorporated the additional core teaching practices into her instructional practice. Figure 18 is a picture of the calm down corner that Shelby created in her classroom. The calm down corner is an example of Shelby's reflective thinking and instructional reasoning to create a classroom management plan aligned with the boundaries established by her school while incorporating the additional core teaching practices from the clinical practice-based courses.

**Figure 18**

*Calm Down Corner in Shelby's Classroom*



Note: Depending on the behaviors exhibited, scholars will be asked to take a break in the *Calm Down Corner*. At the Calm Down Corner, scholars are expected to utilize strategies to calm their bodies down. (Shelby, Classroom Management Plan)

The InATCs explained the influence of the clinical practice-based courses on the InATCs thinking and instructional approach. Several of the InATCs' views on grades and their grading policies changed due to the clinical practice-based courses. Tina stated: "I always just thought grading was a way to communicate how well or not well the students are doing in the class. But that's not what grading is for; and so, my reasoning for assessments really changed". Sophie shared her instructional reasoning for making changes to her grading policy. She explained that she no longer graded students based on averaging students' scores: "averaging scores does not solve that problem because that is making the assumption that no learning has occurred."

Michael shared that his current and future approach to grading changed drastically due to the clinical practice-based course. Michael shared, "one of the things that I have applied in my classroom is that I don't use zeros in the grade book anymore." Figure 19 is an excerpt of Michael's grading policy from the student handbook he planned to share with his students next school year. Michael explained the instructional reasoning to support the change in his instructional practice:

A grade reflects the knowledge that a student knows. So, when you put a zero in the great book. You're saying that the student knows zero percent of that topic. Which is just false; it goes back to this accessibility. Does a student have access to the material that you're teaching? Are you using an appropriate language for learning? That the students able to get that material and that knowledge. So yeah, I don't use zeros in the great book anymore. And I'm happy about it. (Michael, Exit Interview)

**Figure 19**

*Michael’s Grading Policy*

# GRADING POLICY

This section outlines **the types of assessments and the basic conferencing that will take place in my class.** The purpose for grades is to show how well students have mastered a standard. With that said, I will not input “0’s” into my grade book. If a student misses an assignment, they will HAVE to make it up. The goal is to see individual progression over-time. Grades will not be averaged, but instead be based on if they showed improvement overtime and where they ended up. Grades will be made up of a combination of personal growth, mastery of the learning targets, participation, and assessments.

**Theme Four: Inspire Conscious Focus on K-6 Students’ Perspectives**

The clinical practice-based course inspired a conscious focus on K-6 students’ perspectives. The K-6 students’ perspective was the most referenced core teaching practices in the case study (see Table 15). The clinical practice-based course inspired the InATCs to focus engagement and investment from the K-6 students’ perspectives, as evidenced in Table 16.

**Table 16**

*Evidence of Focus on K-6 Students’ Perspectives*

Participant	Quote	Source
Gabrielle	“The assessments in the [text]book do not give, how do I say it... do not give justice for the way that the kids actually learn.”	Exit Interview
	“I started giving more feedback to my students as they were working on their numbers on the letters on the reading and always making sure to keep it positive and encouraging.”	
Hannah	“Just getting them to change their thinking from ‘I’m grading you on everything’ to ‘you are learning this because it’s going to help you’... and then, of course, learning for the enjoyment of learning and then putting the importance of learning over time”	Exit Interview



**Table 16***Continued*

Participant	Quote	Source
Isabella	“Communicate to let the students know that it's okay to let us know if they are struggling or not you know them but most importantly, like if they are struggling, they need to be confident to tell us”	Exit Interview
Michael	“I knew how to organize my classroom; I had a better sense of the environment that I wanted my classroom to be for my kids to learn”  “To me it means these kids are putting their trust into us to get them to the next level... to let them know where they're going, why they're going there.”	Focus Group
Monica	“We do self-assessments, reflecting on the work... I've allowed students to keep the letters...I give them sort of agency to be honest with themselves and keep track of their own progress.”	Exit Interview
Natalie	“I also put it on those little ring binders on the table so I can go around and see where they're at...that way too it's more private because some students they feel awkward asking for help.”	Exit Interview
Nicole	“...allowing students to self-assess Have them take ownership and really be proud of the work that they're doing.”  “No surprises. Construct tests in a way that it's not an “I gotcha” for students; setting up the classroom to where the students can see the unit ahead and they know what to expect.”	Exit Interview
Rose	“I feel like the most important part of RTI is the students know the why behind it. So, something that I've been really focusing on since we started talking about this in class was making sure I'm educating my students as to why we're doing this and the the importance behind it”	Exit Interview
Shelby	“We're giving students the opportunity to learn things in different ways and have different avenues of showing that and not just assessing them the one time.”	Exit Interview
Sophie	“Students are invested in their learning by tracking their own progress, setting their own goals, frequently self-assessing their progress and their understanding, and earning rewards for their amazing effort!”	Document Review
Violet	“Student conferencing every nine weeks with students individually on goals for their learning, pivot scores, and for behavior has just increased student ownership.”	Exit Interview

The InATCs described the development of their instructional practice from the K-6 students' perspectives in terms of student growth, students' motivation, and student investment experienced in their K-6 classrooms. Gabrielle characterized growth in instructional practice by focusing on the academic growth experienced by her K-6 students:

The first time that I really felt like, oh my God, my kids are learning was when we received our NWEA scores in January. I saw so much growth in my students... I felt I might be a good teacher. I also kind of took a step back and realized that not only did they have grown as students, but they also have grown in their working habits.

Nicole was inspired to focus on her K-6 students' perspectives and expressed she believed that "students are more than just a test score." The clinical practice-based course inspired Nicole to focus on the K-6 students' motivation: "promoting student growth displaying student growth inside and outside of the classroom in the hallway, so their peers can see that they're excelling." Nicole explained: "celebrating students' progress plays a big part in the motivation and the growth of the learning."

Sophie also was inspired to focus on her four grade students' motivation during the case study. Sophie explained she wanted her students to "feel seen and valued in our learning community." Sophie displayed student work from her students' perspective: "I allowed students to choose their best work that they want to show off from their folder [to increase] motivation and produce quality work so that they can show others and feel special." Sophie implemented core teaching practices that increased student motivation and investment in the classroom. She described the core teaching practices she implemented that focused on her students' perspectives:

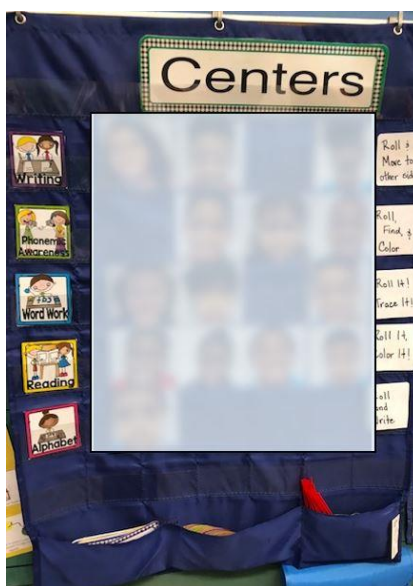
Data tracking folders and data tracking bulletin boards for kids to know where they are at

and where they are headed. Hard work was rewarded and featured on our bulletin board. This helped to showcase student strengths and highlight their work ethic.

Natalie was inspired to focus on K-6 students' perspectives to change the classroom environment. Natalie struggled during the first semester to establish a positive learning environment in her classroom. Natalie created a "wow work wall" to display student work to increase student investment in her classroom. She shared, "my wow work wall is another thing that has helped them invest. They're proud to see their work up there, and they wanted it up there." Natalie continued to focus on K-6 students' perspectives by increasing student investment and engagement in the classroom. Natalie implemented centers in her classroom in the middle of the school year. Natalie consciously focused on the kindergartens' perspectives to create new classroom procedures that helped the kindergarten students learn the new classroom procedures. Natalie created a chart with her students' pictures to serve as a visual reminder for the new procedures (see Figure 20).

### **Figure 20**

*Chart to Assign Centers in a Kindergarten Classroom*



The clinical practice-based course inspired Rose to focus on student investment during the case study. Rose explained that “having students invested in growth within my classroom was a large priority, and it continued to grow over the year.” Rosie described her conscious focus on K-6 students’ investment:

I rolled out individual conferences every eight weeks to keep up to date on their progress and strategize goals. Showing the students the data and the meaning behind it was helpful, but I noticed that it wasn't enough. So, after discussing having the students track themselves and using more visuals [the clinical practice-based] class, I started to decide to implement visual data tracking posters... to spark more excitement.

Violet demonstrated a conscious focus on K-6 students’ perspectives in the classroom procedures outlined in the Management and Student Investment plan. Violet created student-friendly classroom routines to increase students’ investment in her classroom. The classroom routines and procedures focused on helping her first-grade students “learn how to self-monitor, self-regulate, and become independent learners.” Violet encouraged her students to “reach for the rainbows” by setting individual goals and self-monitoring their academic progress (see Figure 21). Violet described the impact of using data trackers from her students’ perspective: “the data trackers changed the whole dynamic giving students the power to shape their own learning experience.” Violet explained: “after conferencing with students regarding goals, they were super excited to move up levels to get high scores to motivate each other.”

## Figure 21

### *Motivational Classroom Data Tracker*



### **Theme Five: Emotional Engagement and Investment**

The clinical practice-based course contributed to the InATCs development through emotional engagement and investment. This theme was a result of refining the codes that addressed the emotional aspects of the case study. The categories that were identified through active discovery to support this theme were affirming to support; unexpected emotions; and value and appreciation.

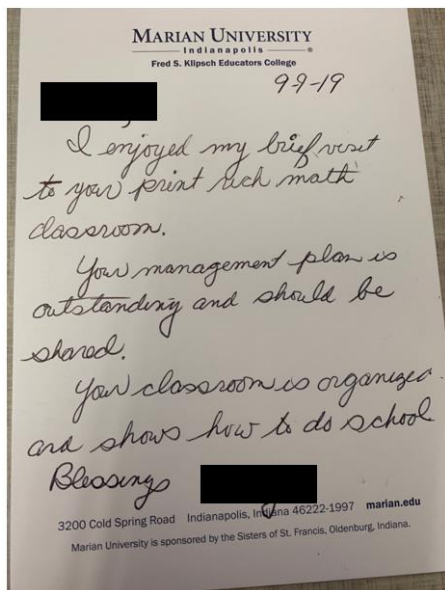
*Clinical educators used words of affirmation to support the InATCs.* The clinical educators used affirming words to support the InATCs development through emotional engagement and investment. The clinical educators described using the specific strategy of stating positive affirmations (such as pointing out the InATCs correct application of the core teaching practices implemented in their classroom) in the clinical practice-based courses. The clinical educators tried to identify at least three core teaching practices implemented as evidence of the InATCs development during each observation visit:

We provide positive feedback as we visit their classrooms by writing notes to affirm any gains we observe. This note usually also provides changes they may want to consider to bump up the learning, improve classroom organization, or create a more positive classroom culture (Mrs. Washington, Initial Interview).

Figure 22 is an example of a post-observation note that includes affirmations of the implementation of three core teaching practices observed during a classroom observation.

## Figure 22

### *Post-Observation Note to Isabella*



*Note.* Example of a handwritten note to Isabella after the first observation visit by Mrs. Washington that illustrates the method of affirming implementation of core teaching practices from the clinical practice-based course.

The clinical educators strongly believed that providing affirmations of the InATCs' efforts to implement the core teaching practices in their instructional practice led to the InATCs' success. In other words, the InATCs needed to feel successful in order to achieve success: “success breeds success... we really focus on growth, and when we see growth, we affirm it, and

they feel affirmed. Then, they move forward with confidence” (Mrs. Washington, Final Interview). Mrs. Washington explained that affirming to support the development of instructional practice builds their confidence: “Ms. Clark is giving them [the InATCs] the core teaching practices so they can develop, which feeds into their confidence, then we affirm their competence each time, that’s the cycle.” The clinical educators engage the students emotionally by affirming their development and implementation of the core teaching practices, especially when they are struggling:

Even when the InATCs are struggling, we have provided that specific feedback through affirmations. We have been very clear, and then we come back in behind with the classroom observations. We see it, we affirm it, and we move on. (Mrs. Clark, Final interview)

The clinical educators used affirmations to support the InATCs’ instructional development providing specific feedback over time to build their confidence and self-efficacy: “as we affirm the use of these strategies in their classrooms, and they see first-hand the positive effects gained, they come to believe in and embrace the importance of the core teaching practices” (Mrs. Washington, Initial Interview). The InATCs also reported that the clinical educators’ affirmation had an impact on their confidence. During her end-of-course exit interview, Gabrielle shared that by the middle of the clinical practice-based courses, she started feeling more confident to make changes in her classroom. “The confidence thing was huge” the course made her “feel like I had a tool belt of knowledge” (Rose, Focus Group). “I became more confident at the end” (Shelby, Focus Group). The clinical educators’ affirmations impacted the InATCs confidence from both the clinical educators’ and the InATC’s perspectives. This was

also seen throughout the case study documents collected and observations of the end-of-course exit interviews.

