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Reexamining Faculty Roles in the Supervision of Pre-Service Teachers: Responding to the Call for Clinically-Rich Teacher Education

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Reexamining Faculty Roles in the Supervision of Pre-Service Teachers: Responding to the Call for Clinically-Rich Teacher Education

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Abstract

In an effort to integrate university coursework with field-site experiences and bolster pre-service teacher learning, national teacher education organizations have charged teacher education programs with embedding teacher preparation within clinically-rich experiences. These reforms have resulted in expanded and increasingly complex conceptions of pre-service teacher supervision and the university supervisor, which have affected not only traditional supervisors but all university-based teacher educators. This paper presents a framework that maps the shifting roles of four university-based teacher educators: program administrators, research faculty, teaching faculty, and adjunct faculty due to changing notions of clinically-rich pre-service teacher supervision. This framework demonstrates how faculty roles have become more inclusive of supervisory tasks, more integrated with school-site learning, and faculty are in closer communication with each other regarding pre-service teacher growth. Supporting new faculty roles within clinically-rich supervision requires adequate training for all faculty, appropriate institutional recognition for supervision, and rethinking departmental organization and culture.

Keywords

clinically-rich practice; pre-service teacher supervision; faculty roles; teacher education

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Introduction

Over the last 10 years, major teacher education organizations have revamped the charge for teacher education institutions to increase the role of clinical experiences in the preparation of pre-service teachers (PSTs) (AACTE, 2010, 2018; NCATE, 2010). This call for reform comes in light of shifting conceptions of teacher education from a behavioral perspective where faculty trained PSTs, sometimes in laboratory settings, to enact specific teaching practices and behaviors to cognitive and sociocultural perspectives where faculty teach PSTs to develop reflective practices that a) foster their own and their students' learning and b) consider social, historical, interpersonal, and instructional aspects of students, schools, and communities (Clift & Brady, 2005; Gelfuso et al., 2015; Grossman et al., 2009; Le Courneau & Ewing, 2008). Researchers and practitioners are rethinking PSTs not as blank slates or empty buckets to be filled with best practices but as individual, intellectual professionals with their own schooling experiences, beliefs, and strengths and with the ability to reflect on the pedagogical and instructional beliefs that they carry into certification programs and classroom teaching. In this light, scholars have pointed to the misaligned model of teacher education where university coursework is disconnected from field experiences and foundations courses are disconnected from methods courses (Grossman et al., 2009). Situating teacher preparation within clinically-rich practice² seeks to bridge the theory-practice gap that plagues teacher education by fostering academic learning about the teaching profession and supporting the application of that learning by utilizing both university and school-site teacher educators for the professional growth of PSTs (AACTE, 2018).

The transition from traditional models of teacher education to teacher education in clinically-rich practice shifts the roles and functions of those in teacher education, and there is some research on what this looks like for specific roles. For example, the work of Burns and colleagues (Burns & Badiali, 2016; Burns et al., 2016a, 2016b; Burns & Yendol-Hoppey, 2015) has been at the forefront in describing the changing role of the university supervisor within clinically-rich teacher preparation. However, what is less known is how other teacher education faculty roles change as programs become more clinically-rich, specifically in regard to the supervision of PSTs. While some studies have contributed to the shifting roles of individual actors such as supervisors (Burns & Badiali, 2015; Burns et al., 2016a; Gimbert & Nolan, 2003), full-time faculty (Beck & Kosnik, 2002; Steadman & Brown, 2011), and adjunct faculty (Jennings & Peloso, 2010) within clinically-rich PST supervision, there is a lack of research that portrays a holistic picture of how supervision in clinically-rich teacher education affects university-based teacher educators.

Unfortunately, the implementation of federal and state accountability policies such as the *No Child Left Behind Act* (NCLB) and the *Every Student Succeeds Act* (ESSA) has resulted in a culture of high-stakes teacher evaluation that has seeped into teacher education. PST evaluation frameworks such as the Danielson framework and edTPA have the potential to disrupt the aims of clinically-rich teacher education and leave supervisors, who are primarily tasked with evaluating PSTs, with conflicting functions. High-stakes evaluations and accountability policies

² While acknowledging that a variety of terms exist to describe this work, I use clinically-rich practice to encompass teacher preparation programs' attempts to integrate university coursework with authentic professional experiences within P-12 settings throughout the teacher preparation program.

conflate supervision for professional growth with accountability and evaluation, which are intended to ensure high-quality program graduates and PST competence (Burns & Badiali, 2015; Glanz & Hazi, 2019; Glickman et al., 2014; Mette et al., 2017; Palmeri & Peter, 2019).

While acknowledging the effects of the current accountability climate on PST supervision and evaluation, this paper seeks to contribute to a gap in the literature on shared PST supervisory tasks within clinically-rich teacher preparation amongst teacher education faculty. To do so, I first review the existing research on individual university-based teacher educators' roles within clinically-rich teacher preparation, specifically related to supervising PSTs, and then propose a conceptual model of reimagined faculty roles and role functions that demonstrates how revised conceptions of PST supervision are driving the change in faculty's roles and how shared PST supervision has the potential to mitigate some of the effects of high-stakes accountability reform in teacher preparation. Although the mentor teacher³ plays a critical role in the supervision of PSTs, this framework is limited to university-based teacher educators for the purpose of considering how teacher education reform impacts the work of those in higher education. Thus, this study focuses on the changing roles of administrators, research faculty, full-time teaching faculty, and adjunct faculty as they pertain to the supervision of PSTs in clinically-rich contexts.

Literature Review

The AACTE (2010) positioned the 21st century as a “watershed” (p. 2) moment in reframing teacher education. Major teacher education organizations and researchers are considering teaching as having the dual structure of an academic field of study and a “clinical practice profession” (AACTE, 2010, p. 2); therefore, PSTs need to be trained not only in the academy but also in clinical settings like laboratory schools, professional development schools (PDSs), and residency programs. Although expressions of clinically-rich practice vary in theory and practice and are bound by local context (AACTE, 2010; Le Cornu & Ewing, 2008), national reforms have proposed, and local research is finding, similar characteristics of clinically-rich teacher education. In this section, I first define clinically-rich teacher education and provide a picture of its primary characteristics based on current research and calls for reform. Next, I discuss the role of the supervisor in clinically-rich practice, and, finally, I offer ways that clinically-rich teacher preparation has shifted conceptions of what supervision is and who supervises PSTs.

