5-5-2021

Conceptualizing Clinical Supervision in an Era of Clinically-Based Teacher Education

Amy Bacevich
Northern Kentucky University, bacevicha1@nku.edu

Conceptualizing Clinical Supervision in an Era of Clinically-Based Teacher Education

Abstract

This essay argues that robust fulfillment of the university clinical supervisor's role is essential to realizing the promise of clinically-based teacher education. To that end, I present a model for clinically-based supervision. The model captures the complex relationships among clinical supervisor, teacher candidate, and the content of P-12 teaching, overlaid with clinically-based routines that give shape to those relationships, and situated within the multiple environments that both constrain and facilitate the supervisor's work. This model can help the field to: focus on the goal of teacher candidates' learning to see, navigate, and work constructively within P-12 teaching; examine the shape and effectiveness of routines for clinically-based supervision and how they function in teacher candidates' learning trajectories; and understand how to better equip and support supervisors working within clinically-based environments.

Keywords

Creative Commons License

Introduction

I sit at the mentor teacher's desk at the back of a middle school social studies classroom. The teacher candidate (TC) I am observing is in the front of the classroom by the whiteboard, moving students through the See-Think-Wonder routine that we have previously studied in our weekly seminar. She has projected an image of Roman aqueducts on the screen. I scribble notes as the TC prompts the seventh grade students to examine the image and speculate about it in writing: "What details do you see? What do you think about those details? Why do you think so?" The image is interesting and offers potential for deep engagement with her learning target, focused on Roman contributions to modern society. Her questions about the image are well-phrased and well-timed as students jot notes in the categories of See/Think/Wonder. But as the minutes pass, I realize the TC has not left her chair next to the laptop where she pulled up the image. She has no idea what students are writing. The TC tells students their thinking time is up and asks, "Who would like to share their ideas?" She selects a few students who raise their hands to report on what they See/Think/Wonder about the aqueduct image. The TC acknowledges each report with "Okay" or "Good" and wraps up by naming aqueducts as an amazing feat of engineering that remains a significant contribution of Roman society.

As a university clinical supervisor, I understand this as an instance of mechanical implementation of a routine. I am concerned about the TC's lack of curiosity about her students' thinking, demonstrated by her anchored seating. I am puzzled by her perfunctory acceptance of volunteer students' ideas with no effort to probe further thinking or encourage students to draw broader conclusions – both of which we explicitly practiced during rehearsal of the See-Think-Wonder routine. I want to challenge the TC on both fronts. At the same time, I recognize nearly all TCs' general anxiety about "being observed" – despite the relationships we have developed in weekly interactions in seminars and my repeated reassurances that my focus is on using observations for instruction, not judgement. This TC's nerves may be a factor in her mechanical implementation of the routine. Based on previous interactions, I am also acutely aware of this particular TC's tendency to be defensive about her teaching. If I push too hard, she may become argumentative rather than open to conversation about how she engages with students' thinking. I am further aware of how See-Think-Wonder differs from the mentor teacher's (MT's) usual approach to instruction – what she terms a "flipped classroom" model, involving students in individual work on computer-based tasks for much of the class period while the teachers circulate to check completed tasks. The MT has in previous observation conferences noted the seventh grade students' unfamiliarity with certain instructional routines, and I wonder if this is a deflection of what might be considered critique of the TC's

teaching. I want to develop my relationship with the MT (which is new this academic year) as a partner teacher educator, but I have found this flipped classroom model limiting in terms of both the P-12 students' access to rigorous instruction and the TC's opportunities to learn in and from teaching.

In my seat at the mentor teacher's desk, I mentally prepare for the post-observation conference that will commence at the end of the class period. How can I enable the TC to make sense of the necessity of eliciting and using student thinking within the See-Think-Wonder routine, and also as an overarching pedagogical element throughout her social studies teaching? How can I leverage the other pedagogical experiences outside of the observation routine that I have had with this TC, to enable her reflection on her developing understanding of the See-Think-Wonder routine and how the context of her P-12 classroom necessarily influences how she uses it? How will I frame our dialogue so that it comes across as weighty and serious but not condemning, so that I can sustain positive relationships with the TC and the MT that will allow us to continue to work together productively, both inside and outside this seventh grade classroom? These questions go beyond what might be considered the standard work of the university clinical supervisor; they highlight the complex work of supervision in clinically-based teacher education.

