

## **At the Crossroads of Clinical Practice and Teacher Leadership: A Changing Paradigm for Professional Practice**

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This paper examines the endemic separation between K-12 schools and colleges of education in teacher preparation. Specifically, we examine a new approach related to the promise of clinical practice—a clinical practice program that overlaps a public high school, a graduate-level teacher preparation program, and a professional practice doctoral program. In this program, clinical practitioners are public high school teachers as well as instructors in a teacher preparation program and doctoral students at the same university. In order to examine easily overlooked aspects of this arrangement, we draw from third-space theory to examine cultural practices within this program from the perspectives of the teaching interns and the clinical practitioners. We operationalized these phenomena by examining creativity in thinking, transformations in practice, and reflection/reflexivity. The clinical practitioners benefited from creating a laboratory of practice within which they learned from the teaching interns, the students preparing to become teachers. The interns benefited from a growth in adaptive expertise within a laboratory of practice and development of teacher professionalism grounded in practice.

### **Introduction**

Recently there have been renewed calls for colleges of education to enact clinical practice approaches to teacher preparation. For example, the Council for the Accreditation of Teacher Preparation (CAEP) includes clinical practice in its second standard:

The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students' learning and development. (CAEP, 2015)

CAEP Standard 2 was informed by the 2010 Blue Ribbon Report of the National Council for the Accreditation of Teacher Education (BRP), which called for “turn[ing] the preparation of teachers ‘upside down’” (Levine, 2011, p. 2). The report advocated breaking the mold of the typical curriculum in which coursework precedes field work and practitioner knowledge of contextualized learning and university faculty knowledge of educational theory remain separate and non-collaborative. The BRP advocated instead integrating practitioner knowledge, decision making, and activity into the planning, implementation, evaluation, and improvement of all

program characteristics. The BRP report suggested redesigning models of partnerships between P-12 schools and higher education along with changes in curriculum, staffing, incentives, and future research to promote and sustain the transformation necessary for clinically based teacher education (Levine, 2011). The report characterized this new vision for teacher preparation as a “helix,” in which theory and practice as well as school and university expertise are mutually intertwined and supportive, creating a new paradigm for professional preparation.

In spite of the recent attention to clinical practice in teacher preparation and a growth in the commitment to school-university partnerships, the separation between these two worlds remains challenging (Bullough, Draper, Smith, & Birrell, 2004). Much of this separation stems from the array of challenges and dilemmas teacher preparation programs face as they try to adopt clinical practice approaches. Some of these are long-term dilemmas facing teacher preparation, including

the strong influence of the apprenticeship of observation candidates bring with them from their years as students in elementary and secondary schools, the presumed divide between theory and practice, the limited personal and cultural perspectives all individuals bring to the task of teaching, and the difficult process of helping people learn to enact their intentions in complex settings. (Darling-Hammond, 2006, p. 306)

Often these more individual dilemmas are exacerbated by structural factors. Zeichner (2006) mentioned “the focus on bureaucratic details and loss of the larger sense of purpose that was a problem when performance-based teacher education was mandated in the 1970s” (p. 330).

Another challenge is related to exploring the complex nature of the meanings generated in clinical practice situations—for example the intersectional meanings in the helix Levine described in the BRP report. One little studied aspect of clinical practice that can potentially expand meanings of practice and provide new insight into theory-practice connections may be found in an examination of the dialogic “third space” (Bhabha, 1990)—the in-between space teaching interns and clinical practitioners create when they collaborate as co-participants and learners in relation to problems of practice. Third spaces have been theorized as generative intersections which promote new cultural practices—often crossing traditional paradigms and norms. In short, they have been theorized to provide practitioners with the possibility of viewing teaching “in a new key.”

This paper addresses an endemic problem in education, the separation between K-12 schools and colleges of education in teacher preparation. Specifically, we examine a new approach to the promise of clinical practice—a clinical practice program that overlaps a public high school, a graduate-level teacher preparation program, and a professional practice doctoral program. In this program, clinical faculty members in the teacher preparation program are also public high school teachers and doctoral students. In order to examine easily overlooked aspects of this arrangement, we draw from third-space theory to examine cultural practices within a clinical practice program from the perspectives of 16 teacher preparation students (the interns) as well as two teacher leaders/clinical practitioners.

The clinical instructors were second and third year doctoral students. Cooper, the second-year student, was a seven-year high school English teacher in a fairly small rural town. After graduating from his EdD program he planned to continue working in teacher preparation, possibly in an arrangement that formally bridged a college of education and a public school.

Paul, the third-year doctoral student, was a 20-year veteran of public school teaching. Currently teaching in a diverse suburban neighborhood of a large West Coast city, he had taught in a range of settings, from the second-largest public school district in the country to small rural settings. He sought at the end of his EdD program to work as a tenure-line faculty member in a post-secondary teacher preparation program.

In this paper, we first situate clinical practice in the formal literature as a form of teacher leadership in order to highlight teacher agency and the scholarship of practice (Sawyer, 2013). Next, and more specifically, we use third space theory as an analytical lens for the interns' and the clinical practitioners' perceptions of their experience, in order to surface possibly overlooked aspects of clinical practice. Following this discussion, we present the clinical practice framework, review the methodology of our study, present findings, and then discuss the findings more specifically in relation to third-space theory.