Characterizations of Clinically-Rich Teacher Education

The National Council for the Accreditation of Teacher Education's (NCATE) Blue Ribbon Report (2010) clearly articulated a framework for teacher education that integrated coursework and field experiences and resulted in programs that are “fully grounded in clinical practice and interwoven with academic content and professional courses” (p. ii). This framework is centered on K-12 public schools serving as clinically-rich sites for the practical application of PST academic learning, socialization into the teaching profession, and accountability (NCATE, 2010). NCATE proposed 10 principles for clinically-rich programs that included: (a) a focus on student learning and the development of PST content knowledge, pedagogical skill, and problem-solving supported by data-driven assessment, and (b) embedded, ongoing clinical

³ I use mentor teacher here following AACTE's (2018) definition: “a teacher who serves as the primary school-based educator for teacher candidates completing clinical practice or an internship” (p. 12).

experiences that portray the clinical site as a professional learning community and strategic partner that is intended to prepare future teachers. This model is supported by high-quality clinical educators from the university and school site as well as data-driven research into the effectiveness and outcomes of the program.

Following NCATE's Blue Ribbon Report (2010), the AACTE (2018) proposed the following definition of clinical practice: "Teacher candidates' work in authentic educational settings and engagement in the pedagogical work of the profession of teaching, closely integrated with educator preparation coursework and supported by a formal school-university partnership" (p. 11). Their model of clinical practice aims to:

prepare high-quality educators with and through a pedagogical skill set that provides articulated benefits for every participant, while being fully embedded in the PK-12 setting...[It is] an interwoven structure of academic learning and the professional application of that knowledge—under the guidance of skilled school-based and university-based teacher educators. (AACTE, 2018, p. 6)

In an earlier policy brief, AACTE (2010) put forth eight central components of clinical preparation that included: (a) strong school-university partnerships, (b) high-quality clinical settings, (c) appropriate placements, (d) clinical teachers, (e) coordinating faculty, (f) a school-based curriculum, (g) clinical work that lasts the length of the teacher education program, (h) and ongoing performance assessment of the PST.

Aside from teacher education programs increasing the amount of time PSTs spend at the school site and a focus on integrating content knowledge with the application of pedagogical skill, embedded in AACTE's (2018) definition of clinical practice is the idea that clinically-based teacher education should be reciprocal in engendering rich learning opportunities for not only the university and PST but also for mentor teachers, administrators, students, and the school-site community. Le Cornu and Ewing (2008) proposed a framework for teacher education within clinical experiences wherein all members of the learning community—the university-based and school-based actors—focused on building their own learning as well as the learning of others in the community. Within the context of clinically-rich practice, PDSs serve as sites of rich immersion for PSTs in public schools that are committed to PST training, ongoing professional learning for in-service teachers, and student learning (Goodlad, 1994; NCATE, 2001). Burns and Yendol-Hoppey (2015) argued that supervision within the PDS is "simultaneous professional learning of all school and university-based stakeholders for the betterment of PreK-12 student learning" (p. 99). Through this dual focus on PST learning and professional development of in-service teachers, the PDS becomes a lever for simultaneous renewal of both the school site and the university site, which results in strengthened K-12 education and teacher education programs (Burns & Yendol-Hoppey, 2015; Goodlad, 1994). Thus, clinically-rich teacher preparation reframes teacher education from an individual focus on the learning and professional growth of the PST to a focus on the learning and professional growth of the PST and the teacher educator community. It also socializes PSTs into a professional learning model that advocates lifelong learning through professional learning communities.

Finally, clinically-rich teacher preparation requires strong school-university partnerships. In order to be successful in this endeavor, schools and universities need to have “a shared and vested interest” in PST education and in-service teacher professional development (Burns & Yendol-Hoppey, 2015, p. 98) that includes maintaining positive, reciprocal relationships (Le Cornu & Ewing, 2008). Like the traditional mentor teacher-supervisor-student teacher triad (e.g., Bullough & Draper, 2004), school-university partnerships can be spaces where tensions arise amongst teacher educators from multiple sites due to personal or professional differences (Beck & Kosnik, 2002; Clift & Brady, 2005; Gimbert & Nolan, 2003; Martin et al., 2011). For example, McCormack et al. (2019) reported that university supervisors encountered mentor teachers whom the supervisors felt were not using best practices either for their content area and grade level or for the growth and development of the student teacher; however, the supervisors were unsure how to approach the mentor teacher due to a lack of their own professional preparation. In an effort to support these partnerships, university-based teacher educators should take care to avoid perpetuating an actual or perceived hierarchy between the school-site and the university (Christianakis, 2010; Le Cornu & Ewing, 2008).

Stemming from policy documents from national teacher education organizations and recent empirical and conceptual research, five primary characteristics of clinically-rich teacher education emerge. It: (a) is embedded within clinical practice with student learning at the forefront, (b) integrates the learning of content knowledge with pedagogical skill, (c) results in reciprocal learning and relationships among field-site and university-based actors, (d) socializes PSTs into a professional community that advocates lifelong learning, and (e) depends on long-term school-university partnerships.

The Changing Role of the Supervisor Due to the Expansion of Clinical Experiences in Teacher Preparation

The shift to clinically-rich teacher preparation has perhaps had a greater effect on the university supervisor than any other university-based actor. This is likely because the supervisor has traditionally been the only university-based teacher educator to bridge the school and university site and attempt to integrate the learning at both sites (Burns et al., 2016b; Martin et al., 2011). In the decade since NCATE’s Blue Ribbon Report (2010), the work of supervising PSTs has significantly changed due to shifting understandings of PST supervision. Recently, AACTE (2018) offered the first nationwide definition of university supervisors: “a specific type of boundary-spanning teacher educators who engage in evaluation, coaching, instruction, and partnership and assume expanded and multiple responsibilities within, and often across, each of these four domains” (p. 12). In AACTE’s lexicon, supervisors are engaged in clinical coaching, which “represents the bridge between the work of university-based and school-based teacher educators engaged in teacher preparation and the practices in which these individuals engage” (2018, p. 11). These reforms, in addition to recent empirical and conceptual work on PST supervision, have shifted who supervises, what supervisors do, and how supervisors are positioned.

First, notions of who supervises PSTs have gravitated from adjunct faculty or doctoral students to all who engage in the work of teacher education at the school and university sites (Burns & Yendol-Hoppey, 2015). In alternative models of PST supervision, teacher educators have

proposed utilizing teacher education faculty (Beck & Kosnik, 2002; Steadman & Brown, 2011), adjunct faculty (Jennings & Peloso, 2010), the mentor teacher or multiple mentor teachers (Rodgers & Keil, 2007; Wilson, 2006), and professional learning communities (Le Cornu & Ewing, 2008) to supervise PSTs. Thus, the identity of the supervisor has been widely expanded to be more inclusive of all university-based teacher educators having the potential to either supervise PSTs directly or to reconsider their work as contributing to the larger project of supervising PSTs. The role is also shifting from being enacted independently somewhere between the university and school site to being enacted collaboratively at both sites. Multiple models suggest partnering various actors to enact the work of supervision together (Borko & Mayfield, 1995; Burns & Yendol-Hoppey, 2015; Le Cornu & Ewing, 2008; Rodgers & Keil, 2007). This conception of clinical supervision is a radical departure from relying on retired teachers or administrators, doctoral students, and other adjunct faculty to infrequently and independently observe and evaluate PSTs, and it signals greater investment and buy-in into PST supervision from national teacher education organizations and teacher education scholars.

