Development and Evolution of Clinical Partnerships: K-12 School Leaders’ Perspectives

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P-12 School – IHE Partnerships

NH School Districts (SAUs)

- NH DOE Initiatives
- Professional Development
- School-Based Research
- Graduate Programs
- P-12 Enrichment Experiences
- Clinical Experiences

Educator Preparation Programs

P-12 Student Learning and Development

IHE NETWORK
Partnerships foster culture of adult lifelong learning
Partnerships are bidirectional and mutually beneficial
Partnerships improve pupil learning

P-12 School – IHE Partnerships
Principle 1: Partnerships are centered on P-12 student learning and development

- Student learning at the core of our work
- Build capacity for collaborative learning
- Connect theory to practice
- Support diverse needs of all learners
Principle 2: Partnerships foster a culture of adult learning

• Teaching as a profession, promoting lifelong learning

• Collaborative professional learning

• Integration of professional learning practices
Principle 3: Partnerships are bidirectional and mutually beneficial

- Shared vision, values, and decision-making
- Establishment of communication between and among school partners
- Shared responsibility for teaching and learning of teacher candidates and P-12 students
- Co-construction of experiences (e.g., clinical, professional learning)
Phase I: Survey of NH Educator Preparation Programs

- Development of a survey including stakeholder feedback
- Close-ended and open-ended items, completed online
  - Part I: Clinical Practice (early, middle, capstone)
  - Part II: School – IHE Partnerships

Participants:

Educator preparation administrators and program coordinators (8 of 13 institutions completed with 48 unique responses)

Phase I Findings: What We Learned

Current status of P-12 School and EPP Partnerships

- All are shifting towards partnerships, with the most formal relationships reported in connection to culminating experiences.
- Programs also described relationships, “organic,” often short-term, coordinated by individual faculty and teachers or for specific courses or projects, which were ripe but had not yet developed into a formal partnership.
- Most programs expressed an aspiration to strengthen, extend, and formalize existing relationships with schools.
- The Inventory also revealed several hurdles faced by IHEs: financial, geographic, systematic.

Current status of Clinical Practice: Characteristics at early, middle, and capstone clinical experiences

- Selection of clinical experiences
- Activities engaged in at various levels
- Characteristics of supervision and evaluation
- Placement Centered or Partnership Centered
Phase II: Interviews of EPP Administrators

• In-depth interviews conducted on-site (1-2 hours)

Participants:
Educator Preparation Administrators and Program Coordinators (9 of 13 institution)

Phase II Findings: What We Learned

Summary of themes:
Aspects and History of Partnerships
Challenges within and in Maintaining Partnerships
Changing Partnerships
Exemplars within Partnerships
EPP Needs for Maintaining Enhancing and Expanding Partnerships
Goals for Future Partnerships
Current Study:
Phase III: Interview with K-12 School Leaders
Purpose and Research Questions

Purpose:
To examine school leaders’ critical perspectives about the ways in which partnerships between K-12 schools and Educator Preparation programs develop and evolve over time.

Research questions:
1. How do school leaders describe the nature and extent of school - EPP partnerships?
2. What do school leaders identify as the benefits, challenges, and barriers?
3. How do school leaders perceive efficacy of school - EPP partnerships in the context of the NH IHE Conceptual Framework?
This study used a qualitative research design by using open-ended semi-structured interviews in which the participants were comfortable speaking about their experiences, yet the researchers were able to follow the interview protocol. In addition, a partnership evaluation survey tool was administered post-interview to participants, guided by the conceptual framework.

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(CCSSO, 2017)
Participants

Administrators from six separate school sites participated in the retrospective interviews.

These sites were sampled for diversity (two each from elementary, middle, and high schools) that partner in clinical experiences with either a representative public or private IHE within the state.
Methodology

The transcribed interviews were coded thematically. Coding was oriented around the central concept of working to represent the interplay of the participants and their collaborators’ perceptions of the nature and dimensions of these phenomena under study.

A three-step coding procedure was used: open, axial, and selective coding. This method of coding provides researchers with nuanced access to study participants’ thoughts, perspectives, and reactions to study topics. Coding enables informant data to be gathered and analyzed relative to “what they do, how they do it, and why they do it interacting in the research setting” (Charmaz, 2008, p. 408).
Open coding focused on the identification of emergent themes. Subsequent axial coding further refined, aligned, and categorized the themes. Selective coding continues the axial coding at a higher level of abstraction through actions “that lead to an elaboration or formulation of the story of the case” (Flick, 2009, p. 310).

*respondent validation*

“5W-1H” strategy was employed using (who, what, where, when, why, and how) questions as a foundational way for exploring and examining data in order to “list characterizing codes and categories attached to the text (Flick, 2009, p. 311).
Emergent Themes

The imperative of innovative clinical structures (teaching hospital model)
Breaking down barriers between the IHE and school
Redefining the intern role (in a pandemic..)
Mid-program experiences
Integrating higher education expertise with the extant expertise in schools, and vice-versa)
Reciprocity benefit to cooperating teachers
Don’t forget the middle
Next Steps

Axial and Selective Coding of Emergent Themes
Respondent Validation
Post-Interview Survey Analysis
Expand this study across all IHEs across the state
Questions?
References