### **Bridging the “Two-World Pitfall”: Clinical Practice and Teacher Leadership**

Teacher leadership movements have evolved considerably since the 1980s when the Holmes Partnership called for career ladders to reward teacher expertise. Silva, Gimbert, and Nolan (2000) mention the three waves of teacher leadership as managerial (i.e., further existing school structures and content organizations), expertise-based (i.e., teacher applying their expertise to curriculum tasks), and school recultural (i.e., teachers applying their expertise to change school culture). Holland, Eckert, and Allen (2014) added a fourth wave to the definition to involve teachers leading policy at all levels, thus closing the practice-policy gap. Drawing from the work of Eckert, Ulmer, Khachatryan, and Ledesma (2014), Holland et al. (2014) offer that “teacher leadership encompasses the practices through which teachers—individually or collectively—influence colleagues, principals, policy makers, and other potential stakeholders to improve teaching and learning” (p. 436). In this paper, we view teacher leadership more expansively, to suggest that teacher leadership can inform all aspects of education, both formally and informally, from leading demonstrations to challenge federal policy, to working with state agencies, to collaboratively leading teacher preparation programs at colleges of education.

One aspect of teacher leadership that spans public school and university classrooms is clinical practice. Although there is no consensus about a definition, the Blue Ribbon Report defines clinical faculty as expert practitioners, highly skilled in differentiating instruction, using assessment and data, and offering excellent communication and motivational skills. The role of clinical teacher educators, or clinical faculty, as described by the BRP and others (Cornbleth & Ellsworth, 1994; Goodlad, 1990; Grossman, 2010; Martin, Snow, & Franklin-Torrez, 2011) intends to bridge the many fault lines that fracture the college experience of preservice teachers as they begin to work with real students. The Blue Ribbon Panel (2010) called for a commitment to “programs grounded in clinical practice” (p. ii) in which each teacher candidate would learn “under the expert tutelage of skilled clinical educators” (p. ii).

Considering clinical practice as a function of teacher leadership highlights the quality contributions—the “inputs” (Cocharan-Smith & Fries, 2001) teachers bring to the classroom—their funds of knowledge, agency, and expertise. Instead of taking an accountability stance toward teachers' work, viewing clinical practice as a form of teacher leadership further acknowledges the site-specific and contextual nature of learning. Further, this shift moves schools and colleges of education into closer collaboration by creating a foundation for the mutual impact of the two institutions on each other's core values and cultures.

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## Theoretical Framework: Third Space Theory and Its Connection to Clinical Practice

Grounded in sociocultural theory, third space theory offers a framework to examine little explored aspects of clinical practice, including embedded cultural practices. Considered a space of meaning generation (i.e., a dialogic, heteroglossic space) (Bakhtin, 1981), the third space is a site of “learning formed when educational, artistic, creative, and other cultural practices intersect and move outside traditional paradigms and norms” (Rochielle & Carpenter, 2015, p. 131). It is a space of hybrid cultural practices, whose dynamics encourage participants to first deconstruct and then reconstruct new cultural practices as they engage in cultural translations and negotiations. Similar to reader response theory, in which readers create the poem from the text (Rosenblatt, 1978), in third-space transactions, actors create new meanings and cultural practices as they encounter a multi-voiced and critical tension in a heteroglossic space (Bakhtin, 1981). In relation to third space theory, we are defining cultural practices as “recurrent kinds of events” (Dyson & Genishi, 2005, p. 7) which include “the historical, economic, and cultural forces that intersect in any local space” (Dyson & Genishi, 2005, p. 8).

Wang (2006) argues that

the newness of the third...comes from two original moments in terms of cultural translation and cultural hybridity. [In] a third space...both parts of a conflicting (cultural, gendered classed, national or psychic) double interact with and transform each other so that multiplicity of the self gives rise to a new realm of subjectivity in new areas of negotiation. (pp. 120-121)

Central to third space theory is the notion of hybridity:

...the act of cultural translation...denies the essentialism of a prior given original or originary culture; then we see that all forms of culture are continually in a process of hybridity. But for me the importance of hybridity is not to be able to trace two original moments from which the third emerges, rather hybridity to me is the “third space” which enables other positions to emerge. (Bhabha, 1990, p. 211)

Further, it is thought that third spaces may provide actors with new subjectivities and new dimensions of identity and engagement. Describing hybrid spaces, Matus and McCarthy (2003) state, “culture and identity are the products of human encounters, the inventories of cross-cultural appropriation and hybridity, not the elaboration of the ancestral essence of particular groups” (p. 79). In this process, the recognition of difference and the “other” promotes the relational basis of identity and its process of creation and recreation (Kristeva, 1991, 1996). The construction of teacher identity is an embodied process and takes part in the in-between transactions in the third space (Aoki, 2004).

