

The Clinical Associate: A New Role?¹

AMBROSE A. CLEGG, JR.*
HARLAN J. TRENNEPOHL

MORE change in the patterns of teacher education has probably occurred in the past five years than in the entire half-century since Dewey² first set down his ideas for developing a laboratory approach to the training of teachers. Although Conant's³ notion of the clinical professor is not an entirely new one (its predecessor was the Normal School professor who also taught classes on a regular basis in the affiliated Training School), the idea caught on anew at Northwestern⁴ and Harvard Universities in the early 1960's and has since been adopted in varying forms at a number of universities and colleges.

Relating Theory and Practice

There are many variants of the clinical professor idea. The essential feature of the concept, however, is that those who are di-

rectly associated with the training of teachers (particularly in methods of instruction and the supervision of student teaching) have recent or current classroom experience, as well as advanced graduate work in the theory and research of education and related disciplines. A related idea was Conant's suggestion that teacher certification might more properly be vested in the hands of the professional practitioners at the local school district level, rather than in the colleges or universities whose courses and programs Conant judged to be largely useless, poorly taught, and irrelevant to the actual tasks to be performed.

Since the publication of Conant's book in 1963, a number of teacher education institutions and state certification agencies have moved toward closer cooperation between the colleges and the public schools. These trends were recognized in the state of Washington in a document commonly referred to as the *Fourth Draft*⁵ which envi-

¹ Adapted from a paper presented as part of a symposium on Models for Curriculum Reform at ASCD's 25th Annual Conference, San Francisco, March 17, 1970.

² John Dewey. "The Relation of Theory to Practice in Education." In: National Society for the Study of Education, Third Yearbook, Part I. Chicago: University of Chicago Press, 1904. pp. 9-30.

³ James B. Conant. *The Education of American Teachers*. New York: McGraw-Hill Book Company, 1963.

⁴ B. J. Chandler. "The Nation's First Clinical Professor." *School & Society* 94 (2274): 116-19; March 5, 1966.

⁵ Wendell C. Allen and William H. Drummond. *Statement of Standards for Preparation of School Professional Personnel Leading to Certification: Fourth Draft*. Olympia, Washington: Superintendent of Public Instruction, State of Washington, April 1968.

* Ambrose A. Clegg, Jr., Associate Professor of Education, University of Washington, Seattle; and Harlan J. Trennepohl, Associate Professor of Education, Kansas State University, Manhattan

sioned that school systems and professional associations, as well as colleges and universities, might engage in teacher education programs. In addition, there would be an educational staff associate certification for persons whose primary function would be in the training and supervision of new and inexperienced teachers. Similar certification is envisioned for those who fill such specialized roles as guidance counselors, speech therapists, school psychologists, etc.

Experimental Model

It was with these developments in mind that the staff of the Triple T Project⁶ at the University of Washington expanded its program of research and training in elementary school teacher education. Such expansion enabled the staff to include an Experimental Model for Teacher Education as a laboratory for testing out some of the ideas developed by participants in the Project.⁷

Borrowing from some of the approaches in the nine U.S. Office of Education models for teacher education, the Project developed a field-centered, performance-based program in which student interns would demonstrate critical teaching behaviors in actual classroom settings of three cooperating public schools in the Seattle area. The Project staff also recognized that if the traditional role of the cooperating teacher were to change from its limited and often minimal part to one of a much larger, fully cooperative venture with the university in the education of new teachers, then a new role definition and specialized training would have to be provided.

The Clinical Associate

To emphasize the involvement at field level, and to indicate the enlarged scope of responsibility with the university faculty, the

⁶ Prior to 1970 this project was known as the Tri-University Project in Elementary Education (Social Science/Social Studies).

⁷ Ambrose A. Clegg, Jr., and Anna Ochoa. "What Does Today's Teacher Need To Know and To Do?" *Educational Leadership* 27: 568-72; March 1970.

term "clinical associate" was coined, or perhaps we should say borrowed from the medical schools, where the position of "clinical associate" has been widely recognized for many years.

The staff envisioned that the clinical associate would perhaps be employed jointly by the public school district and the college or university. His position would be not unlike that of the supervising laboratory school teacher in the old normal school or teachers college except that his home base would be in the public school rather than on the college campus. He would be in a favorable location to help interns translate learning theory into teaching practice.

Training Program

Some rather broad objectives were spelled out at an early planning conference:

The clinical associate can:

1. Distinguish between personal style and those behaviors based on research principles of learning
2. Demonstrate a commitment to theories of teaching and learning
3. Translate theoretical knowledge into practice
4. Demonstrate use of analytic/empirical instruments for the analysis of an intern's teaching
5. Interpret, diagnose, and develop remedial prescriptions from available alternatives
6. Provide supportive help in a counseling type interview to help interns assess strengths and weaknesses.

An analysis of the role of the clinical associate indicated that clinical associates should have subject matter, research, technical, administrative, pedagogical, counseling, supervisory, and evaluative competencies.

