

Chapter 58

Integrated Methods Block: Transforming Elementary Teacher Preparation through the Integration of Content Methods and Early Clinical Experiences

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ABSTRACT

At a large, urban university, the clinically based preparation of undergraduate elementary education teacher candidates has been transformed. Following the Blue Ribbon Panel Report (NCATE, 2010), faculty created a more intense, integrated, and rigorous clinical experience for teacher candidates, which required more engagement, monitoring, and collaboration among methods faculty and PDS PK-6 schools, while immersing the candidates in a more realistic setting. This chapter describes how (a) methods curricula were reconfigured to include integrated clinical assignments, (b) opportunities were created for candidates to experience extended time in clinical classrooms, (c) university faculty liaisons were present at each PDS clinical school to provide on-site support, feedback, seminar instruction, accountability, and increased communication between the university and the school, (d) new evaluation instruments were implemented to gather and report teacher candidate knowledge, skills, and dispositions, and (e) technology was utilized, allowing teacher candidates opportunity to present and reflect on experiences.

INTRODUCTION

At our large, urban, southeastern United States university of over 25,000 students, our undergraduate elementary teacher education program has recently improved how we deliver, monitor, evaluate, oversee and staff the clinically-based preparation of teacher candidates in the second semester of a four semester program. Elementary education teacher candidates now take the majority of their core methods

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courses in the second semester of the program. For many years, we as elementary education faculty had expressed a desire to create a more *integrated* and intense *early* clinical experience during the methods courses to provide a solid foundation of knowledge, skills and attitudes necessary for continued growth and development of our teacher candidates.

In our program, our elementary undergraduate teacher education candidates take part in a year-long internship during the final two semesters of the program. During the first semester of the year-long internship, students spend a minimum of one day per week in an assigned classroom while completing coursework on campus. During the second semester of the internship, students complete full-time student teaching in the same classroom. Based on program evaluation data collected from graduates and school-based partners and employers, the year-long internship is effective in providing sustained and meaningful clinical based experience; however, the data revealed that teacher candidate success could be enhanced with more systematic, coordinated and intense *early* clinical experiences, *prior* to the year-long internship. Based on these program evaluation data, faculty desire to enhance our candidates' existing early clinical experiences, the opportunity provided by our state to 're-vision' our program, and the call to action from the field of teacher education, we began the work of transforming our early clinical experiences.

Though we carefully examined and reconstituted our entire undergraduate elementary certification program, in this chapter we focus on how we restructured the early clinical experience of our teacher candidates during the core methods courses in the second semester. Following the Blue Ribbon Panel Report (NCATE, 2010), we felt compelled to create an early clinical experience that was more intense, integrated, rigorous, and meaningful for teacher candidates and that required more engagement, monitoring, and collaboration among methods faculty and PK-6 schools. In this article, we will describe how we accomplished the following goals:

1. Reconfigured methods curricula to include integrated clinical assignments across methods courses.
2. Created opportunities for students to experience extended time in clinical classrooms.
3. Organized university faculty liaisons at each clinical school to provide on-site support, feedback, seminar instruction, accountability, and increased communication between the university and the school.
4. Developed new evaluation instruments used by university and clinical faculty to gather and report teacher candidate knowledge, skills and dispositions during the clinical experience.
5. Utilized technology to allow teacher candidates to present, seek connections, and reflect on their clinical work.

BACKGROUND

Across the United States, teacher education programs are called to action to transform the preparation of teachers through improved school-based clinical experiences (Darling-Hammond, 2005; National Research Council, 2010). Teacher education programs are encouraged to collaborate with K-12 partners to develop and implement contextually-rich field experiences that integrate methods course instruction with public school practices (Henning & Yendol-Hoppey, 2004). In November of 2010, the National Council for Accreditation of Teacher Education (NCATE) issued a Blue Ribbon Panel Report entitled, *Transforming teacher education through clinical practice: A national strategy to prepare effective teachers*. The report states:

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