Ideally, the third space is a pedagogic space, creating a new capacity for imagination (Bakhtin, 1981), reflexivity, and humanity. Wang (2006) discusses the asymmetrical nature of student-teacher mutual learning in third-space encounters and its impact on the development of teachers: “By choosing to be engaged with students not only as learners but also as persons, teachers allow themselves to be questioned” (p. 114) and thus to grow. Conceptualizing clinical practice as a dialogic space also may help to address perennial tensions and dilemmas within clinical practice. Whether as a person to “integrate the practicum” (Bolster, 1967, p. 88), “form a

living bridge” (Holmes Group, 1986, p. 62) or provide new perspectives on practice, viewing clinical practice through a third space lens reframes clinical practice as a space for participants to create and recreate practice in imaginative, reflexive, and culturally new ways. It also may help to address the issue found in limited research on the roles of clinical faculty in teacher preparation that clinical faculty members consistently perceive their role as more important (Martin, et al., 2011), personally meaningful and essential to the credibility of university teacher preparation (Bullough et al., 2004; Fountain & Evans, 1994) than do tenured faculty members (Bullough et al., 2004; Cornbleth & Elsworth, 1994).

### **The Study**

In this case study, we examined three questions from the perspectives of the two clinical faculty members at our university and 15 MIT teacher preparation candidates: (1) How is clinical practice at our institution perceived by the students preparing to become teachers (“interns”) and the teacher leader/clinical practitioners (who were EdD students); (2) what did they perceive as hindrances and benefits of clinical practice, and (3) what were their views of practice within the clinical practice space? More theoretically, we examined how the clinical practice space operated as a third space for our participants (a question we examine in the discussion section of the paper).

### **Program Description**

Ideally, the contribution of teacher leaders to a clinical practice program provides knowledge and expertise to greatly enhance clinical practice and address seminal problems stemming from the two-world pitfall. Motivated by this goal of improvement, we aligned aspects of both a teacher preparation program and a teacher leadership EdD program. Since many of the students in the teacher leadership program were also practicing teachers who sought to become teacher educators, we overlay the once-separate teacher leadership doctoral program, aspects of the public high schools in which they taught, and aspects of the secondary teacher preparation program in which they also taught classes.

The new framework was intended to increase the intersection of the three program components (i.e., the Teacher Leadership EdD program, an MIT-Secondary teacher preparation program, and K-12 relationships), creating a new structural and conceptual lens through their overlap. For our partnership goal we sought, in the words of Levine (2011), to create “a helix,” of the program components, generating a new vision of the program. We drew from the work of Bakhtin (1981) and Bhabha (1990) to structure a collaborative space to promote a “dialogic imagination” for teaching.

There were a number of participants in the clinical practice arrangement. First were the interns, 16 preservice teacher preparation students. These students were in a fifth year graduate level teacher preparation program (the MIT Secondary program). They had undergraduate degrees in their target areas of certification, including English, science, mathematics, and history. None of these teaching interns did a formal internship in either of the clinical faculty members’ high school classrooms. They all, however, as part of an inquiry class, did a one-semester practicum in specific classrooms of the public school that Cooper, one of the clinical practitioners, taught in. These students entered the MIT program in January and graduated with a master’s degree in the summer session, eighteen months later. In their first semester they completed the initial, short practicum, linked to specific coursework.

Two teacher leaders were also part of the clinical practice arrangement. These teacher leaders/clinical practitioners wore three hats: that of current high school teachers, instructors in the MIT program, and doctoral students in an EdD program in teacher leadership. Paul, one of the teacher leader/clinical faculty members, taught regular high school history classes as well as Advanced Placement history classes. He also taught a classroom management course in the MIT program at the university. Cooper, the other clinical faculty member, taught Advanced Placement as well as regular English courses on the high school level; he also taught an academic discipline reading course for all of the teaching interns and undergraduate methods reading courses for students in the English program preparing to enter the teaching program. With busy schedules, the history teacher had just entered the dissertation phase of his doctoral program, while the English teacher had more recently begun his program. Finally, as part of the arrangement were a number of regular faculty members.

The study was part of a larger study about a clinical practice program bridging a professional practice doctoral program at a research university and a graduate level teacher preparation program. Initially, the study was focused on the helix of clinical practice as described by Marsha Levine and the Blue Ribbon Panel. One of the doctoral students in the program who was central to the clinical practice program helped conduct the research with a program faculty member.

### **Data Collection and Analysis**

The boundaries of this case study were primarily the perceptions of experience of the 16 teaching interns in the MIT Secondary program as well as the two clinical instructors who held hybrid positions both as teachers at two different local high schools, clinical instructors in the MIT program, and doctoral students in an EdD program located at the same university as the MIT program. Data collection in the case was the final semester of the one-and-a-half-year program. Finally, the location of the case was the college of education at the university and the high schools. The teaching interns took courses at both the university and the high school.

Specifically, in this study we sought to explore teaching interns' and the clinical practitioners' views of practice in relation to their clinical practice setting. We therefore focused on their perceptions of practice through open-ended surveys and interviews. The interns (who had been taught by the clinical practitioners) each completed an open-ended survey. The prompts were designed to elicit their views of their program in general, of their courses with both the clinical and the regular faculty, and of their placements. The clinical practitioners took part in two interviews, in which we examined their views of the impact of the clinical practice model on their own practice as well as on the interns' views of practice. We also elicited their views of teacher identity and professionalism.