Situating the university clinical supervisor within "clinically-based" teacher education

Beginning in the 2000s, scholarship in teacher education demonstrated a turn toward "practice." Based on a conception of teaching as "an interactive, clinical practice, one that requires not just knowledge but craft and skill" (Grossman & McDonald, 2008, p. 189), what is variably termed "practice-based" or "clinically-based" teacher education seeks to immerse novice teachers in purposeful study of teaching, with an emphasis on the teacher's reasoning and judgment that is intertwined with actions (Burn & Mutton, 2015). Clinically-based teacher education intends to bridge the traditional division between university coursework and P-12 school-based fieldwork. Its approaches emphasize routine investigation of representations of teaching and supported engagement in teaching. Practical outcomes range from the expansion of programmatic structures such as teacher residencies, in which novices engage in lengthy school-based internships that integrate education coursework and highly supported P-12 classroom experience (Guha et al., 2017), to the development of discrete pedagogies such as rehearsals that function as coached simulations of specific instructional routines (Lampert et al., 2013).

The notion of clinically-based teacher education has permeated the landscape of teacher education programs in recent years. The 2010 report of the

National Council for the Accreditation of Teacher Education's Blue Ribbon Panel marked a shakeup in teacher education. The panel advocated "turning the education of teachers upside-down" (p. 2) by taking on two goals: 1) redesigning teacher education curriculum to place the practice of teaching at its center, and 2) expanding and strengthening partnerships across multiple stakeholders that could support novice teachers' learning within that redesigned curriculum. A flurry of course- and program-level reforms and innovations followed. What Zeichner (2010) refers to as "third spaces" in teacher education, where academic and practitioner knowledge come together in support of student learning, have become widespread, if unevenly understood and defined (American Association of Colleges for Teacher Education, 2018).

Clinically-based teacher education is ambitious, skillful, relationship-driven work. A key implication is that the clinically-based teacher educator's role is necessarily robust, involving the ability to develop and teach a clinically-based curriculum, support teacher candidates at different stages of development in clinical settings, and create and manage partnerships among various stakeholders. In traditional university-based teacher education, this kind of work has been fulfilled by the university clinical supervisor who serves as a teacher educator-liaison between university and P-12 school – but this role has historically been positioned as that of "disenfranchised outsider" (Slick, 1998), and more recent scholarship indicates that this continues to be the case. Indeed, the particular challenges of the university clinical supervisor may be heightened in the context of clinically-based teacher education. University clinical supervisors often perceive a lack of institutional support and resources to perform their work according to expectations (McCormack et al., 2019), and they rarely receive preparation for the distinct demands of the role (Olsen & Buchanan, 2017). The work of clinical supervision is frequently assigned to adjunct instructors and graduate students who are less well versed in the expectations of the broader teacher education programs and have less power in the university setting (Buchanan, 2020; Zeichner, 2010). Field experience itself, even as it is stretched into residency-type formats and expanded into layers of partnerships, continues to be counted as "coursework" and calculated according to credit hours and allotted numbers of observations (Buchanan, 2020). All of these factors limit how university clinical supervisors can engage productively in clinically-based environments that require persistent partnership building and use of ambitious pedagogies (while also, notably, attending to various university, state, and national requirements). There appears a persistent – perhaps widening? – gap between the push for the clinically-rich approaches that are increasingly seen as essential and the investment in teacher educators who will conduct the day-to-day operations of those approaches.

On a hopeful note, recent studies have sought to elevate the work of the university clinical supervisor by highlighting the breadth of the work of clinical supervision and defining the numerous, overlapping tasks that supervisors engage in daily. Burns et al. (2016a, 2016b) conducted a meta-analysis across 12 years of literature and identified five broad tasks of supervision: targeted assistance, individual support, collaboration and community, curriculum support, and research for innovation. The authors conclude that these tasks reveal the supervisor's extensive role as supporter of TC learning, involving far more breadth and sophistication than the traditional (and sporadic) observation-and-feedback function. Burns and Badiali (2016) argue that supervisors' unique work in clinical settings requires intellectual activity and decision making. They present a framework for clinical pedagogy, addressing supervisors' judicious use of key skills (noticing, ignoring, pointing, intervening, unpacking, processing) in clinical settings (Burns & Badiali, 2018).

These analyses make visible what has been invisible and undervalued: the university clinical supervisor's many roles as mentor, counselor, intermediary, manager, and gatekeeper – and crucially, the nature of the tasks and routines by which the supervisor accomplishes these roles, along with the intellectual work and judgment involved. Alongside these studies, I argue for robust acknowledgement of the nature of clinically-based teacher education in understanding the supervisor's work. We must maintain a view of the complexity of the clinical supervisor's work as not simply school-based, but relationship-driven and bound to the kinds of well-defined clinically-rich approaches to teacher education that we increasingly see as essential. Together, these analyses can push the field toward a richer realization of clinically-based teacher education as well as real fulfillment of the university clinical supervisor's role.