*Unexpected emotions.* The participants described the unexpected emotions they experienced in the clinical practice-based courses while engaged through emotional engagement and investment. The clinical educators expressed some frustrations but also shared they felt rewarded, facilitating the clinical practice-based courses. The clinical educators questioned if their extra efforts required to implement the clinical practice-based approach over the years had been valued by peers and various university administrators. Mrs. Washington shared that she sometimes experienced frustration when an InATC is reluctant to implement the core teaching practices or apply the feedback after classroom observations. However, the clinical educators accept these frustrations as a part of facilitating the clinical practice-based courses. Ms. Clark expressed the challenge of navigating the emotions the InATCs feel as first-year teachers while enrolled in the clinical practice-based courses. Ms. Clark described the InATCs feeling a wide range of emotions during the clinical practice-based courses: “we are getting better at addressing the needs, but I would say a challenge is addressing the needs of the new teacher because it is a roller coaster that they are on.”

The InATCs also expressed experiencing a wide range of emotions during the case study. The InATCs described that being a first-year teacher and being engaged in a clinical practice-based course was “challenging,” “difficult,” “stressful,” and “intense.” The InATCs shared that the clinical practice-based courses helped them learn how to “build relationships with their students” or “care” for their students. Table 17 lists the participants' statements made during the case study indicating the emotions experienced through emotional engagement and investment during the case study.



**Table 17***Evidence of Emotional Engagement and Investment*

Participant	Quote	Source
Hannah	“You automatically feel defeated...”	Exit Interview
Michael	“At first, I felt the pressure to kind of implement everything they were giving... it was unrealistic.”	Focus Group
Monica	“...showing a student that you do care--- both inside and outside of the classroom.”	Exit Interview
Natalie	“When I focus my efforts, and I persevere, and then they can see that they can do hard things too.”	Exit Interview
Nicole	“During the year, I was stressed about many aspects of the course, but ultimately, it helped me to grow as an educator and I am thankful that my instructors believed in my and did not give up on me.”	Focus Group
Rose	“At first, I definitely put up a wall; I felt like a bad teacher... if I would have trusted her earlier, it would have made some of those hard moments, not so hard.”	Focus Group
Shelby	“...it was super overwhelming... the volume of all of it... should I drop this class because I shouldn’t be a teacher if I’m not doing this or that... but I would remind my self to not take it personally.”	Focus Group
Sophie	“Feeling overwhelmed about preparing for observations. She provided clear guidelines on what she was looking for and I would try to implement them a little at a time but knowing someone was coming to observe was stressful because I never felt prepared enough.”	Focus Group
Violet	“Having these five ELL students really scared me at first because I felt unprepared to teach them.”	Focus Group
	“Don’t be afraid of feeling like you are a bad teacher at first... just allow those difficult conversations to happen.”	
Ms. Clark	“What’s frustrating for me sometimes... we have the results that people dream about where teachers are concerned. However, I’m not sure if it’s valued the way that it needs to be”	Initial Interview
	“What is really rewarding is when you see how all of this is clicking for them.”	
Mrs. Washington	“I feel a certain sense of pride and accomplishment realizes that in some small way, I am increasing their educational growth.”	Initial Interview
	“...difficult dealing with the occasional teacher that does not embrace the opportunities to grow professionally and not taking suggestions for improvement.”	

The emotional engagement and investment required of the clinical practice-based courses were challenging for some of the InATCs. The InATCs did not know what to expect during the first year of teaching while completing clinical practice-based courses. Michael shared that he had to learn to “just roll with it.” The clinical educators facilitated the development of InATCs instructional practice by providing support through emotional engagement and investment. Shelby shared that the clinical educators provided the core teaching practice, advice, and skills they needed to grow as first-year teachers, but sometimes it was overwhelming. Shelby said that she had to learn to “trust that process” as she managed the stress of being a first-time teacher. Rose described the emotional engagement and investment experienced in the clinical practice-courses:

It definitely had a more intense vibe. It constantly made you feel like you were on your toes. I think it is a good thing because it pushed me out of my comfort zone. It made me do more and expect more from myself versus my other course.

It seemed that the InATCs were forced to develop their practices through the unexpected emotions experienced through emotional engagement and investment in the clinical practice-based courses.

*Value and appreciation.* The InATCs valued and appreciated the emotional engagement and investment of their clinical educators that they experienced in the clinical practice-based courses. The InATCs described the personalized learning experiences provided by the clinical educators as extremely valuable. The InATCs shared that the personalized learning experience demonstrated the clinical educators’ emotional engagement and investment. Violet shared how the clinical educators catered feedback and support to her classroom. During the classroom observations, the clinical educators offered specific feedback on implementing the core teaching

practices aligned with Violet's developing teaching style. Violet expressed her appreciation for the personalized advice and accountability for implementing the feedback in her classroom:

I just love Ms. Clark's no-nonsense teaching. She doesn't allow you to make excuses. She teaches you how to do it despite the excuses. That really worked well for me because it made me own my mistakes and then fix them with her support (Violet, Focus Group).

Michael also described the clinical educators' emotional investment in the clinical practice-based courses as: "I thought it kind of refreshing to have someone so hands-on, getting personalized feedback, instilling confidence without implying failure." Rose expressed her appreciation for the clinical educators' emotional engagement and investment: "they were just super hands-on. They went above and beyond. The other course I took this semester does not even compare or touch anything that they've been doing. The two of them as a duo make this program."

Natalie expressed appreciation for the clinical educators' commitment to providing options and showing her how to implement the core teaching practices when she struggled:

Ms. Clark and Ms. Washington just give so freely of their knowledge they want you to benefit; they want your students to benefit... that passion is hard to find, for sure.

Ms. Clark provided an opportunity for me to go and observe another classroom. And no one else had provided me with that opportunity, and I didn't even know it was available... they really helped me a lot, and I appreciate that.

Sophie expressed appreciation for the clinical practice-based courses and the clinical educators' support to "try new things and make changes in my classroom that positively impact my students" She shared:

During the year, I was stressed about many aspects of the course, but ultimately it helped me to grow as an educator, and I am thankful that my instructors believed in me and did not give up on me. Ultimately it helped me to grow as an educator, and I am thankful that my instructors believed in me and did not give up on me.

## **Chapter Five: Discussion, Implications, and Recommendations**

This chapter presents the results within the context of the case study's conceptual framework and existing literature on clinical practice in teacher education. The implications and recommendations for future research are discussed. The chapter ends with the limitations of the case study and concluding thoughts.

### **Overview of the Study**

The purpose of the study was to investigate how alternative teacher education courses intentionally aligned with a clinical practice-based approach positively influenced the development of InATCs' instructional practice. I employed the case study design method to investigate how the participants perceived a clinical practice-based approach contributed to developing the InATCs instructional practice (Merriam & Tisdell, 2016). The following research question guided the investigation: How does a clinical practice-based approach in alternative teacher education contribute to the development of in-service alternative teacher candidates' instructional practice?

Data from four primary data sources were collected over eight weeks: (1) an ongoing review of pertinent course and program-related records, documentation, and artifacts, (2) virtual semi-structured interviews, (3) virtual observations of the in-service alternative teacher education clinical practice-based exit interviews, and (4) a virtual focus group interview. I used Braun & Clarke's (2012) six-phase thematic analysis process to identify patterns and significant themes constructed from the data. The results of this study provided insights to understand how the structure and enactment of a clinical practice-based approach used to train InATCs enrolled in an alternative teacher education program contributed to the development of the InATCs' instructional practice.

The five themes identified based on the thematic analysis provided evidence that the clinical practice-based courses contributed to the development of the InATCs instructional practice through (1) intentional course redesign considerations, (2) purposeful engagement in core teaching practices, (3) encouragement of reflective thinking and instructional reasoning, (4) inspiring a conscious focus on K-6 students' perspective, and (5) emotional engagement and investment. The themes presented a cohesive story that illustrated how the clinical practice-based courses were structured and enacted during the case study.

The first four themes aligned with the characteristics of clinical practice in teacher education presented in the literature review. In Figure 23, I have identified which studies align with these four themes, and specifically which characteristics of clinical practice were found in both my study and the literature review. A fifth theme that emerged from the data was emotional engagement and investment. This was not found in the other studies on clinical practice in teacher education. I explain these themes and how they relate to the literature in more depth in the next section.

**Figure 23**

*Theme Alignment with Studies on Clinical Practice in Teacher Education*

Theme	Alter & Coggshall (2009)	Ball and Forzani (2009)	Benedict et al. (2016)	Grossman, Hammerness et al. (2009)	Jenset et al. (2018)	Kriewaldt et al. (2017)	Zeichner (2012)
<b>Intentional Course Design Considerations</b>	Education for clinical practice Community and Standards of Practice	Develop pedagogy for practice of core teaching practice	Modeling, Coaching and feedback	Define core practice Re-imagine the [teacher education] curriculum	See models of teaching See connections to national/state curriculum		The identification of core “best” practices in teaching the content The identification of effective instructional practice Implement and receive feedback
<b>Purposeful Engagement in Core Teaching Practices</b>	Knowledge of Domains	Construct settings for learning practice	Spaced, varied, and scaffolded learning	Organize around core teaching practices	Practice and rehearse teacher role Plan for teaching and teacher role Include teaching materials, artifacts, and resources	The teacher’s need to engage evidenced informed practice	Training cycles that provide the opportunities to practice Intentional focus on the pre-identified high-leverage practices
<b>Encourage Reflective Thinking and Instructional Reasoning</b>	Use of evidence and judgment in practice	Shift from knowledge to practice (combining declarative knowledge with judgement and	Analyzing and reflecting		Analyze students’ learning Talk about field placement	Highlight the processes of reasoning and inform instructional decision making	
<b>Inspire a Conscious Focus on K-6 Students’ Perspectives</b>	Centrality of clients (students)				Take students’ perspective	The focus on student learning and development with student being pivotal to all teacher	

## **Review of the Five Themes and How These Relate to the Literature**

### ***Theme 1: Intentional Course Design Considerations***

In intentional course design, the learner's needs are central to all instructional decisions, including “what, when, and how to teach” (Kriewaldt et al., 2017). The clinical educators shared that they considered the InATCs’ unique learning needs when designing the clinical practice-based courses. The clinical educators intentionally designed the courses to address the lack of connections between the alternative teacher education courses and the InATCs’ real-world work experiences in the field (Grossman, Hammerness et al., 2009; Kriewaldt et al. 2017; Jensen et al., 2018; Zeichner, 2012; Zeichner & Bier, 2015). They bridged the gap between theory and practice in real-world settings to best support the InATCs during their first year of teaching in elementary classrooms (Grossman, Hammerness et al., 2009; Humphrey et al., 2008). The clinical practice-based courses directly aligned with the professional expectations of the InATCs’ full-time teaching positions to make meaningful connections and support developing instructional practice in real-time (Humphrey et al., 2008; Jensen et al., 2018).

The clinical educators designed the clinical practice-based courses to build a community of practice focusing on providing feedback and real-time coaching for InATCs (Alter & Cogshall, 2009; Ball & Forzani, 2009; Benedict et al., 2016; Zeichner & Bier, 2015). The streamlined curriculum emphasized four focus areas, including core teaching practices defined by the clinical educators as the most impactful strategies to enhance the K-6 student learning (Ball & Forzani, 2009; Henning et al., 2019; Grossman, Hammerness et al., 2009; McDonald et al., 2013; Zeichner, 2012). The courses were intentionally designed to account for the additional time needed to facilitate the clinical practice-based courses in learning cycles (Driskill, 2018; Humphrey et al., 2008; Sawyer et al., 2016; Smith & Evans, 2008). The learning cycles spanned



four-week feedback cycles, three weeks of instruction and one week for observation, in the field (Benedict et al., 2016; Zeichner, 2012). The clinical educators used modeling as the primary instructional method for teaching the core teaching practices. The core teaching practices were modeled in the university classrooms and during classroom observation visits to support the InATCs' developing instructional practice (Ball & Forzani, 2009; Benedict et al., 2016; Jensen et al., 2018; Zeichner, 2012).

### ***Theme 2: Purposeful Engagement in Core Teaching Practices***

The clinical educators selected relevant core teaching practices that could be immediately implemented in the InATCs' classrooms to improve instruction and student learning (Ball & Forzani, 2009; Kriewaldt et al., 2017; Zeichner, 2012). The InATCs indicated that courses' core teaching practices positively influenced the development of their instructional practice. Several of the InATCs described the core teaching practices' immediate, relevant application as the “most influential” aspect of the clinical practice-based courses. The InATCs appreciated that the core teaching practices shared in the clinical practice-based course could be directly implemented in their classrooms within days. The InATCs expressed the core teaching practices made a big impact when teaching in the field throughout the year.

The clinical practice-based courses' schedule allowed meaningful engagement in the core teaching practices to support the InATCs' acquisition of professional knowledge and skills to increase K-6 student learning (Alter & Coggshall, 2009; Ball & Forzani, 2009; Benedict et al., 2016; Grossman, Hammerness et al., 2009; Zeichner, 2012). During the year, the InATCs viewed, planned, and rehearsed the core teaching practices before implementing them in their respective classrooms (Ball & Forzani, 2009; Jensen et al., 2018; Zeichner, 2012). The InATCs were provided with multiple opportunities to independently engage in the core teaching practices

and with assistance from the clinical educators, especially if they experienced difficulties determining how to incorporate them in their instructional practice best (McDonald et al., 2013; Zeichner, 2012).