In the data analysis, we sought to “construct interpretations of other people’s interpretations” (Dyson & Genishi, 2005, p. 18). We first used open-coding in order to be open to emergent and inductive meanings in the text. We followed this first pass through the data in a more focused way as we examined the data for instances of third space meanings—that is, “to gain analytic insight into the dimensions and dynamics of the phenomenon being studied” (Dyson & Genishi, 2005, p 81). Thus, for the second pass through the data we drew from third-space theory in order to analyze the data in relation to specific categories of phenomena. We operationalized these phenomena by use of the following categories: *creativity in thinking*, marked by “ah hah” moments, unexpected insights, and uses of imagination, metaphors, and double codings; *transformations in practice*, marked by statements of creation and recreation and

descriptions of social interactions involving change; and *reflection/reflexivity*, marked by an acknowledgement of personal reconceptualization of practice linking thought and action. These categories provided a framework for us to consider our data in relation to third-space phenomenon, which we do in the discussion section of the paper. In this process, we sought to identify “recurring terms, statements, and ways of talking that represented” socially constructed views of teaching and learning (Dyson & Genishi, 2005, p. 110).

### Findings

We first present the views of the two clinical practitioners, Paul and Cooper.

#### Paul, a High School History Teacher

As part of his involvement in the clinical practice process, Paul was an advanced student working on his dissertation in the Teacher Leadership EdD program, a fulltime history teacher at his public high school, and an instructor of a classroom management course in a graduate-level teacher certification program. In his discussion, Paul never used the expression “clinical practice model.” Instead, he talked about how his experience as a clinical faculty member benefited himself, as well as his work with his high school and college students. Here, referencing John Dewey, Paul presented the following perspectives of experience:

The more that you combine the different things, the better experience you’ll have and the better candidate you’ll have in the end. Instead of just having it blocked off like, now you do your coursework, now you do your student teaching....Bring them together.

It’s [the importance of] being able to reflect upon your experience, your reading, your discussions and what that does to your growth as not just a student but as a person.

[In this role] you just take your experience and your unique talents and your personality because everyone is different in their philosophy and style and you pass that on.

Each of the above thoughts contrasts in some way with a traditional theory/practice dichotomy found in many teacher preparation programs. As he examined the program in relation to himself, he referred to his own experience as an organizing focus for his learning (and in contrast to that implied by a theory/practice split and an acquisition view of knowledge):

The first class I took was a race and theory class and it made my head spin to see the world in a different way, see my students in a different way...understand concepts that I hadn’t seen before such as white privilege and my backpack of privileges.

It is interesting that Paul mentioned that what made his “head spin” was the role of his experience. His comments suggest that even in his discussion, he is exploring how he became more critically aware of how he was positioned, as a white male, in relation to diversity, class, and theory.

He underscored the value of reflection by discussing the role of modeling as a basis for experiential learning:

The other example [of my change] is modeling. I think if we really are honest with what impacts a student, it's not so much the content of what a teacher teaches, but it's how they model living and how they model education and learning.

In the above comment, though, the intended target of the change is his teaching interns, not himself. He did, however, value their own experiences as part of the modeling process: “[The interns] brought in great stories and experiences and an appreciation of the classroom.”

While Paul's experience as a practitioner was always present in his perception of educational experience, he examined his new way of working in education as a combination of his three roles. This combination created a sort of perceptual paradigm shift in his perceptions of his practice. In his discussion, Paul continually came back to the word “freedom”: “There [was] a real partnership there and...a freedom there, too, and anytime you have freedom in education—and this is a Dewey concept—you are going to take something much further.”

Interestingly, Paul contrasted experiential freedom with the business model of education: The most convenient and easiest [approach] is the business model and having the factory concept where everything is standardized. Standardized forms, standardized discipline...you know. Everything is to simplify it somewhat and it doesn't work...[In contrast to] Dewey...the whole laboratory experience and the freedom option and student centered education.

He underscored the importance of experiential education to his teacher preparation students in the classroom management course he taught:

[I] wanted to have a lot more practice with a little less theory because my experience in education programs was always really heavy on theory and not so much on practice, and so you get some of the value of student teaching within the course itself. For example, we would do a lot of reenacting situations.

In the above quote, Paul contrasts practice with theory and suggests the value of experience outside a broader theoretical framing.

Paul also discussed what he took from his doctoral program back to his own high school classroom. As an exemplary veteran teacher, he had a complex teaching lens to situate new understandings, and the aspects of the clinical situation he highlighted as a context for his own learning was related to Critical Race Theory, which resonated in different ways with his own teaching experience. He specifically discussed understanding his students in a more diverse way, again, both as individuals and as members of cultural groups. The second benefit he mentioned to his own teaching was a new and evolving view of the role of experience and the lived curriculum to student learning.

Paul did not talk about specific tensions or constraints explicitly and only mentioned more problematic aspects of his experience with clinical practice more indirectly. For example, he stated, “This was my first opportunity to be an instructor at the university level so I was very excited...It is what I want to do...to the point that you would do it for free and it didn't pay

much, but I felt like I would have done it for free.” Paul elaborated that he was supported in this endeavor more from a sense of intrinsic motivation, than by extrinsic rewards and structural supports from the program or university. He later elaborated on the expense of his program, mentioning that it gave him a level of empathy with the MIT students: “I was able to identify with where they were in life... They have families, budgets, the cost of education....So whatever it was that we do...needs to be as relevant as I can possibly make it.” This empathy, seeing the program through his students’ eyes, is also a form of reflection.