A model for clinically-based supervision

To understand the nature of the university clinical supervisor's work within clinically-based teacher education, I begin with an essential model of teaching. At a basic level, an instance of teaching can be conceptualized as complex interaction among three key elements, which David Hawkins (1974) terms *I-Thou-It*. Hawkins' pedagogical perspective builds on Martin Buber's (1970) relational conceptions of *I-Thou* (a dialogic encounter between beings) and *I-It* (a monologic encounter of an individual with an object or idea) as near-opposing ways of humans engaging with the world. Hawkins asserts that all three elements (I, Thou, and It – or teacher, student, and content) are necessarily and relationally engaged within teaching: "Without a Thou, there is no I evolving. Without an It there is no content for the context, no figure and no heat, but only an affair of mirrors confronting each other" (p. 52). Teacher and student require a "thing…of

interest" (p. 58) – such as a text, a tool, or some other representation of content – to bring them together, build shared interest, and provide feedback that allows the teacher to adjust the interaction accordingly.

Building on Hawkins' conception, the literature denotes a triangular model of teaching to represent the connectedness of teacher, student, and content (e.g., Cohen & Ball, 1999; Lampert, 2001; Sizer, 1984) (see Figure 1). The three elements are the points of the triangle, with arrows between them to indicate their relationships. These arrows are two-headed, highlighting interactive relationships among these elements. The circle that contains this dynamic triangle indicates the influence of context – including, for example, the school organization, opportunities for professional learning, and the current policy agenda (Cohen & Ball, pp. 10-12) – on how these relationships function. Teaching involves managing variation, interaction, and complexity among these essential relationships within the context to enable student learning (Lampert, 1985).

Figure 1: Classic triangular model of teaching
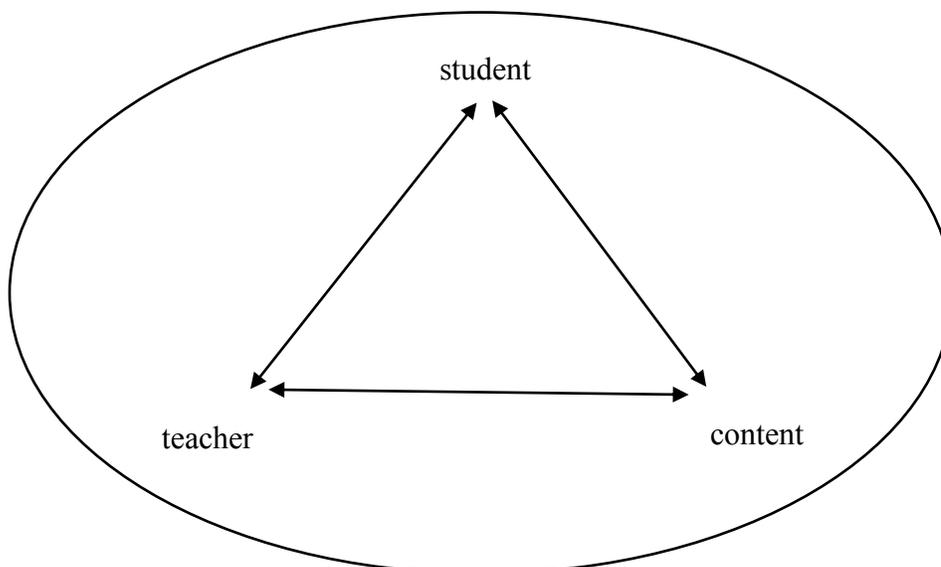
I assert that this model can be modified to inform understanding of the practice of the university clinical supervisor in a clinically-based environment. In the modification I suggest, the clinical supervisor fills the role of teacher and the TC is the student. But what of the It, the content that is the focus for engagement and change within the I-Thou relationship? The clinical supervisor's focus is making the work of teaching – the complex interactions of teacher-student-content that occur in P-12 classrooms – accessible and learnable. Novices may perceive teaching as idiosyncratic (Lampert, 2001), and own beliefs and

expectations, shaped by their experiences, frame what they can and cannot see in teaching (Hammerness et al., 2005). They may profess certain ideals about teaching, but not know how to put them into action (Kennedy, 1999). Productive intervention in this struggle to see, understand, and do is certainly the clinical supervisor's role. In clinical supervision, then, the triangular model is also the It: teaching itself, the interactions of teacher-student(s)-content in the context of P-12 classrooms, is what the clinical supervisor is working to make accessible to the TC. The many tasks of supervision that Burns et al. (2016a, 2016b) outline point to the breadth of the work: the supervisor may, for example, co-plan a unit with an individual TC, intervene in a rocky relationship with a mentor teacher, or implement an innovative approach such as a video study group. But a basic model of clinical supervision (see Figure 2) reminds us that such efforts are ever in the service of TCs learning to see, navigate, and work productively toward student learning within the relationships among teacher-student-content.