In addition to *who* is supervising, clinically-rich practice has also transformed conceptions of *what* supervisors should be doing. Clift and Brady's (2005) literature review of research on methods coursework and field experiences from 1995-2001 found that the research on PST supervision focused on supervisors' roles and evaluating PSTs. Ten years later, Burns et al. (2016a, 2016b) conducted a meta-analysis of the literature on supervision in the era of clinically-rich teacher education and found that the primary work of supervisors was to foster PST learning and categorized supervisors' work according to five tasks: (a) targeted assistance, (b) individual support, (c) collaboration and community, (d) curriculum support, and (e) research for innovation. Other scholars have called for increased supervisor mentoring of PSTs (Rodgers & Keil, 2007), promoting PST reflection (Burns et al., 2016b), increased supervisor knowledge of both PSTs and students in classrooms (Gimbert & Nolan, 2003), and differentiated supervision (Burns & Yendol-Hoppey, 2015; Gimbert & Nolan, 2003). Essentially, supervisors in clinically-rich practice are tasked with developing PSTs' content knowledge and pedagogical skills, building, supporting, and sustaining school-university partnerships and relationships among actors within those partnerships, and fostering their own professional growth. Burns and Yendol-Hoppey (2015) asserted that supervision in PDSs span multiple fields including teaching, supervision, teacher education, and instructional leadership, and they listed a plethora of interpersonal, technical, and pedagogical skills required of supervisors. The authors concluded, "It is likely that this knowledge base is so extensive that no one person can possess all of the knowledge" (Burns & Yendol-Hoppey, 2015, p. 109). Therefore, the supervision of PSTs in clinically-rich practice must be shared among those enacting the functions of supervision, which now encompasses a much broader pool of educators.

One important supervisory task that has significantly shifted in clinically-rich practice and warrants highlighting is navigating relationships. Although supervisors have previously been tasked with managing relationships among triad members (Bullough & Draper, 2004; Korthagen et al., 2006; Martin et al., 2011), they are becoming responsible for negotiating an increased number of complex relationships among multiple school-site and university-based actors (Burns & Yendol-Hoppey, 2015; Martin et al., 2011). For school-university partnerships to succeed, the university must make an intentional effort to develop and sustain long-term partnerships with the school site through community building and reciprocal relationships (AACTE, 2010; Le Cornu

& Ewing, 2008; NCATE, 2010). Therefore, clinically-rich supervision requires supervisors to be interacting and collaborating with more school-based teacher educators and stakeholders than ever before. Relationship and community building, and the sustainment of those relationships and communities, becomes a significant added responsibility for university-based clinical supervisors.

A second supervisory task that may shift within clinically-rich practice is evaluating PSTs. The terms, supervision and evaluation, are often used interchangeably, although some scholars argue they have different meanings, purposes, and functions (Burns & Badiali, 2015; Burns et al., 2016a; Mette et al., 2017; Nolan & Hoover, 2010; Palmeri & Peter, 2019). Mette and colleagues posited that supervision is formative for the purpose of “professional growth” and evaluation is summative for the “assessment of performance” and should factor into administrative and employment decisions (Mette et al., 2017, p. 710; Mette et al., 2020; Mette & Riegel, 2018). Recent research has documented the conflation of evaluation and supervision specifically within teacher education (Burns & Badiali, 2015; Glickman et al., 2014; Palmeri & Peter, 2019) and found that tensions exist for PST supervisors between these tasks (Burns & Badiali, 2015; Capello, 2020). Unfortunately, recent federal and state accountability policies and frameworks for in-service teachers and PSTs such as Race to the Top, ESSA, the Danielson framework, the Marzano framework, and edTPA have created an educational culture that emphasizes high-stakes evaluation over instructional supervision to foster teacher growth (Burns & Badiali, 2015), conflates formative and summative feedback (Mette et al., 2020), and forces supervisors into evaluative roles (Mette et al., 2017) even though an undue supervisory focus on evaluation is detrimental to building relationships with PSTs, risk-taking, meaning making, and PST growth (Burns & Badiali, 2015; Ochieng’ Ong’ondo & Borg, 2011). Furthermore, overly evaluative supervisors hold power over PSTs since supervisors complete high-stakes PST assessments and may also assign a practicum grade or provide a professional recommendation. This power dynamic can lead PSTs to attempt to please their supervisors in inauthentic ways to earn high scores or favorable recommendations (Burns & Badiali, 2015; Ochieng’ Ong’ondo & Borg, 2011). Burns and Badiali (2015) argued, “This corruption of supervision primarily as evaluation subverts teacher development” (p. 434).

Scholars have suggested that tensions between supervision and evaluation can be alleviated in clinically-rich supervision through professional development (Burns & Badiali, 2015), by clearly delineating the evaluative and educative functions of supervision for PSTs and supervisors (Palmeri & Peter, 2019), and by engaging in shared supervision whereby teacher learning begins at the post-secondary level with university-based supervisors and continues through the teaching career with field-site supervisors (Burns & Badiali, 2015). Although it seems unlikely that high-stakes evaluation of teachers will wane from state and federal policy, PST evaluation shared among university and school-site supervisors may lead to a more democratic assessment of PST growth and may encourage PSTs to engage in authentic teaching and reflections on practice when the supervisor is present.

Thirdly, the way supervisors are positioned is shifting. As noted earlier, as teacher educators move from behavioral-oriented perspectives to cognitive and sociocultural perspectives in preparing teachers, supervisors are less commonly being positioned as experts transmitting knowledge from the university site and more frequently being framed as colleagues and co-

learners with the PST and other learning community members. Gelfuso et al. (2015) argued that supervisors function as a “knowledgeable other” (n.p.) rather than an expert other, which moves away from a belief of the PST as a *tabula rasa* and the idea that teaching is a technical skill irrespective of context of practice. Similarly, Le Cornu and Ewing’s (2008) learning community model reframes the supervisor-PST relationship from an expert-novice relationship to a relationship of “shared learning and joint construction of what it means to teach” (p. 1803). Mentoring in the learning community also becomes “a process of co-learning” (Le Cornu & Ewing, 2008, p. 1803).