### **Cooper, a High School English Teacher**

Cooper has had a fairly long association with the university. He received his B.A. there in English Literature, followed by his secondary teaching credential in English, his Ed.M. degree, and his professional teaching certification. After becoming certified as a teacher seven years ago, he taught in a middle school and then later in a high school in a neighboring ex-mill town. After teaching for three years, he was hired by the university to teach the same English methods courses he had taken a few years earlier. Two years later he was a student in the doctoral program and began teaching the academic content area reading class in the MIT program to students in the multiple content areas. In this quote, Cooper elaborated his meaning of clinical practice:

It’s using multiple lenses. It’s triangulating your data...It’s allowing me to use these different lenses to be able to get a more accurate view of who my students are, [and]...it’s that mix of theory and practice.

This description incorporated the reflective practice of himself, his college students, and his university colleagues as a multi-layered “laboratory of practice” (Perry & Imig, 2008, p. 45): that is, clinical practice itself as a pedagogical laboratory of practice (“using multiple lenses...triangulating your data”). Throughout his conversation he gave examples and insights into clinical practice as a laboratory of practice.

Asked how he worked with his MIT students, he described modeling reflective practice to them: “It’s really a time for them to be able to practice themselves almost as guinea pigs so that we can see any problems that they might have in a real classroom.” He mentioned he engages his teaching interns in structured classroom observations tied to his course goals “to really show the pragmatics of theory and practice - how they work together.”

Perhaps similar to his own hybrid view, he desired that the students cultivate a complex lens:

So, if we read a chapter about literature circles, we get the theory and then I actually put my students in the literature circle....I have them read YAR and take notes like students would and say, there’s your student hat, now put on your teacher hat. How did that work? Or...What does that say? Do you see any possible glitches that could come in the classroom or what success do you see there that you can build on with a group of about 16 students? They help my practice. They help me see things in my own teaching.

The above quote suggests that he learned along with his students. He described this context as the basis for their writing curriculum—as engagement with an actual setting with real students.

In terms of his own practice, he discussed how his exposure to theory in his doctoral program and his using his classroom as a laboratory of practice with his teacher interns helped him to generate new views of his practice. He often referred to Dewey, mentioning democratic education, social constructivism, and choice as ways to increase student perspective. He also described using theory to scaffold his practice and to structure a dialectic between theory and practice. He added these thoughts about theory, social justice, and education:

The higher the level of education the more intense the theory gets and it really puts it right into your face, especially social justice, curriculum development, and even the history of education—all of these things shape my lenses and the framework that I bring in as myself into the classroom. I realized after this summer that there are hundreds of years of oppression of what's in the physical architecture of the school building and we don't realize that some of the issues that students deal with. Poverty in [his town] doesn't look like poverty in other places, even though the statistics are the same. So it's realizing those pieces...[which] is really informing my practice and equipping me to better represent my students.

It is important to note that the goal of Cooper's learning theory, as this statement suggests, is to better understand and represent his diverse students. His description of how he works with his teaching interns suggests how he models theory-practice connections as a way both to stimulate students' perceptions and inform his own thinking. It was also interesting that he mentioned the framework that he brought "in as [him]self in the classroom." His work with his students was grounded in personal narrative, of which he was aware.

Throughout his discussion, Cooper situated his work within changing school reform and the Common Core State Standards. Two themes emerged in relation to reform. The first was trying to prepare his teaching interns to meet the standards without their feeling overwhelmed or inadequate:

...being able to show them that teaching isn't just one way and welcoming alternatives. And before giving my examples asking them how they would do it and having some discussion about that and then bring in my examples and really see how they can meet in the middle with it, letting them know that the standards, you can meet language arts standards in a million ways, I could teach French and teach English standards.

And the second theme was the importance of collective action as well as his own agency to meet the emerging reform agenda:

I'm seeing that I really need to be an advocate for my students on a more systemic level, that it's going to take a movement, a reform effort. It can't just be me being a better teacher. And I've realized, teaching at the college level, if I can possibly impact cohorts of students that that's going to translate into how many thousands of students at the high school later.

Cooper described a second area of tension related to a more traditional model of teacher preparation. He specifically mentioned the protégé system of selecting a cooperating teacher, a problem he hoped could be corrected by a clinical practice approach. He was also critical of knowledge in traditional teacher preparation programs that had not been “field tested.” He stated:

I'd like to see more communication and partnerships between secondary institutions and universities...[and] more relationships being built so that when interns are placed into a building it's not based on a seemingly [based on a] random phone call....I'd like to see more clinical knowledge at an earlier stage of the game, because...it's not true knowledge until it's been field tested.

Critical of more traditional approaches to teacher preparation in this statement, Cooper in this statement underscores the promise of integrated clinical approaches.

### **The Teaching Interns**

While there was a range in the level of their responses, all of the teaching interns mentioned a number of benefits of clinical practice. These included their viewing a classroom as a laboratory of practice—a site to examine how to change and adapt curriculum to support student learning. This laboratory of practice became a site for their growth in adaptive expertise. A second benefit they mentioned was their development of a view of teacher professionalism as linked to student learning and practice.