Figure 2: Basic model of clinical supervision
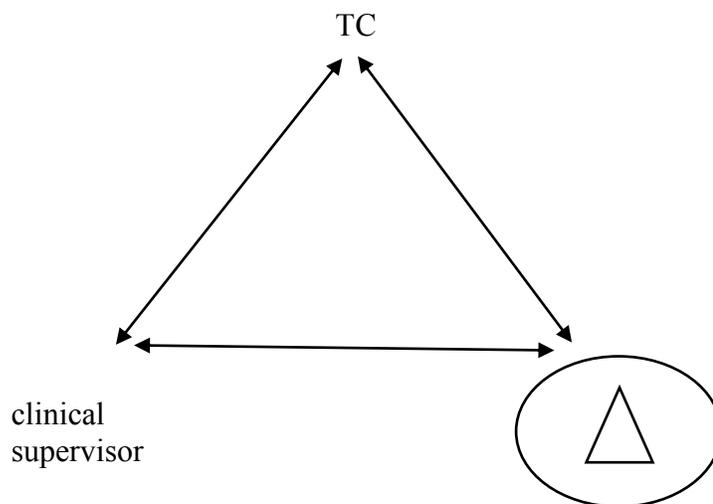
The role of routines

Routines are an additional (and necessary) conceptual element for understanding the nature of clinical supervision in the clinically-based environment. Leinhardt et al. (1987) describe routines in teaching as "shared socially scripted patterns of behavior [that] serve to reduce the cognitive complexity of the instructional environment" (p. 135); that is, they give shape to the enactment of relationships among teacher, student, and content. When added to the classic model in Figure 1, routines give shape to the depicted relationships, allowing teachers to attend more closely to students and content. While the form of a common teaching structure

(e.g., whole class discussion, lecture) varies according to subject matter, student response, and the time of day and year, such structures are consistently recognizable as functional ways teachers influence the relationships represented in the triangular model (Lampert, 2001). An emphasis on TCs' study of certain instructional routines is a hallmark of the clinical turn in teacher education, as the field seeks redefine teaching as learnable rather than idiosyncratic. This is evidenced by work on defining "core practices" within and across the disciplines that are "identifiable components fundamental to teaching that teachers enact to support learning" and are "grounded in principles for high-quality, equity-centered instruction" (Core Practice Consortium, n.d.).

Likewise, routines function to reduce the complexity of the instructional environment for clinical supervision (see Figure 3). By enacting certain routines, the supervisor can hold constant some elements of the relationships in the triangular model to facilitate focus on productive study of P-12 teaching. Perhaps the most familiar routine – the most evident "core practice" for clinical supervision – is *the observation*, the stages of which (pre-observation preparation, observation, post-observation conference) have remained largely unchanged over the past 50 years (see Goldhammer, 1969). While various checklists, scales, and rubrics specify criteria intended to guide the supervisor's observational eye and post-observation conversations (e.g., Gall & Acheson, 2011), these tools consistently assume that the observation routine is essentially beneficial for TC learning. The model in Figure 3 can allow us to think through and beyond the observation: How does the observation routine function to support positive relationships among TC, supervisor, and the practice of teaching? What other "core practices" for clinical supervision enable simultaneous, productive enactment of the relationships among clinical supervisor, TC, and P-12 teaching?