### ***Theme 3: Encourage Reflective Thinking and Instructional Reasoning***

The clinical educators intentionally encouraged the InATCs to engage in reflective thinking and describe their instructional reasoning in the clinical practice-based courses. The InATCs explicitly articulated the instructional decision process in conversations with their peers and clinical educators (Kriewaldt et al., 2017). The observation-feedback cycles provided the InATCs opportunities to reflect, self-assess, and articulate how their instructional practice developed during the clinical practice-based courses (Benedict et al., 2016; Jensen et al., 2018). The clinical educators encouraged the InATCs to question and justify instructional decisions made in their K-6 classrooms (Alter & Coggshall, 2009; Kriewaldt et al., 2017). They provided artifacts from their K-6 classrooms (e.g., classroom management plans, communication plans, student products, etc.) as evidence of their instructional reasoning (Alter & Coggshall, 2009; Jensen et al., 2018; Kriewaldt et al., 2017).

The InATCs also demonstrated reflective thinking when determining how to implement the core teaching practices into their instructional practice (Benedict et al., 2016). The InATCs articulated the decision-making processes and instructional reasoning that influenced their instructional practices. The clinical practice-based courses were instrumental in the InATCs, discovering their teaching style and instructional approach. Several InATCs shared the courses challenged them to reflect on their instructional reasoning: “why am I teaching this or why is this hanging up in my classroom? Sometimes asking why results in you finding out that none of it meant anything” (Michael, Focus Group).

#### ***Theme 4: Inspire Conscious Focus on K-6 Students' Perspectives***

The theme of inspiring a conscious focus on K-6 students' perspectives highlights teacher education's primary outcome to prepare highly effective teachers to improve all students' learning outcomes (AACTE, 2018; Anagnostopoulos et al., 2018; Whitford, 2018). The clinical practice-based courses taught the InATCs core teaching practices to tailor their instruction and make instructional decisions based on their K-6 students' needs (Alter & Cogshall, 2009; Kriewaldt et al., 2017). Kriewaldt et al. (2017) argue that an emphasis on K-6 student learning and development is an essential characteristic of a clinical practice-based approach. The InATCs created learning environments that motivated the K-6 students to excel and implemented core teaching practices that increased student engagement and investment in the classroom (Kriewaldt et al., 2017). All the InATCs reported implementing core teaching practices that helped them organize their classroom to maximize their student learning. The InATCs also celebrated their students' efforts during the year to encourage students' academic and personal growth.

#### ***Theme 5: Emotional Engagement and Investment***

The fifth theme, emotional engagement and investment, was an unanticipated result of conducting the case study. All the clinical educators and InATCs described the emotional aspects of engaging in the clinical practice-based courses. The clinical educators utilized positive affirmations as a tool to support the InATCs development of instructional practice. The clinical educators explained that they intentionally affirmed the InATCs efforts to implement that core teaching practice to build confidence. Both the InATCs and the clinical educators indicated that the positive affirmations boosted the InATCs' confidence in their instructional practice. The clinical educators described using affirmations to increase the InATCs' emotional engagement and investment in the clinical practice-based courses: "as we affirm the use of these strategies in

their classrooms, and they see first-hand the positive effects gained, they come to believe in and embrace the importance of the core teaching practices” (Mrs. Washington, Initial Interview).

The clinical educators and the InATCs expressed unexpected emotions resulting from the emotional engagement and investment in the clinical practice-based courses. The clinical educators shared frustrations with not feeling valued by their peers and supervisors for the additional time and responsibilities required to support the InATCs in and out of the classroom. Facilitating a clinical practice-based approach changes the traditional responsibilities and expectations of a clinical educator. Driskill (2018) stated that clinical educators need to become more comfortable redefining their roles and responsibilities when providing support to InATCs in a clinical practice-based approach. Driskill (2018) recommended that clinical educators receive additional training and professional development to maximize the benefits of the clinical practice-based approach and the support provided to InATCs. Although the clinical educators expressed some frustrations with the changes to their roles and responsibilities, they mostly described their experiences as rewarding. They were committed to helping the InATCs navigate a wide range of emotions during the clinical practice-based courses.

The InATCs described that being a first-year teacher and being engaged in a clinical practice-based course was “challenging,” “difficult,” “stressful,” and “intense.” The InATCs expressed feeling overwhelmed with having to balance the clinical practice-based courses and professional expectations. Clark et al. (2013) argue that taking alternative teacher education courses while serving as a classroom teacher for the first time negatively impacts the InATCs instructional practice. Wilcox and Samaras (2009) reported the challenges the first-time InATC experienced balancing family, work, and coursework obligations. Wilcox and Samaras (2009) found that feedback and support from mentors helped the InATC navigate difficult and

challenging situations. The InATCs in this case study shared that they valued the coaching and support provided by the clinical educators.

The InATCs also express the value and appreciation for the emotional engagement and investment demonstrated by clinical educators. Similarly, Karge and McCabe's to other studies on the importance of personalization coaching in teacher training (Benedict et al., 2016; Kraft et al., 2018, and specifically in alternative teacher education (Anthony et al., 2011; Karge & McCabe, 2014), the InATCs expressed appreciation for the clinical educators' commitment to providing individualized learning experience and personalized coaching to strengthen the development of instructional practices. The InATCs valued being held accountable for implementing the core teaching practices and receiving personalized feedback catered to their K-6 classrooms (Alhamsi, 2011; Humphrey et al., 2008; Kraft et al., 2018; Kriewaldt et al., 2017). The InATCs appreciated the clinical educators providing a hands-on learning experience catered to their individual K-6 classrooms. Kraft et al. (2018) found that pairing coaching with intentional sequenced training was an effective tool to develop InATCs' instructional practices and positively impact student learning.

### **Implications**

The results from this case study have practical implications for designing and facilitating a clinical practice-based approach to meet the unique learning needs of InATCs enrolled in alternative teacher education. The InATC participants seemed to have similar learning needs to other first-time InATCs pursuing initial teaching certification (Carver-Thomas & Darling-Hammond, 2017; Humphrey et al., 2008; Karge & McCabe, 2014; Wilcox & Samaras, 2009). This case study provided evidence that a clinical practice-based approach could positively contribute to developing InATCs' instructional practice.

The themes found in this study suggest that the conceptual understanding of clinical practice in *alternative* teacher education was similar to the studies on clinical practice in [traditional] teacher education. Four of the five themes aligned with the clinical practice characteristics identified in previous studies on clinical practice in teacher education (see Figure 23). The first four themes outline the characteristics of clinical practice and can be used to facilitate a clinical practice-based approach in alternative teacher education coursework.

The process begins with intentional course design considerations. The other three characteristics are carefully considered and addressed during intentional course design. In this case study, the course schedule was designed in learning cycles to offer the InATCs opportunities to engage in the core teaching practices purposefully; to be observed and receive individualized feedback; reflective thinking and articulate instructional reasoning; and focus on K-6 students' perspectives.

In the alternative teacher education program at Willow university, clinical practice-based courses should be designed to align with the InATCs full-time teaching placements to help balance competing professional and personal priorities. For example, in this case study, the clinical educators streamlined the content into four focus areas that included key core teaching practices that would have the greatest influence on developing the InATCs' instructional practice to support student learning in their respective K-6 classrooms (Ball & Forzani, 2009; Grossman, Hammerness et al., 2009; Zeichner, 2012). The InATCs purposefully engaged in the key core teaching practice throughout the year in the course and in their classrooms. In the case study, the clinical educators modeled the core teaching practices in the university classroom, and the InATCs practiced the core teaching practices with feedback before they implemented the core

teaching practices with their K-6 students (Ball & Forzani, 2009; Benedict et al., 2016; Grossman, Hammerness et al., 2009; Jensen et al., 2018).

The clinical practice-based course was intentionally designed in learning cycles that include observation and feedback cycles aligned with the InATCs learning needs and teaching placements. The clinical practice-based approach provided the InATCs with opportunities to practice and receive feedback on the implementation of the core teaching practices in the field (Ball & Forzani, 2009; Benedict et al., 2016; Grossman, Hammerness et al., 2009; Jensen et al., 2018; Kriewaldt et al., 2017; Zeichner, 2012). The clinical practice-based course was designed to encourage reflective thinking and for the InATCs to make instructional decisions based on their K-6 students' learning needs. In the case study, the InATCs made instructional decisions based on what was best for their K-6 students in the clinical practice-based courses (Alter & Coggshall, 2009; Jensen et al., 2018; Kriewaldt et al., 2017). They were required to consciously focus on their K-6 students' needs and articulate their instructional reasoning

The fifth theme, emotional engagement and investment, presented an additional characteristic to consider when designing and facilitating clinical practice specifically in alternative teacher education. The clinical educators redefined their roles and responsibilities to make the emotional engagement and investment that the clinical practice-courses required to support the InATCs development (Driskill, 2018; NCATE, 2010; Zeichner & Bier, 2015). For example, the clinical educators intentionally used positive affirmations to build the InATCs confidence and encouraged emotional investment to support the development of instructional practice. The InATCs also described how emotional engagement and investment with the clinical educators, peers, and their K-6 students contributed to developing instructional practices.

The five themes interact to contribute to the development of the InATCs' instructional practice. My understanding of the relationship between the five themes' will guide designing and enacting a clinical practice-based approach to support the InATCs developing instructional practice during their first year of teaching while enrolled in the alternative teacher education program at Willow University.

Theme #1, intentional course design considerations, requires planning for the four other themes. When planning, the clinical educator must intentionally consider major learning assumptions to guide the development and facilitation of the clinical practice-based course, including the InATCs' learning needs. The clinical educators carefully consider variables directly related and unrelated to facilitating the clinical practice-based course such as licensing requirements, university policies, local school policies and procedures, the rationale for the design, structure of the course, and course features such as learning cycles, observation and feedback sessions, selection of core teaching practices, and how to model core teaching practices for the InATCs. Intentional course design considerations also include planning for ways to provide opportunities for the InATCs to engage in core teaching practices purposefully, focus on K-6 students' perspectives, and opportunities to reflect on the thinking and instructional thinking. The clinical educators' intentional course design considerations also account for the emotional engagement and investment of the clinical educators and InATCs that participate in the clinical practice-based courses. Theme #5, emotional engagement and investment, represents the professional and personal commitment to teaching while forming meaningful connections with others the clinical educators and InATCs experience while engaged in the clinical practice-based course. The InATCs experienced emotional engagement and investment by implementing the core teaching practices in their classrooms, reflecting and articulating instructional reasoning,



and consciously focusing on their K-6 students' perspectives when making instructional decisions. The clinical educator and InATCs also manage factors that require emotional and investment unrelated to the clinical practice-based course.

The clinical practice-based course provides opportunities for Purposeful Engagement in Core Teaching Practices, Encourage Reflective Thinking and Instructional Reasoning, and Inspire Conscious Focus on K-6 Students' Perspectives. Intentional Course Design Considerations and Emotional Engagement and Investment influence the other three themes in the clinical practice-based courses. The interaction of the five themes works together to contribute to the development of the InATCs' instructional practice.

The themes have implications on how clinical practice can be implemented in an alternative teacher education coursework at Willow University to support the development of InATCs' instructional practice. The clinical practice-based courses were intentionally designed to support the InATCs instructional practice development using specific instructional methods to meet the unique needs of the InATCs and through emotional engagement and investment. Intentional design considerations offered the InATCs opportunities for purposeful engagement in the core teaching practices, to reflectively thinking about instructional reasoning, and focusing on the K-6 students' perspectives.

### **Limitations of the Study**

The case study's results were specific to the 12% of the elementary InATCs enrolled in the 2019 Cohort of the alternative teacher education program. However, the InATCs enrolled in this course were similar to other courses, although only elementary teachers. In other words, although our candidates have similar backgrounds, I cannot expressly state whether these results would be the same for other students enrolled in the same program. There are also elements

associated with placements of clinical experiences, as many are in different schools. However, it is the hope that these results may inform other courses and instructors at Willow University as they incorporate more clinical practice in their courses.

My influence as the alternative teacher education program director may be a limitation of the case study (Creswell, 2014; Fraenkel et al., 2015). My position as the clinical educators' direct supervisor may have influenced how the clinical educators described their experiences. Also, InATCs may have been hesitant to share negative experiences with the clinical practice-based courses. To minimize my positionality, I encouraged open communication and was transparent about the case study's purpose. Throughout the study, I maintained the pre-existing professional relationships with the clinical educators and the InATCs. Ms. Clark sent the case study invitation and informed consent documents to the InATCs to minimize perceived obligation to participate in the study. Some of the InATCs felt comfortable participating in the focus group session, while others may have been deterred from participating. I offered opportunities for the InATCs to participate in the focus group session or share their responses with me individually. The IRB approved protocol was followed to safeguard the ethical soundness of the case study.

