Question 3.6.5 - How much integration is there between the CF and the EPP’s design for clinical experience?

The EPPs design for clinical practice stems from the CF’s focus on all aspects of educational decision-making, and understanding that the unit’s activities extend beyond just preparation of educational professionals. We know our actions influence practices in the field, and we recognize the need for continuing professional development of beginning educators, and we must have a voice in the policies adopted at local, state, and national levels. To this end, the EPP seeks to ensure that our candidates’ preparation, and thus the design of our clinical practices, empowers our candidates to be reflective educational professionals who can assess, plan, implement, evaluate, analyze, and modify their work to achieve the highest outcomes possible with their students. We understand that this cannot be done in isolation, and our collaborative network of clinical schools and regional partners provide us with real world applications in which our candidates can learn.

As we embarked on our initiatives, each feature played a key role in improving the curricula, the clinical practice, and ultimately the outcomes our candidates will produce in the field. We became a national pilot for edTPA because we believed it would improve clinical practice by improving our candidates’ abilities to assess, plan and implement more effective instruction. Because of our work and the changes it is making in the preparation of candidates, and the preliminary results we are achieving, NC is considering new policies around the use of edTPA for licensure. We began using Video Grand Rounds at the beginning of our programs to focus beginning students’ observations on the key practices happening in classrooms, which impact student learning at the highest levels. We have engaged in a statewide induction program with UNC-GA to learn from new teachers the professional development and supports they need most in their first three years, so that we can plow that learning back into our programs. ECU has been studied as a “high data use” institution where data is used to make critical decisions affecting preparation and policy. The LCSN has been a collaborative partner with us as we move forward with new initiatives in clinical practice by supporting our candidates in the field and working with us to implement the changes in our programs. Therefore, there is integration between the CF and the EPP’s design for clinical experience in that each of the features in the conceptual framework supports current practices, and they were at the center of many of the initiatives, which are leading to changes moving forward.

As noted in response to Question CF.3.2, the membership of the Council for Teacher Education explored the history of the current ECU Conceptual Framework during its December 2014 meeting as part of its review of the faculty feedback survey about the ECU Conceptual Framework.

It became apparent from CTE’s discussion that the EPP’s programs have grown to have a stronger focus and emphasis on high quality, integrated field and clinical experiences in recent years—and that, at present, this link is no longer fully represented in the current ECU Conceptual Framework.
The development of the Pirate CODE innovations in the EPP’s ITPs, increased focus on SPA accreditation among the EPP’s graduate programs, external focus on clinical practice at the state and national level, all lead the membership of CTE to recognize the need for a more significant statement about clinical practice in the ECU Conceptual Framework. The ad hoc committee tasked with reviewing the ECU Conceptual Framework will likely find clinical practice to be an important component of a new ECU Conceptual Framework.