Figure 3: Model of clinical supervision with clinically-based routines
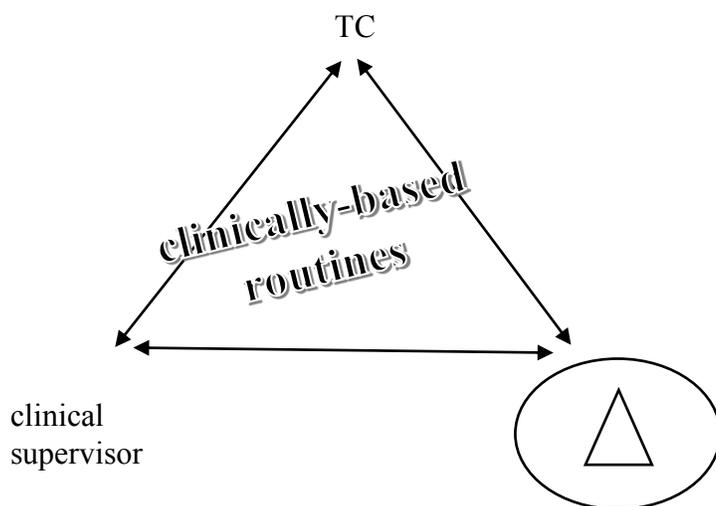
In my own practice as a university clinical supervisor, I rely on the observation routine at multiple points as a means of engaging with TCs around their development of planning, instruction, assessment, and reflection. But I also use *rehearsal* (Lampert et al., 2013) to teach TCs to use selected instructional activities (such as See-Think-Wonder) designed to facilitate robust relationships between P-12 students and important content. In our weekly seminar, TCs study and plan for teaching each instructional activity, and then teach it to their peers in the less complex instructional environment of our classroom, while I (as clinical supervisor) use in-the-moment verbal feedback to highlight key components, request clarifications, and suggest revisions. The rehearsal is intended to allow TCs to become comfortable with the activity's procedural elements while also working on the interactive, responsive components that rely on reasoning and judgement (such as questioning or paraphrasing) within the relative security of our seminar classroom. As such, rehearsal provides a scaffold to each TC's subsequent work teaching the same instructional activity with P-12 students while I conduct an observation. This underscores yet another question related to Figure 3: How do core practices for clinical supervision in a clinically-based environment work with one another to support TCs' learning to teach, at key points in the TCs' learning trajectory? This perspective can allow us to better understand and enhance not only the daily work of the clinical supervisor, but the overall coherence of a clinically-based program.
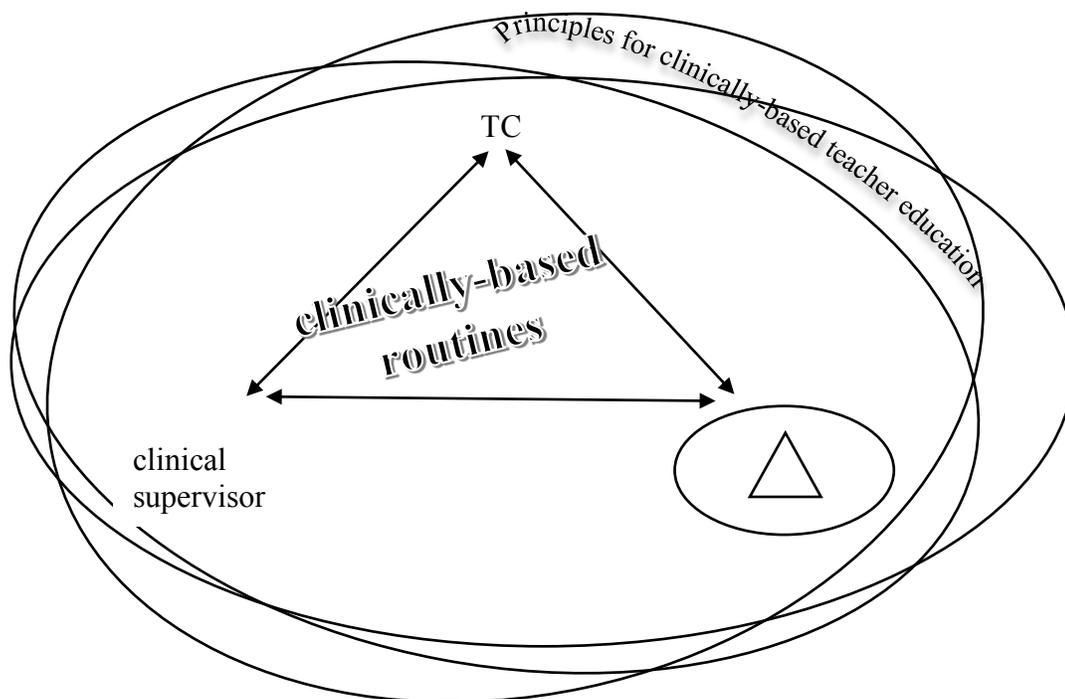
The clinically-based context

Crucially, the relationships and routines for clinical supervision are shaped by the context in which they are enacted. In sociocultural theory, context is broadly defined, including physical space, material resources, and language, both at a given time and across time. Which aspects of the context are salient within any human interaction depends on the histories, needs, and priorities of those involved. The context is not just a backdrop; it gains meaning in human interaction, even as it makes the interaction possible (van Oers, 1998; Wertsch, 1991). The university clinical supervisor's work may take place in a particular space – such as a P-12 classroom in which an observation is conducted – but the work is shaped by the supervisor's ongoing engagement with multiple contexts, including the P-12 school, the teacher education program, and the state government (Cuenca et al., 2011; Slick, 1998). The multiple circles in Figure 4 depict the layered, sometimes competing, nature of context in clinical supervisors' work, as they encounter different resources, priorities, and needs. Figure 4, as a model of clinically-based supervision, indicates that a commitment to clinically-based teacher education provides a filter for navigating those contexts. Consider a

subset of the design principles for clinically-based teacher education set forth by AACTE's Clinical Practice Commission (2018):