### **Recommendations for Future Research**

The case study's results aligned with the four characteristics of clinical practice in teacher education general. However, the literature on clinical practice in teacher education does not address clinical practices' characteristics in alternative teacher education specifically. Further research on clinical practice should explore clinical practice with InATCs enrolled in alternative teacher education.

The case study described the structure and enactment of a clinical practice-based approach with elementary InATCs enrolled at Willow University. The InATCs overwhelmingly shared the positive influence of the clinical practice-based approach on developing their instructional practice. However, the results also indicate that the clinical practice-based courses are intense, overwhelming, and demand an emotional effort that may be draining during the already complicated first-year teaching experience (Clark et al., 2013; Wilcox & Samaras, 2009).

The case study's results will inform the redesign of the alternative teacher education curriculum at Willow University. The results and research on clinical practice will be used to begin an evaluation of the alternative teacher education courses. The first step will be to meet with the alternative teacher education faculty and instructors and introduce a self-evaluation process that will be used to evaluate the current courses and program syllabi. The self-evaluation form will align with the clinical practice characteristics captured in the five themes and with the studies on clinical practice in teacher education. The self-evaluation form is provided in Figure 24.

This case study also presented a characteristic of clinical practice in teacher education that was not included in other studies. Future research should investigate using emotional engagement and investment as an instructional strategy and as a characteristic of clinical practice in teacher education, especially in alternative teacher education. Further research may lead to identifying a clinical practice model designed to meet the unique needs of InATCs working as a K-12 teacher of record for the first time while enrolled in an alternative teacher education program.

**Figure 24**

*Alternative Teacher Education Course Evaluation Form*

**Intentional Course Design**

Describe three important factors that you consider when designing or planning your course?

Factor and Description	Design Consideration		Evidence and Comments
	Explain the Importance or Impact on the Course		

**Teaching Practices**

List three teaching practices that are taught in your course. Are the three teaching practices research-based? Describe the instructional method used to teach the core teaching practices. Describe you measure or evaluate the teacher candidates' mastery of the core teaching practices. Share evidence or additional comments explaining the implementation of the teaching practices in your course.

Teaching Practice	Research-Based Yes or No	Instructional Model Used to Teach the Core Teaching Practice	Measure/Evaluation of Mastery	Evidence and Comments

**Figure 24**

*Continued*

**Course Content**

Thinking about your course, rate the frequency of the indicators below.

Indicator	Almost Always	Often	Rarely	Never	Evidence and Comments
How often do you model research-based instructional practices in your course?					
How often do InATCs see different models of teaching or implementation of instructional practices?					
How often do you provide InATCs with opportunities to use real-world documents and instructional materials from their classrooms in your course?					
How often do you describe the expectations for practice/implementation of teaching practices in the teacher candidates' classroom?					
How often are InATCs provided opportunities to rehearse instructional practices in your course?					
How often are InATCs provided opportunities reflect on instructional decisions made in their classrooms					
How often do you observe and provide feedback on the InATCs teaching in the field?					
How often do you provide feedback on the implementation of course content in the InATCs classroom?					
How often are InATCs provided opportunities to articulate the instructional decisions made in their classrooms?					
How often are InATCs provided opportunities to consciously focus on the students' perspectives when making instructional decisions in the classroom?					
How often are InATCs provided opportunities to demonstrate emotional engagement and investment in developing effective instructional practices?					
How often are InATCs provided opportunities to demonstrate emotional engagement and investment with their students?					

**Additional Comments and Questions**

## **Concluding Thoughts**

This case study presents evidence that InATCs in the alternative teacher education program at Willow University would benefit from courses that utilized a clinical practice-based instructional approach. InATCs that complete coursework intentionally aligned with clinical practices in real-world settings develop a deeper understanding of the conceptual and professional knowledge required for effective teachers (Darling-Hammond, 2014; Humphrey et al., 2008; Ünver, 2014). Clinical practice-based courses that are intentional designed to meet the InATCs' unique needs will focus on providing feedback and on-site coaching to support the development of clearly defined core teaching practices at the beginning of the program ( Karge & McCabe, 2014; Kraft et al., 2018; Smith & Evans, 2008). A clinical practice-based approach immerses InATCs in real-world learning environments while providing opportunities to develop core teaching practices by implementing real-time practices with assistance (AACTE, 2018; Benedict et al., 2016; Ball & Forzani, 2009; Forzani, 2014; Kriewaldt et al., 2017). The clinical practice-based courses should also be designed to provide opportunities for emotional engagement and investment by building relationships and making meaningful connections with clinical educators, peers, and K-6 students.

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## Appendix A: Course Sequence

### Elementary Generalist (Grades K-6) InATC Course Sequence

<p><b>Summer I</b> EDU516 Diverse/Inclusive Settings (2 credits) EDU519 Best Practices in Teaching (3 credits) EDU560 Clinical Internship (1 credit)</p>
<p><b>Fall I</b> EDU529 Best Practices in Elementary English &amp; Social Studies (3 credits) (<i>Clinical Practice-Based Course I</i>) EDU560 Clinical Internship (2 credits)</p>
<p><b>Spring I</b> EDU530/531 Assessment of Learning I &amp; II (4 credits) (<i>Clinical Practice-Based Course II</i>) EDU560 Clinical Internship (1 credit) <i>Select one course:</i> EDU514 Second Language Learning (2 credits) EDU 526 Best Practices in Elementary Math &amp; Science (3 credits)</p>
<p><b>Summer II</b> EDU505 Child Development (3 credits) EDU515 Principles and Problem in Early and Middle Childhood Education: Instructional Planning (2 credits) EDU560 Clinical Internship: Documentation of Teaching Portfolio (1 credit) <i>Select one course:</i> EDU514 Second Language Learning (2 credits) EDU 526 Best Practices in Elementary Math &amp; Science (3 credits)</p>
<p><b>Fall II</b> EDU520 Best Practices in Reading and Expressive Arts (3 credits) EDU590 Classroom Research I EDU560 Clinical Internship: Documentation of Teaching Portfolio (1 credit)</p>
<p><b>Spring II</b> EDU523/525 Exceptional Needs I &amp; II (2 credits) EDU591 Classroom Research II EDU560 Clinical Internship: Supervised Internship</p>

## **Appendix B: Participant Profiles**

### ***Gabrielle***

Gabrielle is a 30-year-old Hispanic female and earned a bachelor's degree in Spanish. Gabrielle worked in a non-education field before enrolling in the alternative teacher education program. During the case study, Gabrielle worked as a Kindergarten classroom teacher. Gabrielle decided to enroll in the program based on her older sister's recommendation, who completed the program a few years ago. Gabrielle participated in the study at Level I by completing an exit interview with the clinical educators. Gabrielle felt "teaching and learning how to teach at the same time- has been a blessing" as a first-year teacher. Gabrielle appreciated learning strategies in the clinical practice-based course and immediately applying it in her classroom the following day. The clinical practice-based courses encouraged Gabrielle to reflect on her instructional practice to make things better for her students. During her exit interview, Gabrielle shared with the clinical educators that the class gave her the confidence to make relevant substantive changes in her kindergarten classroom. Gabrielle stated the clinical practice-based courses provided her with the confidence, knowledge, and skills she needed to create classroom systems "to best show... that my kids are learning".

### ***Hannah***

Hannah, age 51, was the eldest InATC participant. She is a White female and earned an undergraduate degree in Religious Bible Studies. Hannah had seven years of professional work experience; however, this was her first year working full-time as a full-time elementary teacher. Hannah taught fifth grade in a local school for the first time while enrolled in the clinical practice-based course. Due to unforeseen circumstances, Hannah could only participate in the observed exit interview for the case study. During Hannah's exit interview, she shared that she

wasn't sure why she needed to take a whole class on assessment in a teacher education program. She did not realize the importance of focusing solely on assessments. Hannah shared she never knew that "the purpose of assessment is to gather evidence to guide instruction for students... that to me is like a light bulb moment". This concept changed her thinking about teaching and learning. This course changed her thinking about assessments and how to go about grading in general.

### ***Isabella***

Isabella, a 27-year old Hispanic female, participated fully in the case study. Isabella earned an undergraduate degree in Spanish and has eight years of professional experience, including one year in working in education, before enrolling in the alternative teacher education program. During the study, Isabella worked as a full-time elementary teacher. She taught math for first and second-grade students. Isabella implemented strategies to increase student investment in her classroom. She was excited to implement weekly data meetings with her first and second-grade students this year and teach them how to track their academic progress. Isabella shared that the support and information she learned in the clinical practice-based course helped her to quickly transition to and continue providing immediate feedback to her students even when her school shifted to e-learning due to COVID-19. Isabella's goal is to support her students to "become more independent learners" by establishing a classroom culture where they learn from their mistakes rather than discouraging reflection. Isabella created a class motto for her first/second-grade math class, M.A.T.H., which means "mistakes allow things to happen."

### ***Michael***

Michael, age 25, was the only male participant. Michael earned an undergraduate degree in theater and had two years of professional experience as a recreation specialist before enrolling

in the alternative teacher education program. Michael taught as a third-grade elementary teacher. The clinical practice-based course helped shape Michel's instructional reasoning on what and why teachers assess student learning. Michael stated that "it's students' basic right to their education to know what they are learning and why they are learning it... and when you do that, students then begin to monitor their own progress." Michael believed that building student investment in the classroom leads to "capable, independent learners and thinkers." Michael shared that effective classroom teachers create a classroom culture of high expectations for all students and holding students accountable to high standards by not lowering expectations but "establishing a classroom culture of error." The clinical practice-based course also helped shape his new approach to grading. During the study, Michael implemented and plans to refine the grading policy in the future to keep "assessment fair, not using it as a weapon and by establishing clear learning targets organization in the classroom."

### ***Monica***

Monica is a 25-year-old Hispanic female and taught in a sixth-grade classroom during the study. This was Monica's first time working as a full-time teacher and first professional work experience. Monica earned an undergraduate degree in Psychology and did not have experience working in education before enrolling in the program. Monica learned alongside her students this year as a first-time classroom teacher. Her goal was to create a shared culture of learning with her sixth-grade students "to grow together in their understanding" learn from their mistakes by "leaving room for grace." Monica created a classroom management plan to increase student motivation and investment. Her classroom management plan focused on achieving the "three C's, competence, community, and compassion," which is a "continuous process... but all-important to personhood."

### ***Natalie***

Natalie, age 49, is a White female. Natalie earned a bachelor's degree in Psychology and had 12 years of professional work experience in a non-education related field. During the study, Natalie worked for the first time as a kindergarten classroom teacher. Natalie struggled during the first semester of the program. She self-described it as a:

“Very rough start at the beginning of the year... the hardest, most challenging experience was incorporating everything needed to be an effective teacher, especially when teaching for the first time and coming when earning a degree from the non-education undergraduate program.” (Natalie, Focus Group)

Natalie doubted her ability to be effective in the classroom and lacked confidence. The clinical practice-based courses provided targeted and specific feedback based on the needs of the InATCs. She shared that she appreciated the support the clinical educators provided: “I needed to improve, but they focused on what I was doing right, and they built it up from there.”

### ***Nicole***

Nicole, a 31-year-old Black female, earned an undergraduate degree in Communications. Nicole had one year of classroom teaching experience before participating in the case study. During the case study, she taught third-grade students in a local elementary school. She was “amazed to see how much you can evolve as an educator in just a few months.” Nicole shared that she appreciated that it was “easy to implement best practices from class to the classroom the very next day.”

### ***Rose***

Rose, a 27-year-old, White female, earned a bachelor's degree in Public Relations. She had two years of professional experience working in a non-education related field before

enrolling in the alternative teacher education program. Rose taught fourth-grade elementary students during the case study. She shared the clinical practice-based course a “tool belt of knowledge” that many first-year teachers are missing. Rose appreciated that “we were able to take things that we learned and then directly apply them into our classroom, whether it be you know that week next week, that month.” She shared this experience, “makes you like feel like you're on your toes constantly, which I think is a good thing because it pushes me out of my comfort zone; makes me do more and expect more from myself.”

### *Shelby*

Shelby, age 25, is a White female, earned an undergraduate degree in Psychology. During the case study, Shelby worked as a full-time second-grade elementary teacher. This was her first professional work experience. Shelby taught in a local charter school, and she stated the clinical practice-based course offered something different from what she saw in her school. Shelby noted that the clinical educators “gave her a broader perspective of teaching as a whole,” which she appreciated. Shelby desired to be “the best version” of herself but described the experience as “sometimes being stressful [because] they [the clinical educators] wanted us to be the best version of ourselves and sometimes that was like super clashing... if just felt like a lot”. Shelby stated she often asked herself, “how can I implement that [strategy] within my classroom, maybe in a different way than like my school sees things.” Shelby said the clinical practice-based course helped to build her “confidence as a teacher.”