A series of training sessions during the fall and winter quarters dealt with a variety of systems for observing and analyzing teacher behavior. These included the cognitive levels of questioning based on the

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Bloom's taxonomy, Flanders' ⁹ verbal interaction analysis, and Hanson's ¹⁰ system for content analysis, nicknamed "FLABA" because of its combination of elements from Flanders' interaction analysis and Taba's strategies of teaching. The spring quarter included training in shifting one's style of teaching and in the use of the Sony video tape recorders.

Strengths and Limitations

The clinical associates were nearly unanimous in their reactions that the materials in the training program described above gave them a new way of focusing upon the intern's teaching act without engaging in personal likes and dislikes, whims, or caprice. The training has allowed them to take a much more objective approach to specific teaching behaviors, such as levels of questioning, pupil-teacher interaction, and reinforcement strategies. Most felt that they gained personally and professionally from their participation in the program and can approach with much greater confidence the task of evaluating an intern's performance. More important, perhaps, they are now willing to work with one another using the ob-

servational instruments described to provide feedback about one another's teaching at the peer level.

There are, on the other hand, some serious limitations that must be mentioned in assessing such a program. The first of these is the need to free the clinical associates from all or a large portion of their current teaching responsibilities. Even under the favorable conditions of the Project, it was very difficult for the clinical associates to "steal" the necessary time for planning, making, and evaluating video or audio tapes with an intern-teacher and at the same time meet existing commitments for faculty meetings, professional associations, and parent conferences. Training sessions that were originally held during school hours had to be switched to the late afternoons.

The notion of concurrent training for the clinical associates was an expedient one, and hindsight suggests now that it was a poor one. Had the clinical associates been selected and trained during the preceding spring or summer, it would have been possible to provide much more systematic feedback for the interns during the fall quarter when they were engaged in limited tutoring and small group instruction.

Role Conflict

Last, there is the consideration of the dual role expectancy of a clinical associate. Unless he is relieved of all or most of his teaching responsibilities and is clearly assigned a new role, preferably in another

⁸ Benjamin S. Bloom, editor. *Taxonomy of Educational Objectives: Handbook I—Cognitive Domain*. New York: David McKay Company, Inc., 1956.

⁹ Ned A. Flanders. *Analyzing Teacher Behavior*. Reading, Massachusetts: Addison-Wesley Publishing Company, Inc., 1970.

¹⁰ See: John H. Hanson and Arthur Hearn. *The Middle School Program*. Chicago: Rand McNally & Company, 1971. pp. 89-94.

school building, he is still regarded as a teacher by his colleagues and by the administration. As such, there is strong peer pressure to conform to the "Establishment set" or the traditional mores that prescribe the roles and norms of the school culture:

The "good" classroom is a quiet classroom.

Reading must always be taught from 9:00 to 9:45 using only a basal text.

It is a sign of weakness to send a child to the principal's office.

But most important, don't make waves or rock the boat by being very different from the rest of us.

Our point is that the clinical associate must be sufficiently free of full-time responsibilities to help interns try out new ideas, particularly those that may depart from conventional wisdom or established orthodoxy. As Dewey¹¹ implied, the training of teachers in the laboratory setting must be recognized as the cutting edge between the theory and research developed at the university and the day-to-day professional practice in the classroom, otherwise we merely reinforce the status quo.

Expanding the Model

With the increased use of team teaching, flexible scheduling, or differentiated staffing concepts, the clinical associate can be assigned a half or three-quarter time responsibility to work with interns, using the remaining time to demonstrate or model various teaching methods. In this way he would be freer to suggest and support a far greater range of nontraditional practices and also to see that the intern is accountable for following through on the consequences of his actions.

To take this a step further, it is not difficult to envision the situation under which a clinical associate would be largely respon-

sible for the supervision and training of some 6-10 intern teachers on a full-time basis. Such plans are already in operation at Michigan State University and elsewhere and appear to be quite successful. At MSU, teaching interns are paid about 4/5 of a first-year salary by the local public schools. The remaining 1/5 is accumulated to "buy the time" of the intern supervisor. The larger problem, however, remains: how to convert limited experimental models such as these to ones that can handle 600 to 1,000 or more student teachers per year—and at the same time ensure adequate placements and quality supervision and training.

Cooperative Planning

Finally, it is becoming increasingly more evident that planning for such programs can no longer be unilateral. To refer again to the State of Washington's *Fourth Draft*,¹² such training programs must clearly be a cooperative venture between the colleges and universities, the public school system, and the professional associations. Moreover, where projects are supported by federal funds such as the Education Professions Development Act, there must be clear evidence of meaningful involvement by all agencies concerned, including local community representatives, in the planning and development of the project. Yet perhaps most of all, it is the teachers themselves who should be most intimately involved in the planning process. For to be blunt about it, the conditions under which teachers will become involved with student teaching programs are fast becoming "negotiable items" in collective bargaining arrangements between teacher associations and school boards across the country.

We need new models for the preparation and supervision of beginning teachers. The clinical associate program appears to be a desirable approach, provided much more is done to free such a person from his present job restrictions. □

¹¹ Dewey, *op. cit.*

¹² *Op. cit.*



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