- A focus on PK-12 student learning
- Dynamic integration of clinical preparation throughout every facet of teacher preparation
- Continuous evaluation of a teacher candidate's progress and of the elements of a preparation program
- Preparation of teachers who are simultaneously content experts and innovators, collaborators, and problem solvers
- Candidate engagement in interactive professional learning communities
- Establishment of strategic partnerships for powerful clinical preparation (pp. 5-6)

Figure 4: Model of clinically-based supervision

As a university clinical supervisor, I draw on clinically-based commitments to navigate the various context-driven resources, priorities, and needs that I encounter. For example, as I develop a protocol to support TCs'

rehearsal of See-Think-Wonder, I discuss with MTs and TCs how this instructional activity will fit into their usual classroom routine – because I prioritize P-12 student learning and want to gauge TC progress in increasingly sophisticated teaching situations. When I complete a mandated teaching observation, I might extend it with a co-planning session that is responsive to a TC's request – because I seek to position TCs as collaborators and problem solvers relative to their dilemmas with curriculum and P-12 students. The model in Figure 4 allows us to ask: In what types of scenarios do clinical supervisors encounter competing priorities among the various contexts that influence their work in clinically-based environments? Which principles related to clinically-based teacher education drive different clinical supervisors' decision making, and why? This perspective can enable us to better understand, and support, the clinical supervisor's constant decision making in clinically-based environments about how to use space, time, tools, language, and commitments to enable TCs' learning to see, navigate, and work productively toward student learning.

An instance of clinically-based supervision

The seventh grade students departed after the bell, and now we – the TC, the MT, and I – sit around one of the long black tables in the otherwise empty classroom. On the table, I have my handwritten pages of notes on the back of the TC's printed lesson plan, and the TC has a spiral notebook open to a blank page. I begin, as I usually do during a post-observation conference, with an open-ended "grand question." I seek to elicit the TC's initial perceptions related to her observed teaching. Eventually, I will complete required rubrics that rate aspects of the teaching as "on target," "developing," and so on; but for now, my goal is to ground the conversation in her interests and also assess the focus of her reflections on her teaching.

"Tell me what you're thinking about your teaching." Her reply is thorough: "I felt comfortable using See-Think-Wonder because the procedure is so straightforward. I thought I framed it pretty well so students knew what to do, and then I just had to prompt them through the steps of See, Think, and Wonder."

The TC's use of the word "prompt" intrigues me. I recognize that an opportunity has arisen, more quickly and organically than I anticipated, to dive into her mechanical performance of the See-Think-Wonder routine. I wonder, given her word choice, if there may be reasoning beyond nerves related to being observed behind her choice to stay seated throughout the lesson. I say, "So your role today was mostly to prompt?" To my delight, the MT jumps in. "I think in this routine, your main role is to listen," she says. "The kids are speculating, and they have some really cool ideas, so you need to be ready to hear what they say."

I look at my notes. "One of the ideas that interested me was the student who wondered if the image was a sewer system because of the channels he could see." The MT responds enthusiastically: "I heard that too! He doesn't usually say much, or even ask questions about his flipped unit work, and his idea was the closest to right on. I was really impressed with how he participated today." I turn to the TC: "What else did you hear students say, and what did it let you know about their thinking?"

The TC pauses. "I have a hard time hearing the students," she says quietly. I try to read her demeanor. Is she embarrassed? Ashamed? Defensive? I want to be responsive to her feelings, but my primary goal is to keep the conversation focused on the teaching she just experienced and limit getting mired in emotions. I say, intentionally warmly, "That seems like a really important insight! So what do you think inhibited your being able to really listen to student responses in this lesson?"

She replies, "I mean I literally have a hard time hearing the students. With the window unit blowing and how quietly some of the students speak, I just miss what they say." She lets me know I have misinterpreted her comment. I find her articulation of the challenge of physically hearing, rather than listening to, students an unexpected turn – but we are still circling the same key idea about accessing student thinking. I say, "Hmm, I don't recall this challenge for you during your rehearsal of See-Think-Wonder – and actually, I do recall you using some effective ways to really respond to students' ideas that I didn't observe during this lesson." With this comment, I attempt to contrast the TC's rehearsal experience with See-Think-Wonder with her P-12 teaching of the same lesson, and to encourage the TC to bring her recollections of rehearsal alongside her reflections on her classroom teaching.

The TC says, "Well, during rehearsal I used monitoring and conferring so I could get a sense of what certain people were thinking. Then I called on the people who had ideas I thought could be interesting for everyone." The TC has referenced another routine, monitoring and conferring, which we rehearsed during weekly seminars as a way of engaging with individual students as they work independently – to both assess and advance their thinking through questioning strategies. She continues, "I guess today I wanted my students to get used to See-Think-Wonder and not feel like I was pushing them too much. So I decided to stand back during the individual part." I am delighted that the TC has articulated pedagogical reasoning for her seemingly passive approach to accessing student thinking, but I wonder if she is giving her students enough credit for being able to engage in See-Think-Wonder.