### *Sophie*

Sophie, a 25-year-old White female, earned a bachelor’s degree in Elementary Education. The undergraduate program that Sophie completed required her to complete the internship post-graduate. So, she decided to enroll in the alternative teacher education program at Willow

University to earn an initial teaching license and receive additional support during her first year of teaching. Sophie taught in a fourth-grade elementary classroom during the case study. The clinical practice-based courses focused on essential core teaching practices. Sophie identified the most impactful core teaching practices as: “developing my own assessments using the three types of questions, motivating students in the classroom through self-assessment and conferencing and planning a unit of instruction.” The course helped Sophie develop a “deeper understanding of the purpose of essential questions for a unit of instruction and how to plan assignments and assessments for those units.” Sophie appreciated the commitment and investment of clinical educators. Sophie recounted the most significant experience from this year was meeting with Ms. Clark over winter break between the first and second semester to come up with a plan to reset her classroom. Sophie shared that meeting over winter break changed her instructional practice: “after that, I implemented new techniques week by week for the first couple of months to get more organized, which helped both me and my students to be more focused on reaching our goals.”

### ***Violet***

Violet is a 25-year-old White female who earned an undergraduate degree in Human Development & Family Studies. During the study Violet worked as a first-grade teacher. Violet had part-time work experience in a pre-school setting, but this was her first full-time professional job. Violet shared that she “wasn’t super confident” in her ability to be a first-year teacher at the beginning of the school year. Violet appreciated the challenge from the clinical educators to support her development. Violet shared, “the intensity of it [the clinical practice-based course] was challenging at first,” it motivated her “to think differently about teaching and how I was going to teach my students.” Having access to two clinical educators during the school year was

an asset. Violet benefited from receiving observations and feedback from two different perspectives: “just having two different perspectives and two different ways of observing really helped the way I ran my classroom.”

***Naomi Clark***

Ms. Naomi Clark has almost 50 years of professional experience in the field of education. Ms. Clark has served as a teacher, principal, instructional coach, school district administrator, and educational consultant in K-12 schools. Ms. Clark is currently a full-time professor at Willow University and has worked in the graduate teacher education program for 12 years. Ms. Clark created the clinical practice-based courses because she felt there was no connection between the alternative teacher education coursework and “what was going on out in the field.” Ms. Clark wanted to design a course that focused on “the whole demonstration of learning and modeling, holding people accountable, [and] building a culture of ongoing learning.” Ms. Clark described facilitating the course as “expensive” and “very labor-intensive”:

[It’s] not just being in their [the InATCs’] rooms, but the meeting people for coffee and going over things, to talking about things, like if we have somebody who is in what we call crisis mode... we will meet with them outside of work because we have this relationship. (Ms. Clark, Initial Interview)

In addition to the time required to facilitate the clinical practice-based courses, there is also pressure the pressure of providing individualized to support:

How do we improve the practice of a struggling student [InATC] faster? The reason that becomes important is because, as they [the InATCs] start to struggle, we are still supporting them in the classrooms. They are still feeling confident in what it is that they



can do and who they are becoming as a teacher. It means is that we are all in this together. (Ms. Clark, Initial Interview)

### ***Caroline Washington***

Mrs. Caroline Washington has 37 years of professional experience in the field of Education. Mrs. Washington earned a bachelor's degree in Elementary Education and a master's degree in Educational Leadership. She served as teacher and principal in K-6 Catholic schools for 27 years. After retiring from the Catholic schools, Mrs. Washington, became an adjunct faculty member for the alternative teacher education program at Willow University. Mrs. Washington has been an instructor and university supervisor for ten years in the alternative teacher education program. Mrs. Washington described the clinical practice-based courses as being "where the rubber meets the road." She believes in "the importance of connecting... [core teaching practices] taught in Willow coursework and the implementation of those practices into the classrooms." Mrs. Washington shared that "we believed the clinical approach would provide opportunities for accountability and affirmation, as our first-year teachers [InATCs] navigated their first year in the classroom."

## Appendix C: Participant Communications

### Clinical Educator Participation Email Invitation

*Directions: The researcher will send the email invitation below the clinical educators facilitating the clinical practice-base course.*

#### Email Participation Initiation for Clinical Educators

Dear clinical educator,

This semester, I will be completing a case study of the 2019-2020 clinical practice-based courses, Best Practices in Elementary English and Social Studies and Assessment of Learning I & II.

During the study, I plan to observe randomly selected exit interviews that you will facilitate at the end of the Spring 2020 semester. Participation in the study is voluntary and will not affect your regular routines as the clinical educator in the alternative teacher education program at Willow University.

No personal information will be used to identify participants. Participants will be assigned pseudonyms to safeguard confidentiality. No personal information which could identify you will be shared in publications about this study. Participant responses will be coded to avoid attaching any personal information to interview responses and data collected during the research study.

Also, all audio or video recordings made will be permanently deleted and destroyed by May 30, 2021.

If you elect to participate in the study, I will invite you to participate in a 60-minute initial interview, I will attend randomly selected exit interviews, and you will be invited to participate in a virtual exit interview to share your experiences in the clinical practice-based course after the course ends.

If you are willing to participate, please review and complete the attached documents:

1. Read the Informed Consent form for the clinical educators.
2. Participants will also be asked to share background information. Please complete the attached Participant Information Sheet. Do not include your name on the information sheet.

Also, I will send you a separate email and documents to share with the teacher candidates enrolled in your clinical practice-based course. Please share the initiation email and research study document with each teacher candidate.

Thank you for considering participating in the case study. Please do not hesitate to reach out if you have any questions.

Best regards,

Erika Wise

## **InATC Participation Email Invitation**

*Directions: The instructor will send the email invitation below the teacher candidates enrolled in the EDU530/531 on behalf of the researcher.*

### Email Participation Invitation for Teacher Candidates

Please read the participation invitation below sent on behalf of Erika Wise. Participation in the study is voluntary.

Dear MAT teacher candidate,

This semester, I will be completing a case study of the 2019-2020 clinical practice-based courses, Best Practices in Elementary English and Social Studies and Assessment of Learning I & II.

During the study, I plan to observe randomly selected exit interviews that your instructor will facilitate at the end of the Spring 2020 semester. Participation in the study is voluntary and will not affect your regular routines as a teacher candidate enrolled in the alternative teacher education program at Willow University.

No personal information will be used to identify participants. Participants will be assigned pseudonyms to safeguard confidentiality. No personal information which could identify you will be shared in publications about this study. Participant responses will be coded to avoid attaching any personal information to interview responses and data collected during the research study.

Also, all audio or video recordings made will be permanently deleted and destroyed by May 30, 2021. There are no foreseen risks for participating in this study. If you elect to participate in the study, I may attend your exit interview, and you will be asked to participate in a virtual focus group or final individual interview to share your experiences in the clinical practice-based course after the course ends.

If you are willing to participate, please review and complete the three attached documents:

1. Read the Informed Consent form for teacher candidates.
2. Participants will also be asked to share background information. Please complete the attached Participant Information Sheet. Do not include your name on the information sheet.
3. Read and sign the FERPA release form.

Thank you for considering participating in the case study. Please do not hesitate to reach out if you have any questions.

Best regards,

Erika Wise

# **INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR RESEARCH: TEACHER CANDIDATES**

**Research Project Title:  
A Clinical Practice-Based Approach in Alternative Teacher Education  
IRB Study # 2002535801**

## **ABOUT THIS RESEACH**

You are being asked to participate in a research study of InATCs and the influence of participation in a clinical practice-based course on the development of instructional practice.

No personal information will be used to identify participants. Participants will be assigned pseudonyms to safeguard confidentiality.

This consent form will give you information about the study to help you decide whether you want to participate. Please read this form and ask any questions you have before agreeing to be in the study.

## **TAKING PART IN THIS STUDY IS VOLUNTARY**

You may choose not to take part in the study or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty and will not affect your relationship with Erika Wise, Director of Graduate and Online Programs at Willow University. Participants will have full access to the research and may ask clarifying questions during the research study.

Participants will not be paid, and there is no cost for participating in the study.

## **WHY IS THIS STUDY BEING DONE?**

The purpose of this study is to explore the influence of the clinical practice-based approach on the development of InATCs enrolled in the Fall 2019 Best Practice in Elementary Language Arts & Social Studies and the Assessment of Learning I & II Spring 2020 course at Willow University.

You were selected as a possible participant because you are currently enrolled in EDU530/531 Assessment of Learning I & II course in the Master of Arts in Teaching/Transition to Teaching program during the Spring 2020 semester.

The study is being conducted by Dr. Anne Leftwich, the principal investigator, and Erika Wise in partial fulfillment of the Doctor of Education degree in the Department of Instructional Systems Technology at Indiana University.

## **HOW MANY PEOPLE WILL TAKE PART?**

If you agree to participate, you will be one of 16 participants taking part in this study.

## **WHAT WILL HAPPEN DURING THE STUDY?**

Teacher candidate participants can volunteer to be involved in the study at three different levels.

Level I: Participants can volunteer to:

- self-report background information by completing the Participant Information Sheet, and
- have their 30-minute end-of-the-semester virtual interview with the clinical educators recorded.

Level II: Participants can volunteer to:

- self-report background information by completing the Participant Information Sheet,
- have their 30-minute end-of-the-semester virtual interview with the clinical educators recorded,
- sign the FERPA release to share course assignments and work samples for review and/or
- participate in a ten-minute unstructured virtual interview about their experiences in the clinical practice-based courses.

Level III: Participants can volunteer to:

- self-report background information by completing the Participant Information Sheet,
- have their 30-minute end-of-the-semester virtual interview with the clinical educators recorded,
- sign the FERPA release to share course assignments and work samples for review,
- participate in a ten-minute unstructured virtual interview about their experiences in the clinical practice-based courses, and
- participate in a 60-minute recorded video conference focus group after the spring semester has concluded.

**Note. Video conference calls, virtual interviews, and the video conference focus group will be completed via Zoom, and the video and audio will be recorded. All recordings will be deleted and destroyed by May 31, 2021.**

#### **WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?**

There is a risk of loss of confidentiality; however, every effort will be made to safeguard the confidentiality of all participants. Participants will be assigned a pseudonym to reduce the potential of disclosure of the participants' identity.

Additionally, participants may feel uncomfortable answer some questions. Participants can opt-out of answering any questions that make them feel uncomfortable during the focus group interview.

#### **WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?**

There are no known benefits for taking part in this study, but we hope to learn things that will help the development of the alternative teacher education preparation courses at Willow University.

#### **HOW WILL MY INFORMATION BE PROTECTED?**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

No personal information which could identify you will be shared in publications about this study. Participant responses will be coded to avoid attaching any personal information to interview responses and data collected during the research study.

All audio or video recordings made will be permanently deleted and destroyed by May 30, 2021.

#### **WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?**

For questions about the study, contact the researcher, Erika Wise, at 317-955-6286.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or [irb@iu.edu](mailto:irb@iu.edu).

#### **CAN I WITHDRAW FROM THE STUDY?**

If you decide to participate in this study, you can change your mind and choose to leave the study at any time in the future. If you decide to withdraw, please notify Erika Wise.

# **INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR RESEARCH: CLINICAL EDUCATORS**

## **Research Project Title: A Clinical Practice-Based Approach in Alternative Teacher Education IRB Study # 2002535801**

### **ABOUT THIS RESEARCH**

You are being asked to participate in a research study of InATCs and the influence of participation in a clinical practice-based course on the development of instructional practice.

No personal information will be used to identify participants. Participants will be assigned pseudonyms to safeguard confidentiality.

This consent form will give you information about the study to help you decide whether you want to participate. Please read this form and ask any questions you have before agreeing to be in the study.

### **TAKING PART IN THIS STUDY IS VOLUNTARY**

You may choose not to take part in the study or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty and will not affect your relationship with Erika Wise, Director of Graduate and Online Programs at Willow University. Participants will have full access to the research and may ask clarifying questions during the research study.

Participants will not be paid, and there is no cost for participating in the study.

### **WHY IS THIS STUDY BEING DONE?**

The purpose of this study is to explore the influence of the clinical practice-based approach on the development of InATCs enrolled in the Fall 2019 Best Practice in Elementary Language Arts & Social Studies and the Assessment of Learning I & II Spring 2020 course at Willow University.

You were selected as a possible participant because you are currently serving as the clinical educator in EDU530/531 Assessment of Learning I & II course in the Master of Arts in Teaching/Transition to Teaching program during the Spring 2020 semester.

The study is being conducted by Dr. Anne Leftwich, the principal investigator, and Erika Wise in partial fulfillment of the Doctor of Education degree in the Department of Instructional Systems Technology at Indiana University.

### **HOW MANY PEOPLE WILL TAKE PART?**

If you agree to participate, you will be one of 16 participants taking part in this study.

### **WHAT WILL HAPPEN DURING THE STUDY?**

The clinical educator participants can volunteer to be involved in the study at two different levels.

Level I: Participants can volunteer to:

self-report background information by completing the Participant Information Sheet,  
participate in a 60-minute initial virtual interview that will be recorded,  
provide permission to record the 30-minute recorded virtual exit interviews with each teacher candidate,  
and

participate in a ten-minute unstructured virtual interview about their experiences facilitating the clinical practice-based courses.

Level II: Participants can volunteer to:  
self-report background information by completing the Participant Information Sheet,  
participate in a 60-minute initial virtual interview that will be recorded,  
provide permission to record the 30-minute recorded virtual exit interviews with each teacher candidate,  
participate in a ten-minute unstructured virtual interview about their experiences facilitating the clinical practice-based courses, and  
participate in a 90-minute recorded virtual final interview after the spring semester has concluded.