Furthermore, in the past decade, there has been a flurry of scholarship on supervisors’ identity development that positioned supervisors’ work in unbounded spaces. Scholars (Cuenca et al., 2011; Tsui & Law, 2007; Williams, 2014; Zeichner, 2010) have borrowed concepts such as boundary spaces (Akkerman & Bakker, 2011), boundary zones (Tuomi-Gröhm et al., 2003), and boundary crossing and third space (Bhabha, 1994) to theorize supervisors’ work between the school site and the university. Working in this space “involves crossing and re-crossing, and negotiating and re-negotiating, professional and personal boundaries between different but closely connected sites of professional practice” (Williams, 2014, p. 317). Within those sites, supervisors are tasked with carefully navigating a “web of relationships” in multiple social contexts (Martin et al., 2011, p. 305). This work is complex, “inherently ambiguous” (Williams, 2014, p. 317), and a no man’s land owned by neither party (Akkerman & Bakker, 2011) where intersecting and overlapping boundaries are constantly drawn and redrawn (Williams, 2014). Reflecting on his experience as a transitioning teacher educator, Elfer (2012) wrote, “I imagined myself as a sort of hybrid character trapped somewhere in between the worlds of classroom practice, teacher education, and scholarship” (p. 6). Negotiating the third space is especially difficult for new supervisors and supervisors who are simultaneously developing teacher educator identities (Cuenca, 2010; Ritter, 2007; Williams, 2013). However, the third space is also a place for learning (Akkerman & Bakker, 2011). It offers an opportunity for supervisors to develop new perspectives on teaching and learning as they engage in the clinical site, reexamine their pedagogy, and move toward developing teacher educator identities (Bullock, 2012; Cuenca, 2010; Williams, 2013). Furthermore, positioning supervisors’ work in the third space can be helpful, because third space theory abandons traditional binaries like theory and practice or university supervisor and mentor teacher. Therefore, third space positioning allows for the democratic intermixing of practitioner and research knowledge that could lead to an epistemological shift that recognizes and respects the importance of practitioner knowledge in teacher education (Zeichner, 2010). Although this work demonstrates the complex positioning of PST supervisors between the school and university sites, it remains to be seen whether calls for school-university partnerships that have attempted to bring teacher education closer to the school site will affect supervisors’ positioning. It may be that reframing what supervision is and who does the work of supervising PSTs in clinically-rich teacher preparation will complicate supervisors’ positioning across faculty roles.

The transition from the triad model of supervision to supervision in clinically-rich practice has radically disrupted ideas about who supervises, what supervision is, and how university-based supervisors are positioned. Leading scholars in this area are now calling for PST supervision to be communal rather than individual, because the work is too cumbersome and complex for one person to do alone (AACTE, 2018; Burns et al., 2016a, 2016b; Burns & Yendol-Hoppey, 2015).

Burns et al. (2016b) proposed making this work more manageable by breaking the bond between the terms, supervisor and supervision, thereby differentiating between the person and the process. They proposed that supervision is the tasks and practices that drive PST growth and the supervisor is anyone engaged in those tasks and practices. Despite a strong consensus that recognizes how clinically-rich teacher education programs have resulted in expanded and increasingly complex work for supervisors, the vast majority of research on clinical PST supervision since NCATE's Blue Ribbon Report remains centered on observation, targeted feedback, and reflection on practice (Burns et al., 2016b), all of which are associated with traditional models of supervision. This indicates that the increasing complexity of supervisors' work and the implications of that have not been adequately documented in the research literature, so there may be additional shifts, challenges, and affordances for PST supervision in clinically-rich practice that have not yet been realized.

Shifting University-Based Teacher Educators' Supervisory Roles Due to the Expansion of Clinical Experiences in Teacher Preparation

Burns and Yendol-Hoppey (2015) asserted that "supervision in the PDS is not the responsibility of any one person or role. It is a collective responsibility of each person contributing as 'learning leaders'" (p. 117). Given the shifting understandings of PST supervision in clinically-rich practice from the individual to the collective, the following framework seeks to map this collective supervisory responsibility of four primary roles in teacher education departments: program administrators, research faculty, teaching faculty, and adjunct faculty across two major spaces—the university and school site—and two major domains—content knowledge and pedagogical skill. While faculty roles are not mutually exclusive (e.g., research faculty could be program administrators and teach courses), they are primarily mapped within this framework by their role functions (Biddle, 1979). This framework also seeks to map the metaphorical and physical distance of each role from the direct supervision of PSTs. Although mentor teachers and school-site actors such as administrators, in-service teachers, students, and parents play a critical role in clinically-rich teacher education, this framework is restricted to actors in teacher education institutions as a study of how teacher education reform impacts the work of those in higher education.

Program Administrators

Within clinically-rich practice, the program administrator's role has shifted to being more involved with PST supervision through developing school-university partnerships, training, overseeing, and evaluating university-based teacher educators, integrating clinical experiences throughout the program, and ensuring program coherence between coursework and fieldwork (AACTE, 2010; Gimbert & Nolan, 2003; Hammerness, 2006; Le Cournu & Ewing, 2008; NCATE, 2010; Rodgers & Keil, 2007). Instead of being relatively removed from PST supervision and supervisors, clinically-rich practice draws administrators into overseeing PST and supervisor growth and development. The teacher education program administrators are primarily tasked with recruiting and overseeing the supervisors (both school-based and university-based), ensuring that the supervisors are well-trained and receive ongoing professional development, and delivering high-quality PST supervision. In return, they receive reports back from the supervisor about PST growth and development, quality of the teacher education

happening at the school site, program coherence, and any problems at the school site. They use these data to drive future decision-making about the program design, clinical experiences, and the school-university partnership.

Research Faculty

Like administrators, research faculty have been distanced from the supervision of PSTs (Beck & Kosnik, 2002; Goodlad, 1994), because PST supervision is not as valued professionally or institutionally as research, writing, and teaching graduate courses (Beck & Kosnik, 2002). However, research faculty are not immune to the shifting supervisory landscape spurred by clinical practice reforms. In fact, they are a crucial part of it. At the national level, AACTE (2010) charged the federal Department of Education with developing a teacher performance assessment that adequately measures teachers' abilities, including pedagogical skill. They also called for an increase in federal grants for the clinical preparation of teachers like the Teacher Quality Partnership grants. Two years later, AACTE (2012) recommended that Congress provide funding for a national performance assessment for determining the readiness of PSTs. NCATE (2010) challenged educational researchers to develop "powerful research and development agenda[s] and systematic gathering and use of data [to support] continuous improvement in teacher preparation" (p. 6). In response to these calls, and as accountability pressures for teacher education programs increase (Greenberg et al., 2011), research faculty at the national, state, and local levels are being drawn to study PST supervision to demonstrate the effects university-based and school-site teacher educators have on PST growth and development, especially in clinically-rich sites like PDSs. They will need to drill down into the complexity of supervisors' work, relationship and community building, and craft innovations for both theory and practice in clinically-rich settings and school-university partnerships. Zeichner (2005) argued that teacher education reform should occur by scholarly, informed, and reflective inquiry into important components of PST growth and development. In this light, research faculty have crucial work to do at the national, state, and local levels in regard to PST supervision in clinical contexts. In the era of clinically-rich practice, it seems less likely that research faculty will be able to ignore supervisors or the work of supervising PSTs, especially as conceptions of the supervisor shift from the individual to the collective.