**Early adaptive expertise: New teachers consider teaching as a laboratory of practice.** Teachers who display adaptive expertise in the classroom “are prepared for effective lifelong learning that allows them continuously to add to their knowledge and skills” (Bransford, Darling-Hammond, & LePage, 2005, p. 2). Adaptive experts develop a capacity for personal and professional growth in relation to the promotion of learning of their diverse students (Corno, 2008; Randi & Corno, 2005).

An example of a teaching intern gaining a sense of adaptive expertise may be found in Susan, who was preparing to be a history teacher. In this quote she drew a parallel between learning from her practice and learning within her discipline:

I compare learning from an instructor who is teaching in the classroom to reading a primary source when learning about history. The primary source is real-time. It conveys the attitude of the people involved, what is happening in the trenches, and the work required understanding an event.

Susan's comparison of the classroom to a primary source document, one that a historian situates within a historical context and reads inductively, suggests the beginning, at least, of the development of an adaptive learning stance toward practice. She added that she “felt confident and ready for classroom management issues...I had the tools to analyze, make changes, and try various methods.”

She continued by describing how the instructor modeled reflective practice supportive of adaptive expertise:

His role as a [university] instructor might have made him consider a teacher's role in a different perspective. For example, Paul had to instruct us on strategies that he may do automatically; thus being the instructor made him more reflective of his own practices and how they may work or could be improved. In the process, he is able to share with us this insight. As an instructor, Paul was learning just like his students.

A theme of authenticity came up repeatedly when the MIT interns discussed how they learned to reflect on and adapt their teaching. Laura mentioned how the clinical instructors' use of case studies provided an authentic classroom context for their learning:

I truly appreciated the opportunity to consider real world situations, think about how I would respond, and then reflect on the consequences. When these situations then happened in my classroom, I had already role played and talked about the situations with my peers so I immediately knew how to respond.

She followed this thought by stating, "Paul told us that whatever you do, whatever theories you use, you have to be comfortable. You have to be yourself, and not try to 'fit a mold' of a teacher."

Part of the value of the practical aspects of their program to the teaching interns was the use of practice as a context for understanding theory. Cassie, for example, stated that much of the value of a clinical practitioner as an instructor was Paul's skill with real world and non-hypothetical situations.

[The clinical course was] useful almost entirely because it was taught by a practicing teacher. He was able to use recent developments in his own classroom to illustrate textbook principles. He was also much more capable than other instructors of bridging the gap between the theoretical and practical aspects of teaching.

There was a subtext, perhaps, of how authentic practice actually amplified theory. Walter further considered practice as key for understanding new ideas about practice: "Generally, in the classroom management course...we used our own evolving practices to develop our understanding of best practices. We didn't do this in many other courses." He went on to discuss how the examination of practice connected to his content of social studies: "[The clinical] courses have helped me understand the importance of using my [academic] content as a framework while putting more emphasis on presenting the material in ways that not only reach the students but also provide classroom structure." Cassie further elaborated on the importance of practice to theory:

The focus on practical, real teaching situations...demonstrated the usefulness of some teaching theories, practices, etc. I was more likely to use teaching strategies taught in Paul's class than in other classes because they were framed authentically....I also learned how to adjust Paul's advice to fit my own style. I did this far less with other courses because the theories all seemed so impractical and unconnected to real classroom situations.

In this statement Cassie suggests that she is basically translating the instructor's discussion to her own situation, to "fit [her] own style" and thus, by implication, to create something new, and in this situation she emphasized the practical context.

Cassie, perhaps more than the other students, began to examine her own practice as if in a laboratory of practice:

For me, it's the importance of pitting theory against practicality in teacher education. While theory is important,...it's also crucial to test and prove/disprove the theories and abstractions that dominate the front-end of teacher preparation...I wouldn't want to eliminate rigorous discussion and study of the abstract, but I would like to do so in the context of real experiences.

Cassie was not suggesting that a teacher create a dialogue between theory and practice; rather, she was suggesting that the value of theory may be found in relation to an authentic situation.

**Interns' views of teacher professionalism.** Another theme among many interns was how clinical practice presented a particular model for teacher professionalism. For example, Susan stated,

Both [clinical] course instructors led discussions on teaching as a profession. Since they both were practicing teachers, they shared experiences that exposed the need to maintain professionalism as an example to students, peers, parents, and community members, and to the field of teaching despite any discontent and/or negative perceptions by the public.

Maryanne emphasized how this classroom stance gave her confidence "to make decisions in the classroom." Stan, also linking professionalism and classroom practice, mentioned, "Both instructors practiced what they preached ...They taught me the importance of professionalism...." These students are describing a stance toward professionalism that acknowledges a public dimension of teaching and a view of practice as nested within a larger community. Susan's above comment also suggests that she is adopting a view of professionalism that gives her an argument to counter negative views of teaching.