**Note. Video conference calls, virtual interviews, and the video conference focus group will be completed via Zoom, and the video and audio will be recorded. All recordings will be deleted and destroyed by May 31, 2021.**

#### **WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?**

There is a risk of loss of confidentiality; however, every effort will be made to safeguard the confidentiality of all participants. Participants will be assigned a pseudonym to reduce the potential of disclosure of the participants' identity.

Additionally, participants may feel uncomfortable answer some questions. Participants can opt-out of answering any questions that make them feel uncomfortable during the focus group interview.

#### **WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?**

There are no known benefits for taking part in this study, but we hope to learn things that will help the development of the alternative teacher education preparation courses at Willow University.

#### **HOW WILL MY INFORMATION BE PROTECTED?**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

No personal information which could identify you will be shared in publications about this study. Participant responses will be coded to avoid attaching any personal information to interview responses and data collected during the research study.

All audio or video recordings made will be permanently deleted and destroyed by May 30, 2021.

#### **WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?**

For questions about the study, contact the researcher, Erika Wise, at 317-955-6286.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or [irb@iu.edu](mailto:irb@iu.edu).

#### **CAN I WITHDRAW FROM THE STUDY?**

If you decide to participate in this study, you can change your mind and choose to leave the study at any time in the future. If you decide to withdraw, please notify Erika Wise.

## Participant Information Sheet

### **Demographic Information**

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Age: \_\_\_\_\_

Undergraduate major: \_\_\_\_\_

### **Previous Professional Work Experience**

Field: \_\_\_\_\_

Number of years: \_\_\_\_\_

Number of years of K-12 teaching experience before enrolling in the MAT program: \_\_\_\_\_



**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**

In compliance with the federal Family Educational Rights and Privacy Act (FERPA), Willow University is prohibited from providing certain information to a third party without the written consent of the student. Any person other than the student is defined as the third party, including parents, spouses, and employers. All educational officials are required to secure written permission prior to the release of any academic record information.

You may, at your discretion, grant Willow University permission to release information about your student records to a third party by submitting a completed Authorization to Release Educational Records form. You must complete a separate form for each third party to whom you grant access to any academic record information.

I understand that by signing this authorization, I am consenting to the release of educational and student records, protected under FERPA, to Erika Wise solely for the purpose of use in the Clinical Practice-Based Approach in Alternative Teacher Education case study.

This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. This authorization will remain in effect from the date it is executed until May 31, 2020, or revoked by me in writing and delivered to Erika Wise.

**STUDENT INFORMATION**

Last Name	First Name	Middle Name
Current Address (Street, City, State, Zip)		Daytime Phone

**REASON FOR RELEASE**

Use of non-identifiable information in the Clinical Practice-Based Approach in Alternative Teacher Education case study

**INFORMATION TO BE RELEASED** (*Check all that apply*):

- Unofficial transcripts/G.P.A. only
- Academic Progress Status
- Enrollment Information
- Records maintained by the Registrar’s Office, including age, gender, and ethnicity information
- Other (*Please specify*): Student work samples and assignments completed in EDU 529, 530, and 531

Signature of Student	Date
----------------------	------

## Appendix D: List of Sources in Case Study Database

Tag #	File Name	Description
1.1	EDU529 Syllabus	FA2019 Best Practices in Elem Math & Science course syllabus
1.1.1	Codebook and Code list	Running lists of codes
1.2	Document Review-EDU529Syllabus	Completed document review
1.3	EDU530/531 Syllabus	SP2020 Assessment of Learning I & II syllabus
1.4	Document Review-EDU530/531	Completed document review
1.5	Archived ObsNotes-EDU529 Class#1	Class observation notes from 8/29/2019
1.5.1	IMG-Agenda	Class agenda for 8/29/2019
1.5.2	IMG-EQ	Essential questions
1.5.3	IMG-Grit	Ideas to foster grit in the classroom
1.5.4	IMG-Rules	Post-it notes with classroom rules ideas
1.5.5	IMG-Word Wall	Ideas for a word wall in a classroom
1.5.6	IMG-Library	Developmental books
1.5.7	IMG-Lit Wall	Lexile chart and charts to encourage student literacy
1.5.8	IMG-Reading Corner	Idea charts to include to encourage student reading in the library
1.5.9	IMG-Reading Rug	Rug for students to read on in the classroom
1.5.10	IMG-Map	US and World Maps
1.5.11	IMG-Motivation	Chart ideas for Grit, F.A.I.L., and other ideas to motivate students
1.5.12	IMG-ABC post-its	EDU529 terms for the semester
1.5.13	IMG-Lecture Hook	Chart with numbers to intrigue InATC in discussion
1.6	Classroom Obs Checklist	Observation checklist that will be used in the field for EDU529 (Climate& Culture) shared with InATCs
1.7	Document Review-Classroom Obs Checklist	Completed document review
1.8.1	IMG ObNote Ex1	Example of obs. Note left after classroom visit InATC #2
1.8.2	IMG ObNote Ex2	Example of obs. Note left after classroom visit InATC #5
1.8.3	IMG Class Jobs	Image from classroom visit of classroom jobs chart first two weeks of the semester
1.8.4	IMG Field Elem Student Stations	Image from classroom visit of student stations after first two weeks of the semester
1.8.5	IMG Class Ob, Agenda & Scheduled	Image from classroom visit of student stations after first two weeks of the semester
1.8.6	IMG Early World Wall& Library	Image from classroom visit of student stations after first two weeks of the semester
1.8.7	IMG ObNote Ex3	Example of obs. Note left after classroom visit InATC #4
1.9.1	Archived ObsNotes-EDU529 Class#5	Professional observation notes from 9/26/2019
1.9.2	Artifact- Effective Teaching Brochure	Foldable I created in Class #5 (pink hand paper)

Tag #	File Name	Description
1.9.3	Document Review-Eff.Teaching Foldable	Completed document review
1.10.1	Document Review-Fall 2019 Exit Interview	Completed document review
1.10.2	Document Review-Fall 2018 Exit Interview questions	Professional notes from Dec. 2018
1.11	Document Review-EDU529 FA2018 Syllabus	Completed document review
1.12	Document Review-EDU530/531 exit interview questions	Completed document review
1.13	Document Review- Outline final assignment EDU530/531	Completed document review
1.14	Archived ObNotes-EDU53/531 Class#1	Professional notes from 1/16/2020
1.15	Archived ObNotes-EDU530/531 Class #6	Professional notes from 2/20/2020
1.16	Student Self-Assessment Examples	Copies of dev. Appropriate self-assessment examples shared by the CE with the InATCs
1.17	ObNotes-CEInitial Interview	Notes were taken after watching the playback of the interview
1.18	Video- CE Initial Interview	
1.19	Transcript- CE Initial Interview	Coded transcript of CE responses to the initial interview
1.20	Observation Protocols and Checklists for K-6	Multiple examples of sample ob. Protocols for InATCs to complete with K-6 students
1.21	Behavior Mgmt Observation checklist	Multiple behavior mgmt observation checklist for InATCs to use with K-6 students
1.22	Rules and Routines	Checklist Routines and Procedures checklist for climate & culture learning cycle
1.23	Schletchy Center on Engagement	Handout on Schlechty
1.24	Self-assessment for InATCs- Beh. Mgmt	Checklist for InATC to self-assess behavior mgmt protocols in the class aligned with course Reviewed in Class #4 by CE-I
1.25	Effective Behaviors in the Classroom	Used by CE to guide observations
1.26	Differentiated Instruction Continuum (Redefining Fair)	Self-assessment tool shared by CE-I with InATC to assess differentiation in their classrooms
1.27	Self-assessment of Instructional Practice	Self-assessment tool created by CE-I aligned with core teaching practices to assess teaching in the field. InATC are asked to cite specific evidence from their instructional practice
1.28	Keys to Quality Checklist	Peer review activity completed by InATCs during class #2 in spring

Tag #	File Name	Description
1.29	Assessment Quiz on Marzano Ch. 1 & Assessment Articles	In-class quiz on the assessment completed on own and with peers in collaborative groups
1.30	Assessment Reflection Questions	Reflection questions on assessment article in the SP2020 class
1.31	Final Communication/Unit/Mgmt Plan Assignment	Outlines of final assignment of the CPB courses completed in SP2020
1.32	Member Check #1 CE	Notes from Member Check w/ CE-I and CE-US
1.34	DocReview Tables	Table of completed doc reviews
2.1	Video- Exit Interview Group 1	Recorded exit interview; Natalie, Rose, and Monica
2.2	Video- Exit Interview Hannah	Recorded exit interview- Hannah
2.3	Video- Exit Interview Group 3	Recorded exit interview, Michael and Isabella
2.4	Video- Exit Interview- Gabrielle	Recorded exit Interview
2.5	Ob. Notes Exit Interview Notes from 4/27/2020	
2.6	Exit Interview Coded Transcripts all	Coded exit interview transcripts of sessions
2.7	Video- Exit Interview Sub-Violet	Video submission of exit interview- Violet
2.8	Video- Exit Interview Sub-Nicole	Video submission of exit interview- Nicole
2.9	Video- Exit Interview Sub-Sophie	Video submission of exit interview- Sophie
2.10	Video- Exit Interview Response- Violet	Video submission of exit interview- Shelby
2.20	Video-CM Plan Michael	Video of the final assignment
2.21	CommPlan_Michael	Final assignment- Communication Plan
2.22	Phil. of Ed- Michael	Final assignment- Philosophy of Education Statement
2.23	UnitPlan_Michael	Final assignment- Unit Plan
2.24	Unit Plan-Hannah	Final assignment- Unit Plan
2.25	CommPlan-Hannah	Final Assignment- Mgmt Plan
2.26	Home Learning-COMM Plan-Hannah	Final Assignment- Communication Plan (Home)
2.27	COMM Plan-Violet	Final assignment- Communication Plan
2.28	MgmtPlan-Violet	Final Assignment- Mgmt Plan (pics of class and data walls)
2.29	Unit Plan-Violet	Final assignment- Unit Plan
2.30	MgmtPlan-Shelby	Final Assignment- Mgmt Plan (pics of class and data walls)
2.31	CommPlan-Shelby	Final assignment- Communication Plan (student self-eval included)
2.33	CommPlan-Sophie	Final assignment- Communication Plan
2.34	Video-CM Plan Rose	Video of the final assignment

Tag #	File Name	Description
2.35	IMG-Daily Schedule-Isabella	
2.37	IMG Library in Math-Isabella	Image of a library in math classroom Isabella final assignment
2.38	IMG Math Anchor Chart-Isabella	Image of final math anchor chart_ Isabella
2.39	IMG Progress Monitoring-Isabella	Image of student progress monitoring sheet Isabella final assignment
2.40	IMG Flexible grouping-Isabella	Image of classroom shared by Isabella final assignment
2.41	IMG Kindergarten Centers Chart-Natalie	Image of chart shared by Natalie final assignment
2.42	IMG Theme and Targets-Rose	Image of theme and learning targets Rose
2.43	IMG-OB Rose & Washington	Image of Mrs. Washington in Rose's classroom
2.32	Unit Plan-Shelby	Final Assignment-Unit Plan
3.1	Video- Focus Group Interview	Video of focus group- Natalie, Rose, Michael, Isabella, Shelby, Violet
3.1.2	Fgroup Transcript and responses	Focus Group transcript and individual responses
3.2	Member check #2 InATC	Notes from member checks w/ InATCs
4.1	Member check #3	Notes from member check w/ CE-I and CE-US
4.2.1	Transcript- CE Final Interview	Video of clinical educators' final interview
4.2.2	Video CE Final Interview	Transcript of clinical educators' final interview
5.1.0	Word Cloud- All Transcripts	Word cloud of all coded transcripts codes after first cycle coding
5.1.1	Word Cloud- Focus Group Transcripts	Word cloud word counts of all coded transcripts codes after first cycle coding
5.2	Word Cloud Fgroup codes	Word cloud of focus group codes after first cycle coding
5.3.0	Code Charting Table	
5.4.0	Quotation Identification Table	
5.5.0	Emerging Themes Table	
5.6	Research journal	Personal research journal in Excel
5.7	Pattern Coding	Excel spreadsheet of
5.8	Themes Notes	Running notes on themes
5.9	Document Review Categories	

**Appendix E: Data Collection Templates**

**Observation Field Notes Template**

**Data Collection Episode:** Example -Class #3 **Date:** 8-25-2017

Database Tag #: \_\_\_\_\_

**Participants:** InATC and clinical educator (instructor)

Time Stamp	Observed Actions	Notes		
		Core Teaching Practice	Instructional Reasoning	Other Interpretations
6:25pm	The instructor asked the students to complete the questionnaire on current assessment practices. Asking the InATCs (I-ATC) to self-assess their current practices on the five-point scale. The instructor also asked for the student to come up to the board to write down one area where they are struggling the most current. (The instructor provided four developmentally appropriate student-friendly self-assessment examples (handouts) that can be used with elementary students).	Dev. Appropriate self-assessments shared with I-ATC.  I-ATC brainstormed was to implement with students in their own classrooms.  K-12 students monitoring learning increase students' investment in learning	Having the students self-select and share with the whole class one area where they wish to improve. This was used to make connections, and begin a discussion on self-reflection, and begin to create a plan "how can I improve in this area"	This is activity presented and modeled, which supports the I-ACT learning and reinforce the professional practice

## Document Review Template

Database Tag #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Description or Purpose of the Document: \_\_\_\_\_

Description of Content	Notes		
	Core Teaching Practice	Instructional Reasoning	Other Interpretations

## Analytic Memo Template

**Event:**

**Date:**

### Summary of Current Understanding or Topic

- What do I know so far?
- What did I learn from this data collection episode?
- Why is the data collection episode important to my study?