Full-time Teaching Faculty

Similarly, full-time teaching faculty in teacher education programs have largely avoided directly supervising PSTs except when they were the lowest-ranking faculty (Clift & Brady, 2005; Conderman et al., 2005; Cuenca, 2012). National calls for clinically-rich practice largely maintain the focus of teaching faculty on teaching methods and content courses. In the AACTE's (2018) conceptual model, education faculty teach introduction, foundations, human development, and methods courses. This coursework "is designed and sequenced to support candidates' developing knowledge and skill" (AACTE, 2018, p. 14). Furthermore, NCATE (2010) argued that teacher education programs must prepare candidates who are content experts, innovators, collaborators, and problem solvers. The work of preparing teacher candidates with the content knowledge and 21st century skills educators need will likely fall under the purview of teaching faculty. However, one way teaching faculty's contribution to PST supervision is changing is through training school-site supervisors. The AACTE (2010) recommended that

school-based teacher educators be trained to support PST learning and development. Because of their experience working with PSTs, full-time faculty, especially methods faculty, would be in a strong position to help school-site teacher educators support PSTs' application of content and pedagogical knowledge in practice. A few studies, mostly those exploring alternative supervision models (e.g., Martin et al., 2011; Rodgers & Keil, 2007; Wilson, 2006), have found positive effects using this model. At the university site, Grossman et al. (2009) cautioned that teaching faculty should integrate the historically disconnected foundations and methods courses to support the integration of professional knowledge. Involving teaching faculty more at the school site and asking them to consider closer alignment between the content of previously disconnected coursework will draw this group's attention to the realities of day-to-day-schooling, from which they may be distanced, and provide spaces to address those realities at the university.

Adjunct Faculty

Clinically-rich teacher education is shifting the adjunct role more than any other university-based teacher educator simply because adjuncts do the most supervising and the supervisor role has been most affected by clinical practice reforms. Alternative models of supervision in clinically-rich contexts have experimented with adjunct faculty by often hiring in-service teachers to serve as the mentor teacher and supervisor (Carnegie Task Force, 1986; Holmes Group, 1990; Rodgers & Keil, 2007; Wilson, 2006). Occasionally, mentor teachers are also hired to teach university courses (Jennings & Peloso, 2010; Steadman & Brown, 2011) with the goal of bringing coursework learning into closer relationship with classroom practice. Jennings and Peloso (2010) proposed the hybrid educator: an adjunct professor who teaches methods courses but who works for the school system informally mentoring PSTs with the university supervisor and whose primary function is to bridge the theory-practice gap for PSTs. The hybrid educator would also develop and retain relationships across multiple boundaries and stakeholders.

Adjuncts who supervise will find that they are being drawn deeper into the school site and challenged to work collaboratively with school-site actors to supervise PSTs and develop and maintain the school-university partnership. In turn, the adjunct supervisor role may shift to less hands-on supervisory tasks and more administrative duties like being a liaison for the university or training and overseeing mentor teachers whose own role has shifted to absorbing some of the PST supervisory tasks and practices. Adjuncts who supervise and teach methods courses will have to consider a closer integration between their course content and field-based practice, similarly to full-time teaching faculty.

Summary

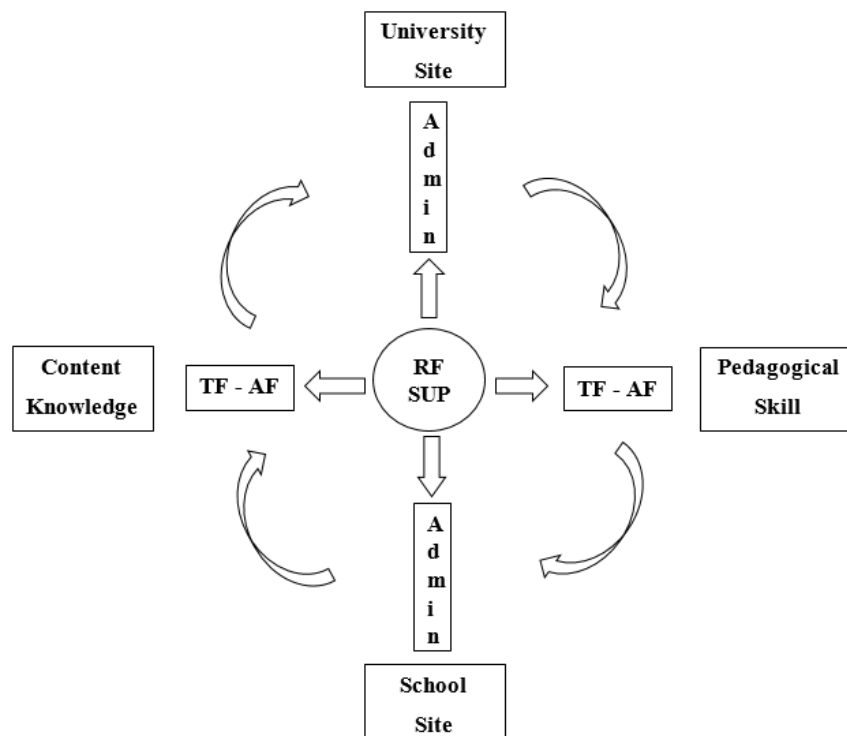
In summary, clinically-rich teacher education: (a) is embedded within clinical practice with student learning at the forefront, (b) integrates the learning of content knowledge with pedagogical skill, (c) results in reciprocal learning and relationships among field-site and university-based actors, (d) socializes PSTs into a professional community that advocates lifelong learning, and (e) depends on long-term school-university partnerships. Calls for clinically-rich teacher education have radically altered conceptions of PST supervision from observing and evaluating lessons a few times throughout the semester to becoming integrated with the school site and encompassing multiple activities such as observing,

evaluating, coaching, and building and sustaining partnerships. Because the new work of clinically-rich supervision and its associated skills, knowledge, and responsibilities are too complex for any one person, these reforms have shifted notions of who supervises PSTs from low-ranking and contingent faculty working in isolation to all university-based teacher educators working together at the university and school site. This collaboration offers an integrated network of “boundary-spanning teacher educators” (AACTE, 2018, p. 11) to support PST growth in content knowledge and skill development. As teacher preparation programs adopt clinically-rich models, they will need to reevaluate what supervision is in their local context, who supervises PSTs, and how faculty work together to support holistic teacher education. The following framework offers a pathway forward for shared supervision that draws on the strengths and traditional roles of teacher education faculty to support program coherence and PST learning.

A Conceptual Framework for Faculty PST Supervisory Roles

Figure 1 maps the reimagined supervisory roles of teacher education faculty in clinically-rich practice stemming from shifting notions of PST supervision and the supervisor. This framework demonstrates the ways teacher education reforms have impacted the supervisory responsibilities of teacher education faculty.