The interns reported that the instances in which the clinical practitioners publicly engaged in reflection on their own practice provided another layer of professionalism. Walter discussed how the clinical instructors modeled reflection: "I believe that because Paul was both a student and an instructor, he was more able to see his own teaching from a student's perspective...and use his experience as a student to make his own teaching better." When Walter suggested that the instructor was teaching the interns to be reflective, he further underscored the role of instructor as mentor to their students. Walter's comment also suggested that part of the clinical practitioner's trustworthiness stemmed from this public modeling of self-reflection as a basis for

changing practice. Given that the clinical instructors mixed experiences and locations (e.g., their high school classroom, their college classroom, and their own program classes) in this discussion, their reflection further became a context for viewing the classroom experience from multiple perspectives.

**Interns' tensions.** The interns mentioned a number of tensions as they discussed clinical practice. Many of these tensions were about more traditional professors disconnected from the world of schools or theory practice disconnections. Cassie offered that "Many of our preparation courses focused solely on theory (without much connection to the practice of teaching). When they did lean toward the practical, they relied on hypothetical, idealistic, or less-than-recent examples of classroom dynamics." Mindy thought that "It is always difficult when professors seem somewhat removed from the classroom because they no longer teach at the middle/high school level." It is important to note that the tensions the interns described were not inherent to clinical practice, but rather existed in more traditional teacher preparation programs.

### **Discussion: Clinical Practice and Third Space Theory**

For this discussion, we focus on three specific aspects of third space theory: creativity in thinking, transformations in practice, and reflection/reflexivity. As aspects of a helix of practice (Levine, 2011), we suggest that these processes intertwine and combine synergistically, creating new possibilities of practice. For that reason, we discuss these processes holistically and together for the interns and instructors.

Resonate with Rochielle and Carpenter's (2015) view that third spaces coalesce when "educational, artistic, creative, and other cultural practices intersect and move outside traditional paradigms and norms" (p. 131), both Paul and Cooper articulated complex conceptualizations of practice over the course of this study. Paul indicated the difficulty in finding the language to describe a new way of thinking about and working in education. His description of his role underscored Dan Lortie's (1975) words from nearly half a century ago about the need to find "semantically potent common language" (p. 212) with which to discuss practice. Highlighting the value of experience, Paul described the relational transactions as a way to promote new ways of thinking.

The act of articulating and being aware of his experience was paramount to Cooper, as well. What was especially important for him was his awareness of how to combine and engage different educational contexts both for the benefit of student learning and the overall educational process. One practice-related theme he discussed was about the value of hybrid arrangements in education. These hybrid spaces included theory/practice connections, school/school/community partnerships, collaborative internships, internship critique (examining one situation in relation to another), and the wearing of multiple hats (i.e., both a teacher and a student hat).

He also appeared to have cultivated a meta-awareness of this process. It was interesting that the interns' thoughts also supported the value of the instructors' use of language as a medium of reflection, mentioning that their instructors' discussion of their classrooms as learning labs would make them become more aware of the classroom processes and thus more reflective. However, the results of the reflection and the changes in thinking that the clinical instructors sought to promote were more those of their students than of their own.

Aware of their practice, both Paul and Cooper began to experiment with and conduct their practice in new, interdisciplinary ways, often using their own secondary classrooms as labs for themselves and their teaching interns. Attempting to integrate their work between the K-12 and the graduate-level settings, they constructed ways to allow these sites to “communicate” and mutually inform one another. Important for Cooper were ways for him and his students to experiment with—“to triangulate”—literacy education, a view which seemed to become foundational to his evolving theory of teacher preparation. While Cooper did not describe these interdisciplinary situations as being dialogic, in many ways they were consistent with Bakhtin’s (1981) notion of multi-voiced situations as generating imagination and new perspectives. At the same time, however, the clinical instructors thought that their interns’ new perspectives might help prepare them to encounter new accountability mandates, rather than generate new paradigms and norms, as Bhabha (1990) might maintain.

As the instructors co-created these dialogic spaces, the interns began to consider their prior disciplinary knowledge, their views of educational theory and philosophy, and their views of classroom interactions in new ways. As the interns entered the third space of clinical practice, they were especially engaged in a mutual process of making cultural translations between their prior relatively traditional and static notions of classrooms as sites of teaching and their new views of them as laboratories of learning. Perhaps one of the clearest connections between the interns’ use of language and Bhabha’s (1990) third-space theory may be found in the interns use of metaphors and double codings to begin to describe their experience and to view Paul and Cooper as both teachers and learners in non-dichotomous ways and classrooms as sites of learning and reflection, more than didactic teaching.

Bhabha (1990) maintains that third spaces are non-colonial spaces and that for him the concept is grounded in post-colonial practice. By their dialogic focus, third spaces are thought to be democratic spaces (Sawyer & Liggett, 2012). The clinical instructors’ perceptions support Bhabha’s (1990) views of these spaces as inherently dialogic and democratic. Both Paul and Cooper emphasized the importance of learning from difference and the recognition that everyone is different. This focus appeared in many different ways in their conversations, from their discussing their thinking, to their structuring their courses as learning spaces, to their thinking about their own processes of reflection. For example, Paul directly discussed the value of difference to him and his practice. Cooper described clinical practices as the use of “multiple lens,” as a mix of theory and practice, and the engagement in a multi-layered laboratory of practice.