### Assertions

- What assertion can I make based on one of the research questions?

### Evidence

What evidence do I have from the collected data to support this assertion?



## Quotation Identification Memo Template

**Data Collection Episode:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Participants:** \_\_\_\_\_

Select five direct quotes from the data collection episode.

1.

2.

3.

4.

5.

Why did I highlight Quotation #1?

Why did I highlight Quotation #2?

Why did I highlight Quotation #3?

Why did I highlight Quotation #4?

Why did I highlight Quotation #5?

*Adapted from Maietta & Hamilton (2019)*

### Periodic Topic Monitoring Template

**Instructions:** Identify three of the strongest topics based on your analysis. In ten sentences or less, write a brief memo for each topic. Describe the origin of the topic and how why it’s important to your study.

Topic #1 _____	Topic #2 _____	Topic #3 _____
Memo	Memo	Memo

**Reflection:** Write a brief reflection on this process. Do these topics capture the most pertinent details of the data collected? How does it contribute to telling the story of the case study? What did I learn from this activity?

*Adapted from Maietta & Hamilton (2019)*

## Topic Map Template

**Instructions:** Identify three of the strongest topics based on your analysis. List at least four quotations from the data that support or highlight the topic.

Topic #1 _____	Topic #2 _____	Topic #3 _____
Quotation #1-	Quotation #1-	Quotation #1-
Quotation #2-	Quotation #2-	Quotation #2-
Quotation #3-	Quotation #3-	Quotation #3-
Quotation #4-	Quotation #4-	Quotation #4-

**Reflection:** Write a brief reflection on this process. Do these topics capture the most pertinent details of the data collected? How does it contribute to telling the story of the case study? What did I learn from this activity?

*Adapted from Maietta & Hamilton (2019)*

## **Appendix F: Interview and Focus Group Questions**

### **Initial Interview Questions: Clinical Educators**

1. Can you please share what influenced you to develop a clinical practice-based approach for the in-service alternative teacher candidates?
2. What are the characteristics of your courses that reflect or define your clinical practice-based approach?
3. What strategies do you employ to bridge theory and practice in the clinical practice-based courses?
4. What has been most challenging in developing the clinical practice-based approach for the InATCs?
5. Describe the most rewarding aspect of developing the clinical practice-based course?
6. What are the key assignments of both clinical practice-based courses that contribute to the development of the InATCs' instructional practice?
  - a. Can you describe the sequencing of the key assignments and content of the year-long clinical practice-based course?
7. What core teaching practices modeled and taught in the clinical practice-based courses?
8. How were the clinical practice-based courses designed to develop the InATCs' instructional reasoning skills?
9. Is there anything else you would like to share about the clinical practice-based courses?

**Focus Group Questions:  
InATCs**

1. How have the clinical practice-based courses contributed to your learning this school year?
2. How have the clinical practice-based courses influenced the development of your instructional practice?
3. Can you identify at least one core teaching practice that you feel positively influenced your instructional practice and your K-12 students' learning?
4. How has the clinical practice-based approach contributed to your development of instructional reasoning and decision-making in your K-12 classroom?
5. What was the most influential experience of this school year? And how has it contributed to your development of instructional practice?
6. Describe the most challenging or difficult aspect of the clinical practice-based courses?
7. Describe the most rewarding connections that you were able to make between the clinical practice-based courses and your professional practice?
8. How did the clinical practice-based approach influence your instructional reasoning and learning this school year?
9. Is there anything else that you would like to share about the clinical practice-based courses and your experiences this school year?

**Clinical Educators and Program Administrator  
Final Interview Questions**

1. What is the most challenging aspect of facilitating the clinical practice-based approach for the InATCs?
2. Describe the most rewarding aspect of implementing the clinical practice-based courses?
3. How did the key assignments of the Best Practices in Elementary English and Social Studies and the Assessment of Learning I & II clinical practice-based courses contribute to the development of the InATCs' instructional practice this school year?
4. How do you think the clinical practice-based approach contributed to the development of the InATCs' instructional practice?
5. Can you identify at least the one core teaching practice that you feel positively influenced the InATCs' instructional practice?
6. How did the clinical practice-based approach influence the InATCs' instructional reasoning and learning this school year?
7. What evidence or examples from the field observations can you share that demonstrate the influence of the clinical practice-based approach on the development of their instructional practice or learning?
8. What were the lessons learned this semester while facilitating the clinical practice-based course? How do you plan to improve the course next year?
9. Is there anything else you would like to share about the clinical practice-based course or your experience this school year?

## Clinical Educators Unstructured Interview Questions

1. Here is my understanding of your response (summarize the response in my own words). How accurate is my summary/understanding? (*Question repeated as necessary*)
2. Did I capture your main thoughts? If not, what should I add? (*Question repeated as necessary*)
3. Can you please share more information on how you decided to sequence the course content?
4. What impressed you the most about the teacher candidates' responses and final assignments and how they handled the abrupt changes at the end of the semester?
5. What changes, if any, do you plan to implement next year based on your experiences?
6. What changes do you plan to implement due to the COVID-19?

## **Appendix G: Course Exit Interview Questions**

### **Spring 2020 Final Exit Interview Questions**

*The clinical educators asked the InATCs to select two questions to answer during the exit interview. The clinical educators wrote the exit interview questions.*

1. Describe the purpose of and for assessment and its relationship and connect to instruction. Why might it be important for schools and teachers to have a systematic plan of and for assessment practices as well as implementation features? Please cite work as it relates to your response.
2. Describe the purpose(s) for multiple pathways to ensure academic success (e.g., adaptation, differentiation, use of technology, progress monitoring). In what ways might we employ any or all of the above to meet the needs of the IEP, 504, EL, and gifted students' needs in the classroom.
3. Describe the purpose of RTI/MTSS, how it came to be, why it is important for teachers to know and understand, and how you are personally implementing RTI/MTSS at your school and in your classroom.
4. Describe the most effective grading practices for the work. How and in what specific way is the implementation of the following concepts occurring in your classroom: criteria, components, types of tests, growth over time, use of zero, homework, the case for mounting evidence?
5. Describe how students have become and will continue to be invested in their progress in your room? Cite the practices employed which ensure reflection, self-assessment, and goal setting.
6. In what way has (1) analysis, (2) triangulation, (3) communication of results, and (4) pictures of the progress of data increased as a result of the learning?
7. What evidence are you tolerating that learning is occurring in the room? Bring the triangulated evidence.
8. What do highly effective classroom teachers do inside and outside the classroom that makes a difference with achievement? How? Why?



## Appendix H: Codebook

### *Codebook at the End of First Cycle Coding*

Code	Code title	Code description	Code type
CE	Clinical Educators	Abbreviation used for both the instructor and coach	Identifier
CEINST	Clinical Educator Instructor	Abbreviation used for clinical educator instructor	Identifier
CESUP	Clinical Educator-University Supervisor	Abbreviation used for the clinical educator-university supervisor	Identifier
InATC	InATC	Abbreviation used to identify InATC(s)	Identifier
STU	K-6 students	Abbreviation used to represent K-6 students	Identifier
AFF	Affective aspect	Emotions or affective aspect that does not fall under AFF-E or AFF-V	Affective Code
AFF-E	Affective- Emotions Expressed	Expressed feelings or emotions by InATC(s) that describe influence on development	Affective Code
AFF-V	Affective- Appreciation expressed	Appreciation expressed by InATCs that describe influence on development	Affective Code
Aff-SUP	Affirming	Clinical educator affirming InATC(s) actions or response	Concept Code
CEAC	CE actions	CE actions that do not indicate instructional approach (HLP or IR)	Concept Code
KEY CON	Key concept	Key concept for the course or CPB that; this code will be responsive serve as a miscellaneous tagging for further analysis	Concept Code
CECTP	CE Core Teaching Practices	Specific instructional practice that the clinical educators uses in the CPB and considered to have the greatest impact on the InATCs' development	Priori Code

CEIA	CE Instructional approach- CE enactment	CE actions that fall under the facilitation of course	Priori Code
CEINF	CE influence (benefit/or hinders)	CE actions that influence or perceived as impactful by InATC	Priori Code
CEIR	CE instructional reasoning	CE rationale for instructional decisions	Priori Code
CEM	CE modeled	Core teaching practice or instructional reasoning modeled by the clinical educator(s) in the course or field	Priori Code
CPB	Clinical Practice Approach	Relate to the clinical practice-based approach	Priori Code
InATCDEV	InATC development	InATCs' development of professional practice excluding instructional practice and instructional reasoning	Priori Code
InATCIP	InATC instructional practices	InATCs' actions that describe teaching or instructional practice in K-12 settings	Priori Code
InATCIR	InATC Instructional reasoning	InATCs' rationale that provides insights into instructional decision-making	Priori Code
RELAP	Relevant Application	Relevant to application in teaching placement	Priori Code
RELDEV	Relevant to future development or application	Relevant to future development or application in professional practice	Priori Code

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## Appendix I: List of Codes and Sub-codes

Initial Code	Sub- Initial Code	Initial Code 1 (Sort)	Code Type	Category	Theme
AFF	Confidence	Aff- confidence	Affective	Affirming to Support	Emotional Engagement and Investment
AFF	motivation	AFF- motivation	Affective	Affirming to Support	Emotional Engagement and Investment
AFF	difficult process	AFF- difficult process	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	doubt	AFF- doubt	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	emotional experience	AFF- emotional experience	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	honesty	AFF- honesty	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	intense	AFF- intense	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	lack of confidence	AFF- lack of confidence	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	Not valued	Aff- not valued	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	out of comfort zone	AFF- out of comfort zone	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	overwhelmed	AFF- overwhelmed	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	Stressed	AFF- stressed	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	trust	AFF- trust	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	Trust the process	AFF- trust the process	Affective	Unexpected emotion	Emotional Engagement and Investment
AFF	appreciation	AFF- appreciation	Affective	Value and appreciation	Emotional Engagement and Investment
AFF	comparison to another course	AFF- comparison to another course	Affective	Value and appreciation	Emotional Engagement and Investment
AFF	value	AFF- value	Affective	Value and appreciation	Emotional Engagement and Investment
Aff-SUP	affirming	Aff-SUP- affirming	Concept Code	Affirming to Support	Emotional Engagement and Investment
CE	IR	CEIR	Priori Code	Rationale for redesign	Intentional Course Design Consideration
CECTP	agenda	CEHLTP- agenda	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	clipboard teaching	CEHLTP- clipboard teaching	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	color code/brain	CEHLTP- color code/brain	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	formative assessment	CEHLTP- formative assessment	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	grading policy	CEHLTP- grading policy	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	learning targets	CEHLTP- learning targets	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	notetaking	CEHLTP- note/taking	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	observation protocols	CEHLTP- observation protocols	Priori Code	Core teaching practice defined	Intentional Course Design Consideration