Figure 1: Teacher Educators’ Roles in Supervising PSTs in Clinically-Rich Practice



Note: “Admin” refers to program administrators; “TF” refers to full-time teaching faculty; “AF” refers to adjunct faculty; “RF” refers to research faculty; and “SUP” refers to teacher educators directly supervising PSTs.

As Figure 1 demonstrates, clinically-rich supervision draws all faculty, irrespective of their role, to the center of PST learning: the integration of content knowledge and pedagogical skill through university and school-site learning. Supervisors who directly supervise PSTs exist at the heart of this work as they foster PST content and pedagogical learning across the university and school site. Their primary functions include continuing to directly oversee PSTs’ growth and evaluate their progress, but the reimagined supervisor role includes functions such as: a) closely integrating university coursework learning with pedagogical skill at the school-site, b) developing and maintaining relationships within the school-university partnership, c) reporting the condition of the school-university partnership to program administrators, and d) sharing individual PST progress with appropriate university and school-site actors. Like the supervisors, research faculty have also been drawn to the center to study a plethora of rich topics related to clinically-rich PST supervision. The reimagined research faculty role includes functions such as: a) developing research agendas on topics related to teacher preparation and PST supervision in clinically-rich practice, b) developing research partnerships with university and school-site actors to pursue those agendas, and c) sharing research findings with university and field-site actors to improve theory and practice. Furthermore, teaching faculty continue to teach content and methods courses at the university but occasionally travel to the school site for active demonstrations and hands-on learning in real classrooms. Teaching faculty are careful to maintain a focus on the integration of university learning with the application of that learning at the school site. The reimagined teaching faculty role also includes the teaching faculty reporting PST content-learning and skill-application progress to supervisors, administrators, and research faculty if such knowledge is useful for the research faculty’s current research. Finally, teacher education administrators’ new functions include: a) developing and maintaining reciprocal school-university partnerships, b) gathering information on individual PST growth and intervening to ensure PST success and student learning if necessary, c) learning from research faculty’s work, d) facilitating conversations among faculty regarding their supervisory roles within clinically-rich practice, e) training new faculty (especially supervisors) and providing ongoing support to all faculty, and f) adjusting and innovating as the administrators learn from faculty, PST, and school-site actors’ experiences, perceptions, outcomes, and research. Importantly, supervisors, teaching faculty, research faculty, and administrators are in constant communication about PST learning and development, the school site context, program coherence, and current research and adjust their various role functions as necessary. It should be noted that the school site and university site as well as content knowledge and pedagogical skill are not opposites or on a continuum or scale, but they are mapped on opposing sides of the graph to represent the metaphorical distance between the school sites and curricula.

Table 1 below provides specific details about traditional and reimagined PST supervisory functions by faculty role as suggested in this framework. Then, Table 2 lists guiding principles of the framework for each faculty role and aligns them with the five characteristics of clinically-rich practice described in the literature review to demonstrate how the proposed framework supports the goals of clinically-rich teacher preparation. Because national teacher education organizations have only recently begun to define PST supervision and the role of the supervisor (AACTE,

Table 1: Traditional and Reimagined PST Supervisory Functions by Faculty Role

Faculty Role	Traditional PST Supervisory Functions	Reimagined PST Supervisory Functions in Clinically-Rich Practice
<i>University Supervisor (also Adjunct Faculty who supervise)</i>	<ul style="list-style-type: none"> • Plan lesson with PST or review lesson plans before the lesson • Observe teaching • Debrief lesson, reflect • Set goals for growth • Evaluate PST according to state and/or department assessments • Facilitate conversations and relationships between the mentor teacher and PST 	<ul style="list-style-type: none"> • Co-plan lessons with PST • Observe teaching • Debrief lesson with PST, mentor teacher, and other school-site and university-based actors (e.g., teaching and research faculty, other mentor teachers or PSTs) and reflect • Support co-learning, co-creation of meaning in teaching • Occasionally co-teach lessons with PST • Evaluate the PST • Teach courses at the university or school site • Connect learning in content courses, foundations courses, and methods courses with classroom teaching and experiences • Facilitate conversations and relationships between the mentor teacher and PST and between university and school-site actors.
<i>Research Faculty</i>	<ul style="list-style-type: none"> • Typically do not visit school site or supervise PSTs • May study PST supervision or instructional supervision, but this is uncommon 	<ul style="list-style-type: none"> • Advance research agendas on: developing, designing, maintaining, studying, evaluating, and revising clinically-rich PST supervision • Develop research partnerships with university, school site, and community-based actors to drive research agendas • Visit schools, classrooms, communities; observe, collect, and analyze data • Share findings with administrators, teaching faculty, supervisors, adjunct faculty, and school-site and community partners

*Teaching Faculty
(also Adjunct Faculty
who teach)*

- Typically do not visit school site or supervise PSTs
- May study PST supervision or instructional supervision, but this is uncommon
- Teach courses at the university or school site
- Occasionally co-plan lessons with PST
- Occasionally observe teaching
- Occasionally debrief lesson with PST, mentor teacher, other school-site and university-based actors (e.g., university supervisor, research faculty, other mentor teachers) and reflect
- Occasionally teach and/or co-teach with PSTs in P-12 classrooms
- Debrief P-12 teaching demonstrations with PSTs
- Evaluate the PST or contribute to PST's evaluation
- Train school-site supervisors
- Connect learning in content courses, foundations courses, and methods courses with classroom teaching and experiences

*Teacher Education
Administrators*

- May contact local schools to coordinate student teaching placements or other clinical experiences
 - May be in contact with school-site teachers or administrators if problems arise with PSTs
 - Typically do not visit school site or supervise PSTs
 - May study PST supervision or instructional supervision, but this is uncommon
 - Maintain existing school-university partnerships
 - Seek out new school-university partnerships
 - Provide support to all faculty as the department transitions to shared PST supervision within clinically-rich practice
 - Facilitate ongoing conversations for and between faculty regarding supervisory roles and functions within clinically-rich practice
 - Provide professional development to new supervisors and new faculty members
 - Learn from research faculty's findings and adjust theory, practice, and policy
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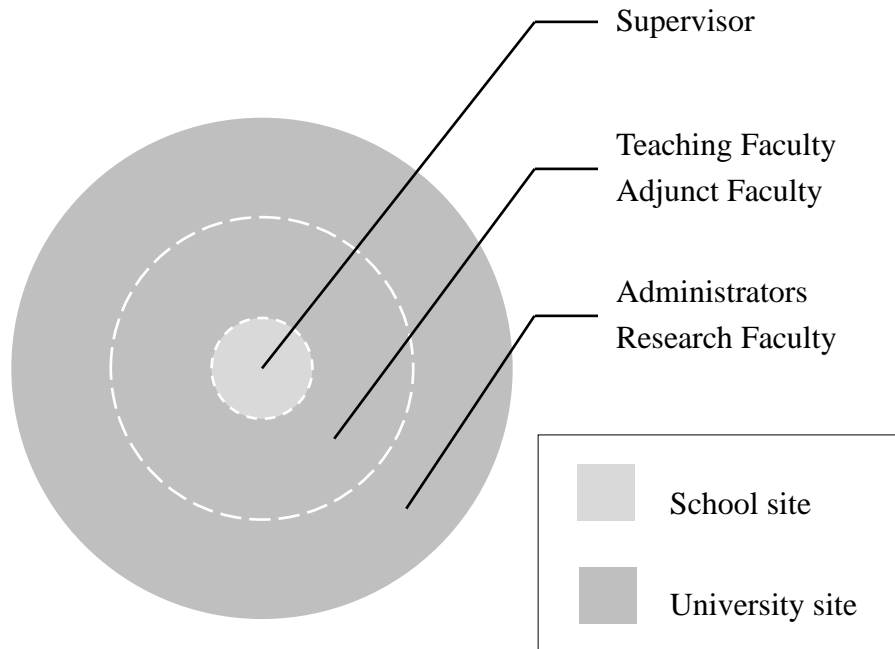
Table 2: Guiding Principles of the Framework and Alignment with Characteristics of Clinically-Rich Practice