Both Paul and Cooper discussed their engagement with reflection as being both epistemological as a lens on practice as well as ontological as a lived process. They both described presenting specific—although very different--examples from their practice to use in classroom-based case studies and role plays. They then also both discussed modeling reflection to their students in the process of examining these cases. A surprise finding was that they did not directly mention learning from the teaching interns (as their students mentioned learning from them) so much as learning with them, as they examined their teaching in collaboration with these teaching interns. This type of instructor/intern learning is similar to Wang’s (2006) own observation of teachers choosing to be engaged as learners and as people in collaborative third-space learning encounters. Susan lent credence to this process by remarking that “Paul was learning just like his students” and modeling reflection. She added a personal dimension to this reflection when she described learning from her practice as from a primary source document.

Unlike Paul, perhaps, Cooper also mentioned using these situations as a form of triangulation in grounded decision making.

Furthermore, as they used their own practice and classrooms as case-study contexts for the interns, Paul and Cooper structured authentic situations to promote their teaching interns' critical reflection, and promoted their interns' meta-awareness of that reflection. And, they both exposed the interns to multiple and collaborative ways of examining teaching and learning situations. Cooper, again, described having his students use "themselves as guinea pigs," becoming part of the case analysis. These case analyses became, to a certain extent, laboratories of practice (Perry & Imig, 2008), expanding both the process and the product of research on teaching. The interns themselves also began to view their own classrooms as laboratories of practice, as shown in Cassie's thoughts about the need to test theory with real students in actual classrooms.

With this authenticity, some of the interns came to appreciate theory, as seen in Cassie's words about the appreciation of theory to practice within authentic situations. However, the interns did not so much discuss collapsing the theory/practice dichotomy—and thus suggesting embodied learning within in-between learning space (Aoki, 2004). Rather, the interns to a certain extent emphasized practice over theory, considering practice a site to test theory. This stance was echoed less strongly by the instructors' views. The interns' appreciation of theory primarily in relation to practice holds implications for their depth of future learning if they seek knowledge more through personal experience than through a combination of theory and practice.

The clinical instructors, however, both mentioned applying theory from their own coursework to the clinical practice experience. It is important to note that they both referenced Dewey's experiential theory, and Cooper also mentioned learning about positionality and Critical Race Theory.

The interns also emphasized the value of reflection—both in particular instances as well as in general to inform practice. When they discussed the value of role playing real world scenarios from the clinical practitioners' classroom for their own preparation, they were imagining new possibilities for their practice. Some of the interns actually began using aspects of their academic discipline as a basis for reflection, as seen in Susan's comments about primary source documents and Walter's about how dynamic and theoretical views of his academic discipline, social studies, could help him "reach the students." Both interns seemed to make these sophisticated connections to their academic disciplines as part of the clinical practice experience. These new connections seem to underscore Bhabha's (1990) conception of hybridity.

Finally, there was a strong theme of professionalism running through the interns' statements, suggesting a practice-based approach to professionalism, one grounded in classroom practices that promoted reflection and student growth. For example, Susan's statement "they both are practicing teachers," which emphasized the role of experience to her view of teacher professionalism, implied that practice provided a warrant of authority to the instructors' discussion of professionalism. This notion aligns with Dolls' (1993) consideration that in complex classrooms, teacher authority is negotiated between teacher and students, not automatically awarded to teachers. The interns' responses about teacher professionalism add a deeply personal and experiential dimension to its meaning, consistent with third-space theory.

## Conclusion

The “two-world pitfall” is alive and well almost 30 years after Feiman-Nemser and Buchmann (1985) first described it. A new possibility for beginning to close the pitfall, however, may be found by combining the rich promise of teacher leadership (within the authentic school context of that leadership) to models of clinical practice for teacher preparation. As explored in this paper, one site for that combination might be the professional practice doctorates in practitioner education that are currently emerging throughout the United States. These programs hold a promise of offering the basis for partnerships between doctoral programs, practitioner preparation, and K-12 schools.

Doctoral students preparing to become teacher educators are uniquely positioned to work with college faculty and school communities to begin to prepare teachers in a new way. As seen in this study, clinical faculty are able to draw from their authentic practice to model a dialogic and collaborative form of reflection to their teacher preparation students, presenting a conception of the professional teacher as one who learns within a community of practice.

The instructors and the interns—resonate with Clandinin and Connelly’s (1995) work with teachers’ personal/professional knowledge landscapes—combined their personal and professional views of teaching in an organic, emergent way. The instructors and interns benefited from the freedom to experiment and to create interdisciplinary dialogue. As an entrance into teaching, this approach then became part of the interns’ teaching identity. This thought amplifies Bhabha’s (1990) notion that new knowledge is generated in third spaces by actors making cultural translations in ways that connect to their identity.

This border-crossing work underscores Wang’s (2006) description of her own attempt to engage her classroom as a third space:

Situated on the margin of two cultures, going back and forth between different worlds, and struggling with an in-between realm, I am in a constant search for a cross-cultural identity which is neither confined within one space nor trapped between two spaces. (p. 113)

Resonate of the belief that cultural negotiation promotes identity change in relation to the internalization of new subjectivities (Bhabha, 1990; Wang, 2006), our clinical faculty members and teaching interns developed new subjectivities and identities in relation to the context of clinical practice. Within that context, an immense professional expertise grounded in an acknowledgement of difference and multiple viewpoints about student learning was shared and developed among the clinical practitioners and teaching interns.

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