I am about to voice this when the MT speaks up again: "I get that, because it's a new routine for them. But you know they're used to a teacher coming up and checking in because of the flipped classroom. It was probably more confusing

for them to be left alone. And I do think you missed out on some good ideas that they had." I find this comment well-phrased and spoken with authority beyond what I could offer, so I use this moment to ask the TC for revision related to her plans for future practice: "So what will you do differently when you teach this See-Think-Wonder lesson in the next class period?"

Although this scenario could seemingly fit within a traditional view of the university clinical supervisor – a routine conference with the "triad" after a teaching observation – it is in fact an episode of clinically-based supervision. At less than 10 minutes into this conversation, I have used a number of discrete techniques and strategies: using a "grand question," focusing attention on a specific term used by the TC ("prompt"), pointing to evidence from my notes, referring to a previous rehearsal experience with See-Think-Wonder as a point of contrast, and requesting that the TC think aloud about subsequent modifications to the lesson. I made judgements to *not* act as well, as I set aside the university-required evaluation rubric and refrained from speaking when the MT made key points during the conversation. As multiple contexts shaped our interactions – that is, the priorities, requirements, and resources of the P-12 school, the MT's classroom, the teacher education seminar classroom, and the university – I made decisions about how to leverage the post-observation conference routine based on my commitment to clinically-based teacher education: to engage the TC authentically with the practice of teaching, to prioritize P-12 students' learning through See-Think-Wonder, and to nurture a partnership with the MT.

The model represented in Figure 4 indicates tremendous complexity for the supervisor engaging in the kinds of clinically-based work that the field increasingly sees as necessary for TCs' preparation. The work certainly involves the kinds of tasks and techniques asserted by Burns et al. (2016a, 2016b) and Burns and Badiali (2016, 2018), but this model indicates that these occur within skillful use of particular routines on occasions both planned and improvised. The university clinical supervisor's work lies in leveraging opportunities for TC learning as they are afforded by the multiple contexts, relationships, and principles that shape clinically-based teacher education.

Recent scholarship focusing specifically on clinical supervision is heartening; yet our understanding of the clinical supervisor's work will benefit from being centered in the field's ongoing efforts to develop a "clinically-based curriculum" for teacher education. As we develop such a curriculum, which outlines the P-12 teaching practices we want TCs to learn and the teacher education pedagogies and settings that will facilitate their learning (Ball & Forzani, 2009), we must simultaneously address such questions as: What are the demands of a clinically-based curriculum on the clinical supervisor? How might the clinical supervisor be equipped and supported to manage those demands? How might immersion in clinically-based teacher education change institutional

expectations for the qualifications of the clinical supervisor? How might the various influential contexts on the clinical supervisor's work be better aligned to support clinically-based supervision? If we are serious about "turning the education of teachers upside-down" in a lasting way that has real implications for how new teachers learn, we must realize clinically-based supervision as vital to those efforts.

References

American Association of Colleges for Teacher Education (2018). *A Pivot Toward Clinical Practice, Its Lexicon, and the Renewal of Educator Preparation: A report of the AACTE clinical practice commission.* https://aacte.org/resources/research-reports-and-briefs/clinical-practice-commission-report/

Ball, D., & Forzani, F. (2009). The work of teaching and the challenge for teacher education. *Journal of Teacher Education, 60* (5), 497-511. https://doi.org/10.1177/0022487109348479

Buber, M. (1970). *I and Thou* (translated by W. Kaufmann). Simon & Schuster.

Buchanan, R. (2020). An ecological framework for supervision in teacher education. *Journal of Educational Supervision, 3* (1), 76-94. https://doi.org/10.31045/jes.3.1.6

Burn, K., & Mutton, T. (2015). A review of 'research-informed clinical practice' in Initial Teacher Education. *Oxford Review of Education, 41* (2), 217-233. https://doi.org/10.1080/03054985.2015.1020104

Burns, R. W., & Badiali, B. (2016). Unearthing the complexities of clinical pedagogy in supervision: Identifying the pedagogical skills of supervisors. *Action in Teacher Education*, *38* (2), 156-174. http://dx.doi.org/10.1080/01626620.2016.1155097

Burns, R. W., & Badiali, B. (2018). Clinical pedagogy and pathways of clinical pedagogical practice: A conceptual framework for teaching about teaching in clinical experience. *Action in Teacher Education, 40* (4), 428-446. https://doi.org/10.1080/01626620.2018.1503978

Burns, R., Jacobs, J., & Yendol-Hoppey, D. (2016a). Preservice teacher supervision within field experiences in a decade of reform. *Teacher Education and Practice, 29* (1), 46-75.