Guiding Principle of the Framework	Alignment with Characteristics of Clinically-Rich Practice
<i>University Supervisors</i> (could be adjunct faculty)	<i>Clinically-rich Practice...</i>
...directly supervise PSTs	1. is embedded within clinical practice with student learning at the forefront
...integrate pedagogical skill and content knowledge at the school site	2. integrates the learning of content knowledge with pedagogical skill
...evaluate PSTs	3. results in reciprocal learning and relationships among field-site and university-based actors
...develop and maintain relationships among university and school-site actors	4. socializes PST into a professional community that advocates lifelong learning
...share individual PST progress with teaching faculty, research faculty, and administrators	5. depends on long-term school-university partnerships
<i>Research Faculty</i>	<i>Clinically-rich Practice...</i>
...develop research partnerships with university and school-site actors	3. results in reciprocal learning and relationships among field-site and university-based actors
...study topics related to clinically-rich teacher preparation and supervision	5. depends on long-term school-university partnerships
...disseminate their findings to supervisors, teaching faculty, administrators, and school-site actors	

<i>Teaching Faculty</i> (also adjunct faculty)	<i>Clinically-rich Practice...</i>
<p>...teach content and methods courses at the university and school site</p> <p>...integrate content knowledge and pedagogical skill at the university and school site</p> <p>...share individual PST progress with supervisors, research faculty, and administrators</p>	<p>1. is embedded within clinical practice with student learning at the forefront</p> <p>2. integrates the learning of content knowledge with pedagogical skill</p> <p>4. socializes PST into a professional community that advocates lifelong learning</p>
<hr/>	
<i>Teacher Education Administrators</i>	<i>Clinically-rich Practice...</i>
<p>...seek out and maintain school-university partnerships</p> <p>...learn from research faculty's work</p> <p>...learn from teaching faculty's reports on PST progress</p> <p>...learn from supervisors' reports on PST progress</p> <p>...facilitate conversations among faculty and provide support to new faculty</p> <p>...adjust and innovate the program, curriculum, and school-university partnership to strengthen PST learning and development and support student learning</p>	<p>1. is embedded within clinical practice with student learning at the forefront</p> <p>3. results in reciprocal learning and relationships among field-site and university-based actors</p> <p>5. depends on long-term school-university partnerships</p>

2018) within clinically-rich practice, it is possible that these faculty roles will continue to shift, be absorbed into other roles, or that new roles will be created. Therefore, this mapping of faculty role functions related to PST supervision should be considered dynamic rather than static. Furthermore, considerations of local context should guide those interested in applying this framework (AACTE, 2010; Beck, 2018; Le Cornu & Ewing, 2008).

Figure 2: Faculty Supervisory Roles Embedded within a School-University Partnership in Clinically-Rich Practice



Stemming from the shifting and reimagined faculty supervisory functions in clinically-rich practice described in Tables 1-2, Figure 2 maps the embedded structure of clinically-rich PST supervision in the school-university partnership to demonstrate the embedded nature of clinically-rich PST supervision within the university and physical and metaphorical distance of each faculty role and role functions from the direct supervision of PSTs. As Figure 2 demonstrates, in clinically-rich practice, teacher preparation at the school site is embedded within the teacher education program. The supervisor's role is at the center of the school-university partnership to demonstrate their direct oversight of PSTs, which is enacted most frequently at the school site. Slightly removed from the direct supervision of PSTs are the teaching faculty and adjunct faculty who primarily work with PSTs through university coursework. Finally, research faculty and program administrators are at the outermost level from the direct supervision of PSTs and may not interact with them at all; however, their work is central to developing, designing, maintaining, studying, evaluating, and revising clinically-rich PST supervision in the school-university partnership. All levels, including the school site and university site boundaries, are permeable as indicated by the dotted lines to show that, although faculty roles primarily exist at one level, there is movement between levels. Similarly, the university coursework should be permeated by clinical experiences, and the clinical experiences should be informed by the university coursework and current research. As this model

demonstrates, PST growth and development at the school site is deeply embedded within the teacher education program and is supported by every faculty role in the teacher education program, although some roles are more closely connected to the direct supervision of PSTs.

Implications

Several important implications stem from the reimagined roles and functions of teacher education faculty regarding PST supervision in clinically-rich practice. First, because all faculty roles have shifted and now, given AACTE's (2018) definition of supervision, include the supervision of PSTs to some extent, preparation for all faculty for these new or added role functions is imperative. This is even more crucial given the increasing complexity of the supervisor role (Burns et al., 2016b), the plethora of pedagogical skills supervisors need (Burns & Badiali, 2015), and the dearth of training for traditional university supervisors (Baecher et al., 2014; Capello, 2020; Levine, 2011; Slick, 1998). Several key elements need to be in place for the school-university partnership to function effectively, one of which is that all teacher educators at the school and university sites should have a clear understanding of how to foster PST growth and the pedagogy guiding their practice. Two practices have shown promise in the professional development of university supervisors: inquiry and reflection within professional learning communities and self-study (Bullock, 2012; Cuenca, 2010; Cuenca et al., 2011; Jacobs & Yendol-Hoppey, 2010; Levine, 2011; Ritter, 2007) and might be useful methods for fostering deep learning for other faculty roles. Secondly, institutions need to rethink how they value and reward the work of supervising PSTs. A lack of institutional support for PST supervision has led to the outsourcing of this work to contingent faculty, but teacher preparation within clinical contexts is pulling teacher education faculty back into the supervision of PSTs.