CECTP	progress monitoring	CEHLTP- progress monitoring	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CECTP	RELAP	CEHLTP- RELAP	Priori Code	Structure/logistics	Intentional Course Design Consideration
CEIA	affirming	CEIA- affirming	Priori Code	Affirming to Support	Emotional Engagement and Investment
CEIA	Build confidence	CEIA- build confidence	Priori Code	Affirming to Support	Emotional Engagement and Investment
CEIA	build relationships	CEIA- build relationships	Priori Code	Support System	Emotional Engagement and Investment
CEIA	building trust	CEIA- building trust	Priori Code	Support System	Emotional Engagement and Investment
CEIA	Support system	CEIA- Support system	Priori Code	Support System	Emotional Engagement and Investment
CEIA	pushback	CEINF- pushback	Priori Code	Unexpected emotion	Emotional Engagement and Investment
CEIA	accountability	CEIA- accountability	Priori Code	Enactment	Intentional Course Design Consideration
CEIA	begin with the end in mind	CEIA- begin with the end in mind	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CEIA	brain based	CEIA- brain based	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CEIA	feedback	CEIA- feedback	Priori Code	Structure/logistics	Intentional Course Design Consideration
CEIA	handwritten notes	CEIA- handwritten notes	Priori Code	Observation/feedback	Intentional Course Design Consideration
CEIA	hands- on	CEIA- hands-on	Priori Code	Structure/logistics	Intentional Course Design Consideration
CEIA	Individualized	CEIA- individualized	Priori Code	Structure/logistics	Intentional Course Design Consideration
CEIA	Modeling	CEIA- modeling	Priori Code	Modeling	Intentional Course Design Consideration
CEIA	modeling- RELAP	CEIA- modeling RELAP	Priori Code	Modeling	Intentional Course Design Consideration
CEIA	observation protocols	CEIA- observation protocols	Priori Code	Observation/feedback	Intentional Course Design Consideration
CEIA	Reflection	CEIA- reflection	Priori Code	Rationale for redesign	Intentional Course Design Consideration
CEIA	results	CEIA- results	Priori Code	Enactment	Intentional Course Design Consideration
CEIA	retention	CEIA- retention	Priori Code	Enactment	Intentional Course Design Consideration
CEIA	suggestions	CEIA- suggestions	Priori Code	Enactment	Intentional Course Design Consideration
CEIA	variations and multiple grade levels	CEIA- variations and multiple grade levels	Priori Code	Enactment	Intentional Course Design Consideration
CEINF	caring	CEINF- caring	Priori Code	Unexpected Emotions	Emotional Engagement and Investment
CEINF	challenged by CEINST	CEINF- challenged by CEINST	Priori Code	Unexpected emotion	Emotional Engagement and Investment
CEINF	intense	CEINF- intense	Priori Code	Unexpected emotion	Emotional Engagement and Investment
CEINF	different perspective	CEINF- different perspective	Priori Code	Value and appreciation	Emotional Engagement and Investment
CEINF	feedback	CEINF- feedback	Priori Code	Value and appreciation	Emotional Engagement and Investment
CEINF	changed thinking and	CEINF- changed thinking and teaching approach	Priori Code	Explaining changes in thinking and	Encourage reflective thinking and instructional reasoning;

	teaching approach			instructional approach	
CEINF	consistent modeling	CEM- modeling	Concept Code	Modeling	Intentional Course Design Consideration
CEINF	modeling	CEINF- modeling	Priori Code	Modeling	Intentional Course Design Consideration
CEINF	RELAP	CEINF-RELAP	Priori Code	Immediate, relevant application in the classroom	purposeful engagement in core teaching practices
CEIR	bridge theory and practice	CEIR- bridge theory and practice	Priori Code	Value and appreciation	Emotional Engagement and Investment
CEIR	begin with the end in mind	CEIR- begin with the end in mind	Priori Code	Rationale for redesign	Intentional Course Design Consideration
CPB	Build community	CPB- build community	Priori Code	Support system	Emotional Engagement and Investment
CPB	3-week learning cycles	CPB-3-week learning cycles	Priori Code	Structure/logistics	Intentional Course Design Consideration
CPB	four focus areas	CPB-four focus areas	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CPB	KARS	CPB- KARS	Priori Code	Core teaching practice defined	Intentional Course Design Consideration
CPB	observation	CPB- observation	Priori Code	Observation/feedback	Intentional Course Design Consideration
CPB	structure	CPB- structure	Priori Code	Structure/logistics of CPB	Intentional Course Design Consideration
CPB	suggestions	CPB- suggestions	Priori Code	Enactment	Intentional Course Design Consideration
InATCIP	assessment	InATCIP- assessments	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	brain-based	InATCIP- brain-based	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	building relationships w/STU	InATCIP- building relationships w/STU	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	clipboard teaching	InATCIP- clipboard teaching	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	data monitoring	InATCIP- data monitoring	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	formative assessments	InATCIP- formative assessments	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	General	InATCIP	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	grading policy	InATCIP- grading policy	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	growth	InATCIP- growth	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	investment	InATCIP- investment	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	progress monitoring	InATCIP- progress monitoring	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices

InATCIP	self-assessment	InATCIP- self-assessment	Priori Code	InATC Practicing core teaching practices	purposeful engagement in core teaching practices
InATCIP	STU investment	InATCIP- STU investment	Priori Code	Student investment	Inspire Conscious Focus on K-6 Students' Perspective
InATCIP	STU motivation	InATCIP- STU motivation	Priori Code	Student perspective	Inspire Conscious Focus on K-6 Students' Perspective
InATCIR	balancing expectations	InATCIR- balancing expectations	Priori Code	Explaining changes in thinking or instructional approach	Encourage reflective thinking and instructional reasoning;
InATCIR	changed thinking and teaching approach	InATCIR- changed thinking and teaching approach	Priori Code	Explaining changes in thinking or instructional approach	Encourage reflective thinking and instructional reasoning;
InATCIR	General	InATCIR	Priori Code	Explaining instructional reasoning	Encourage reflective thinking and instructional reasoning;
InATCIR	grading policy	InATCIR- grading policy	Priori Code	Explaining instructional reasoning	Encourage reflective thinking and instructional reasoning;
InATCIR	personal definition	InATCIR- personal definition	Priori Code	Explaining instructional reasoning	Encourage reflective thinking and instructional reasoning;
InATCIR	Reflection	InATCIR- Reflection	Priori Code	Articulating influence on the current or future practice	Encourage reflective thinking and instructional reasoning;
KEY CON	support for struggling	KEY CON- support for struggling	Concept Code	Support System	Emotional Engagement and Investment
KEY CON	The evidence I will tolerate	KEY CON- Evidence I will tolerate	Concept Code	Core teaching practice defined	Intentional Course Design Consideration
KEY CON	levels of questions	KEY CON- levels of questions	Concept Code	Core teaching practice defined	Intentional Course Design Consideration
RELAP	General	RELAP- General	Priori Code	Immediate, relevant application in the K-6 classroom	Purposeful Engagement in Core Teaching Practices
STU	growth	STU-growth	Concept Code	Student perspective	Inspire Conscious Focus on K-6 Students' Perspective
STU	investment	STU- investment	Concept Code	Student investment	Inspire Conscious Focus on K-6 Students' Perspective
STU	learning over time	STU- learning over time	Concept Code	Student engagement	Inspire Conscious Focus on K-6 Students' Perspective
STU	perspective	STU-perspective	Concept Code	Student perspective	Inspire Conscious Focus on K-6 Students' Perspective

**Curriculum Vitae- Erika Wise**  
efwise@iu.edu

**CORE COMPETENCIES**

- Program Development and Management
  - Program Coordination and Evaluation
  - Curriculum Development and Assessment
  - Adult Learning and Coaching
  - Instructional Technology Professional Development
  - Collaboration and Team Building
- 

**EDUCATION**

Ed.D. Instructional Systems Technology, Indiana University, Bloomington, IN	February 2021
M.A.Ed. Educational Leadership, Marian University, Indianapolis, IN	May 2016
M.S.Ed. Education Technology, Walden University, Minneapolis, MN	August 2004
B.S. Elementary Education, Butler University, Indianapolis, IN	May 1998

**WORK EXPERIENCE**

**Marian University**

Director of Online & Graduate Programs in Education September 2018-Present

- Manage the Master of Arts in Teaching program with an annual enrollment of 300+ teacher candidates.
- Establish protocols and procedures for graduate initial licensure programs
- Serve as a liaison with program students, faculty, staff, administration, and external constituencies in facilitating program objectives, including state and national accrediting bodies
- Authored graduate alternative teacher education State Review report
- Develop and maintain the continuous improvement process for all graduate teaching programs

Director of Online Program January 2017-September 2018

- Establish protocols and procedures for online education programs.
- Design and develop online graduate courses.
- Develop faculty training modules for online course design and development.
- Create virtual onboarding processes for adjunct and online faculty.
- Recruit and support online faculty, as needed.

Program Director of Graduate Programs in Education May 2014-January 2017

- Manage the Master of Arts in Teaching program with an annual enrollment of 300+ teacher candidates.
- Authored Early Childhood Education for the graduate and transition to teaching programs.
- Manage the Specialized Professional Associations accreditation reporting process for the graduate teacher preparation programs.

- Co-authored the National Council for Accreditation of Teacher Education report for graduation teacher preparation program.
- Provide support to faculty in the development and transition of traditional courses to a blended learning platform.
- Serve as a liaison with program students, faculty, staff, administration, and external constituencies in facilitating program objectives, including state and national accrediting bodies.
- Manage and process admission for graduate students.
- Serve as a liaison for graduate students between community partner programs and other university offices.
- Develop curriculum and create systems of quality assurance and accountability for graduate teaching programs.
- Coordinate and monitor learning outcomes for graduate education programs.
- Supervise approximately 40 adjunct and full-time teaching faculty.
- Evaluate, monitor and analyze teacher performance based on the Indiana RISE Teacher Effectiveness Rubric.

Program Director of Teach For America at Marian University,

September 2011-May 2014

- Identify and implement teaching strategies to support 1<sup>st</sup> and 2<sup>nd</sup> year, teachers.
- Serve as graduate and licensing advisor for approximately 150+ graduate students annually.
- Supervise approximately 30 adjunct and full-time teaching faculty.
- Maintain student records, create reports for administration and accrediting bodies, and serve a point of contact for students enrolled in the graduate teaching program.
- Support and advise graduate students from admission through successful completion of the graduate program.

### **Net Literacy**

Program Director and Technology Specialist September

2008-October 2012

- Produced internet safety and cyber bully videos which lead to over \$140,000 in grant awards.
- Hired and trained staff for the summer program.
- Developed and implemented a program in web design and digital video production for secondary students, grades 8-12.
- Trained students in the production of streaming video for the web.
- Produced and directed financial literacy videos based on Indiana's Financial Literacy Standards.

### **Club Z Tutoring**

Tutor/Site Manger

October 2005-July 2011

- Served as on-site supervisor of tutoring staff for the program.
- Monitored academic progress of 60+ students.
- Developed math and language arts curriculum for 1000+ K-8<sup>th</sup> grade students served in Perry Township, Indianapolis Public Schools, and Anderson Community School Corporations.
- Aligned tutoring curriculum for grades K-8 with Indiana State Academic Standards.
- 95% of students served demonstrated growth in both Math and Language Arts after completion of tutoring sessions.
- Developed training materials for 300+ teachers and tutors.



## **Indianapolis Public Schools**

Instructional Technology Coordinator and Computer Specialist

October 2004- August 2011

- Served as the building technology coordinator providing instructional, academic and professional development technology support.
- Facilitated and planned classroom technology integration.
- Managed one-to-one multi-platform laptop program for staff and students with less than 2% annual equipment loss.
- Administered and managed state and district technology-based assessments and programs including Acuity, ISTEP, SRI, NWEA, and ECA.
- Coordinated with the special education teachers to ensure effective use of assistive technologies for special education students.
- Supported administrative team with online discipline reports and master scheduling.

## **Girls Incorporated of Indianapolis**

Program Specialist and Teen Site Manager

September 1998-October 2000

- Initiated and procured equipment for a computer lab for the center.
- Developed curriculum for science, computer technology, and economic classes.
- Served as liaison with community businesses and professionals to set up learning experiences.
- Created a Youth Community Council in collaboration with the Meridian Kessler Neighborhood Association.

## ***HONOR AND RECOGNITION***

Marian University Franciscan Values Faculty Award

May 2014

## ***COMMITTEE MEMBERSHIPS AND VOLUNTEER EXPERIENCES***

Quality Assurance Systems Taskforce- Marian University	2020-Present
Online Programs Subcommittee- Marian University	2017-2019
Special Education Teacher Preparation Committee- Marian University	2017-2019
The Educators College Outreach Committee- Marian University	2016-2018
Graduate Studies Advisory Council- Marian University	2016-2019
Indiana Connections Academy Charter School Board Member	2015-2016
Curriculum Advisory Chair	
The Educators College Assessment Committee- Marian University	2013-2019
Net Literacy Board Member	2008-2015
Youth Hope & Inspiration	2008-2012

## ***GRADUATE ADVISING***

Served as the advisor for 10 online graduate students	2017-2019
Served as the advisor for 115 graduate students	2016-2017
Served as the advisor for 145 graduate students	2015-2016
Served as the advisor for 205 graduate students	2014-2015
Served as the advisor for 189 graduate students	2013-2014
Served as the advisor for 156 graduate students	2012-2013
Served as the advisor for 103 graduate students	2011-2012

## ***CURRICULUM DEVELOPMENT***

Classroom Research I & II Online Class Online Class

Fall 2017

Techniques in Reading and Literacy Instruction Online Class

Fall 2017

Family and Teachers in Diverse and Inclusive Settings Online Class	Fall 2017
Principles and Problems in Education Online Class	Summer 2017
Child Development Online Class	Summer 2016
Best Practice in Teaching Elementary English/Larts Online Class	Summer 2016
English Learners & Diversity in Inclusive Classroom	Summer 2015
Principles and Problems in Education	Summer 2014
Intro to Early Childhood Education	Summer 2014
Early Child Education Graduate Curriculum	Spring 2014
Best Practices in Teaching K-12 Content Area Courses	Fall 2013
Classroom Research I & II	Fall 2013
Child Development	Summer 2013

***GRADUATE TEACHING***

Best Practices in Teaching	2011-2016
Clinical Internship	2011-2016
Principles and Problems in Education	2011-2016
Child Development	2012-2016
Classroom Research I & II	Spring 2016
English Learners & Diversity in Inclusive Classroom	Summer 2015
Intro to Early Childhood Education: Child Development	Summer 2014
Pilot Virtual Coaching Model	Spring 2016