Burns, R., Jacobs, J., & Yendol-Hoppey, D. (2016b). The changing nature of the role of the university supervisor and function of preservice teacher supervision in an era of clinically-rich practice. *Action in Teacher Education*, *38* (4), 410-425. https://doi.org/10.1080/01626620.2016.1226203

Cohen, D., & Ball, D. L. (1999). *Instruction, Capacity, and Improvement* (CPRE Research Report No. RR-043). https://www.cpre.org/sites/default/files/researchreport/783_rr43.pdf

Core Practice Consortium (n.d.). Retrieved from https://www.corepracticeconsortium.com/

Cuenca, A., Schmeichel, M., Butler, B., Dinkelman, T., & Nichols, J. (2011). Creating a "third space" in student teaching: Implications for the university supervisor's status as outsider. *Teaching & Teacher Education, 27* (7), 1068-1077. https://doi.org/10.1016/j.tate.2011.05.003

Gall, M. D., & Acheson, K. A. (2011). *Clinical supervision and teacher development*. John Wiley & Sons.

Goldhammer, R. (1969). *Clinical supervision: Special methods for the supervision of teachers*. Holt McDougal.

Grossman, P., & McDonald, M. (2008). Back to the future: Directions for research in teaching and teacher education. *American Educational Research Journal, 45* (1), 184-205. https://doi.org/10.3102/0002831207312906

Guha, R., Hyler, M., & Darling-Hammond, L. (2017). The power and potential of teacher residencies. *Phi Delta Kappan, 98* (8), 31-37. https://doi.org/10.1177/0031721717708292

Hammerness, K., Darling-Hammond, L., & Bransford, J. (2005). How teachers learn and develop. In L. Darling-Hammond & J. Bransford (Eds), *Preparing Teachers for a Changing World* (pp. 358-389). Jossey-Bass.

Hawkins, D. (1974). I, Thou, and It. In *The Informed Vision and Other Essays,* pp. 51-64. Algora.

Kennedy, M. (1999). The role of preservice teacher education. In L. Darling-Hammond & G. Sykes (Eds), *Teaching as the Learning Profession: Handbook of policy and practice* (pp. 54-85). Jossey-Bass.

Lampert, M. (1985). How do teachers manage to teach? Perspectives on problems in practice. *Harvard Educational Review, 55* (2), 178-194. https://doi.org/10.17763/haer.55.2.56142234616x4352

Lampert, M. (2001). *Teaching Problems and the Problems of Teaching.* Yale University Press.

Lampert, M., Franke, M. L., Kazemi, E., Ghousseini, H., Turrou, A., Beasley, H., Cunard, A., & Crowe, K. (2013). Keeping it complex: Using rehearsals to support novice teacher learning of ambitious teaching. *Journal of Teacher Education*, *64* (3), 226-243. https://doi.org/10.1177/0022487112473837

Leinhardt, G., Weidman, C., & Hammond, K. M. (1987). Introduction and integration of classroom routines by expert teachers. *Curriculum Inquiry*, *17* (2), 135-176. https://doi.org/10.1080/03626784.1987.11075284

McCormack, B., Baecher, L., & Cuenca, A. (2019). University-based teacher supervisors: Their voices, their dilemmas. *Journal of Educational Supervision, 2* (1), 22-37. https://doi.org/10.31045/jes.2.1.2

National Council for Accreditation of Teacher Education [NCATE] (2010). *Transforming teacher education through clinical practice: A national strategy to prepare effective teachers.* https://eric.ed.gov/?id=ED512807

Olsen, B., & Buchanan, R. (2017). "Everyone wants you to do everything": Investigating the professional development of teacher educators. *Teacher Education Quarterly, 44* (1), 9-34. https://www.jstor.org/stable/90003616

Sizer, T. (1984). *Horace's Compromise: The dilemma of the American high school.* Houghton Mifflin.

Slick, S. (1998). A university supervisor negotiates territory and status. *Journal of Teacher Education, 49* (4), 306-315. https://doi.org/10.1177/0022487198049004008

Van Oers, B. (1998). From context to contextualizing. *Learning and Instruction, 8* (6), 473-488. https://doi.org/10.1016/S0959-4752(98)00031-0

Wertsch, J. (1991). *Voices of the mind: A sociocultural approach to mediated action.* Harvard University Press.

Zeichner, K. (2010). Rethinking the connections between campus courses and field experiences in college and university based teacher education. *Journal of Teacher Education, 61* (1-2), 89-99. https://doi.org/10.1177/0022487109347671