In order to incentivize full-time research and teaching faculty to authentically engage in PST supervision, institutions will need to provide appropriate rewards commensurate to the work being done. One way to increase the value of PST supervision is through research linking the effects of various faculty supervisors to PST outcomes and even PSTs' future students' outcomes. Teacher education institutions are themselves being held accountable for the learning outcomes of their graduates (Greenberg et al., 2011). If research faculty can demonstrate that supervision in clinically-rich settings and faculty's combined supervisory work results in increased PST pedagogical and instructional growth, academic growth, and long-term student achievement, institutional administrators may be more likely to provide commensurate compensation for supervising PSTs. Thirdly, recent federal and state policies such as ESSA mandate high-stakes evaluations of PSTs by supervisors in many states. While it is unlikely that these policies will wane soon, shared supervision among university faculty and school-site supervisors in clinically-rich practice has the potential to alleviate longstanding tensions between instructional supervision and evaluation that have led to distrust between PSTs and supervisors, unequal power dynamics, and inauthentic PST teaching and reflection. Distributed evaluation among supervisors at different sites could result in a more democratic evaluation that is less high-stakes in the sense that the PST does not have to please one person who is solely responsible for proving an evaluation score. Rather, PST growth can be evaluated by a group of university and field-site actors individually or collectively. Finally, PST supervision in clinically-rich practice has the potential for a variety of positive outcomes such as bridging the division between instructional supervision and teacher educator supervision (Burns & Yendol-Hoppey,

2015), the “simultaneous renewal” of both the university and school site (Burns & Yendol-Hoppey, 2015, p. 101; Goodlad, 1994), a more distributed, balanced workload for teacher education faculty, and a more democratic evaluation of PST growth through shared supervision and evaluation.

However, the framework for faculty roles to support clinically-rich supervision has the potential for a plethora of challenges due to the strong focus on collaborative supervision that disrupts faculty roles and the traditional student teaching triad. First, the framework increases the complexity of PST supervision by involving multiple actors across the university and school sites, which could be jarring for faculty who are used to working independently and for faculty who have not worked with PSTs. Moreover, teacher education faculty may have limited theoretical or research knowledge of instructional supervision and practical experience supervising PSTs. Secondly, some faculty may be resistant to a new departmental focus on PST supervision and the changes it brings to their role. Research faculty may resent being asked or required to study PST supervision if it is not part of their research agenda or interest. Teaching faculty may be reluctant to train school-site supervisors or revise courses, assignments, and activities to support the integration of content knowledge and pedagogical skill. Program administrators and adjunct faculty may have little experience developing and maintaining school-university partnerships, respectively. Thirdly, a lack of institutional and departmental incentives for full-time faculty and administrators to focus their respective efforts on supervision is a notable barrier to faculty buy-in. The framework is intended for collaboration among different faculty roles and departmental cohesion; if some faculty members do not buy in to the project, PST supervision in clinical contexts may not be as effective. Finally, faculty and administrative turnover may also be a setback to maintaining strong school-university partnerships and collaborations among different faculty roles within the department.

While it is likely that adopting this framework to support PST supervision within clinically-rich practice will result in notable challenges, some of these challenges can be easily mitigated through clear and ongoing communication regarding the program’s goals and outcomes as well as descriptions of and expectations for faculty members’ work. Continuing professional development or recurring departmental meetings could be spaces for faculty to ask questions, voice concerns, brainstorm ideas, and share resources and experiences as the department transitions. Other challenges such as increasing institutional and departmental incentives to focus on supervision may take more legwork over time from administrators to demonstrate and advocate for commensurate recognition and reward of the difficult work of supervising in a clinical context. Where possible, administrators could also seek out research faculty who study PST supervision and teaching and university supervisors who have knowledge of and experience with PST supervision in a clinical context for potential hire. Including those already invested in PST supervision, especially within clinically-rich practice, could prevent a lack of buy-in from faculty who are not interested in PST supervision and reduce faculty turnover. Restructuring the teacher education program to support the goals of clinically-rich practice within the localized context as well as examining and revising the culture of the program can help support faculty through this transition by foregrounding the value of PST supervision and supervisors and alleviating known tensions like separate coursework for foundations and methods courses (Grossman et al., 2009; Le Cornu & Ewing, 2008).

Conclusion

This paper sought to contribute to a gap in the literature around how clinically-rich teacher education is shifting the supervisory work of teacher education faculty. To this end, I first reviewed the existing research on individual university-based teacher educators' roles within clinically-rich teacher preparation, specifically related to supervising PSTs, and then proposed a conceptual framework of their shifting roles and role functions to demonstrate how revised conceptions of PST supervision are driving the change in faculty's roles.

Although the movement in teacher education toward clinically-rich teacher preparation has had the greatest effect on the university supervisor, it has not left other university-based faculty roles untouched. As the definitions of the PST supervisor and supervision expand, faculty who have been traditionally distanced from the direct supervision of PSTs are being drawn closer into that work. Simultaneously, federal and state reforms have created a culture of high-stakes evaluation that threatens to undermine the goals of clinically-rich teacher preparation. In response to national calls for improved teacher preparation and accountability reforms,—specifically high-stakes PST evaluations—program administrators must pay closer attention to PST growth and development at the school site, teaching faculty will have to ensure their coursework is infused with practitioner knowledge, and researchers will have rich opportunities for new research agendas related to the effects of teacher preparation in clinically-rich contexts. Because institutions are slow to adopt new initiatives and building school-university partnerships takes time, clinically-rich PST supervision is relatively new and understudied. There is still much to learn about the collaborative approach to supervising and evaluating PSTs. Future research can describe what this looks like in practice, examine the affordances and challenges of this approach, continue to monitor shifting faculty roles and the development of new ones, offer best practices for training faculty to take on supervisory work, and measure the effects of various variables on PST growth and development. Scholars may find that doctoral programs in education should include a course on PST supervision to prepare future teacher education faculty for their work as PST supervisors. Beck (2018) reminded us that research on teacher preparation programs embedded within clinically-rich practice should “value and integrate practitioner, scholarly, and community knowledge” (pp. 1-2) and proposed a mixed-methods research paradigm that centers collaboration between educational researchers, schools, and communities. Her article provides useful examples and recommendations for researchers to follow as they design research on clinically-rich teacher education.

It is clear that PST supervision has not been highly valued within teacher education departments (Beck & Kosnik, 2002; Cuenca, 2012; Labaree, 2004), possibly because those who supervise PSTs are typically low-ranking faculty, retired teachers, and graduate students (NCATE, 2010; Slick, 1998; Zeichner, 2005). Shifting PST supervision to mid- and high-ranking faculty in teacher education programs and drawing attention to PST supervision institutionally has the potential to bring the importance and value of strong, clinically-rich PST supervision to the forefront for those who have typically ignored it. An unintended outcome of this framework may be that the work of supervision, and thereby the field of supervision, may finally begin to receive the attention it has always deserved from researchers and policymakers. Supervision will, hopefully, no longer be allowed to “trave[l] incognito” (Glanz & Hazi, 2019, p. 2).

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