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Experiential Learning and Teaching: One EPP’s Journey Facilitating Clinical Teaching during COVID-19

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Introduction

When circumstances change in the blink of an eye, educators are accustomed to monitoring and adjusting to do whatever it takes to help students be successful. Little did we know that the requisite skills of being nimble, flexible problem solvers would be stretched to the limit as educators around the world addressed the massive educational changes that occurred in response to the global pandemic. Through their commitment to following best practices in educator preparation and ongoing collaboration with many stakeholders, the West Texas A & M University’s (WTAMU’s) Educator Preparation Program (EPP) faced the challenges of the COVID-19 quarantine while supporting 90 clinical teachers in completing their vital clinical teaching experience. This included making an overnight shift from “actual” face-to-face teaching to delivering lessons in new “authentic” virtual learning environments.

WTAMU’s Clinical Teaching Experience Prior to COVID-19

Prior to COVID-19, WTAMU’s EPP conducted clinical teaching in ac-

tual school settings as required by the state educational agency. Directors from the university’s EPP worked closely with local school district administrators to place candidates for their clinical teaching experience. To prepare them for this experience, clinical teachers were required to attend a four-day orientation where important information was shared with them. During these orientation meetings, they met their assigned field supervisor who explained the processes, expectations, and procedures used for field observations. Afterwards, clinical teachers traveled to their placement schools to meet their assigned cooperating teacher, who told them about the gradual release of responsibility method that would be used to transition in and out of the clinical teaching site.

The required time for the clinical teaching experience was 14 full weeks, or a minimum of 70 days in an actual classroom with face-to-face support and guidance provided by the cooperating teacher. To document their work, clinical teachers were expected to submit weekly reports containing their goals for the coming week and a

reflection on the accomplishment of their previous week's goals. Cooperating teachers documented two formative assessments and one summative evaluation, and submitted attendance reports to ensure the candidates were meeting the requirements for certification.

Field supervisors were expected to observe clinical teachers three times during their 14-week placement. These observations were spaced evenly throughout the placement period to ensure that observations were not conducted too close together. This best practice in apprenticeship allows time between each observation for the clinical teacher to show growth. Field supervisors also conducted pre-conferences and post-conferences with the clinical teachers for each 45-minute observation. During the post conference, the field supervisor coached and mentored the clinical teacher by providing suggestions for improvement. Field supervisors used the Texas Teacher Evaluation and Support System (T-TESS) model to provide coaching comments and the T-TESS rubric to evaluate clinical teachers in the various domains and competencies of effective teaching.

Changes Due to COVID-19

On March 13, 2020, as the news broke that schools would be closing due to COVID-19 quarantines, changes began to occur quickly. Since this was the beginning of our scheduled spring break, we had a week to prepare for these changes. However, limited guidance was available because local school districts were scrambling to figure out how to feed students, deliver technology devices for online instruction, and support in-service teachers. The

school districts and the state education agency were completely focused on the immediate needs of EC-12 students, not EPPs and clinical teachers.

Understanding that school district leaders were trying to figure things out, we continued to work alongside the district partners to keep clinical teachers in place. When their cooperating teachers were teaching virtually, clinical teachers were expected to do the same. Within this fluid and uncertain time, clinical teachers were encouraged to proceed with preparing lessons and were directed to asynchronously record these video lessons.

After a few weeks, as districts settled into the "new normal," we worked with school district and university technology staff to create district logins for candidates so they could deliver synchronous lessons using the districts' learning management systems.

Due to the uncertainty concerning the evidence the state education agency would accept for observations, we encouraged our clinical teachers to continue following the cooperating teachers' schedules. For example, if their cooperating teacher was creating lesson packets and answering email questions, the clinical teachers were expected to do the same.

Since we were unsure how to conduct field observations during this craziness, we asked clinical teachers to upload the recorded lesson videos to a newly-developed OneDrive account. Pre-conferences with their field supervisors were now conducted via email or phone. Field supervisors then logged in to the OneDrive account to watch their clinical teachers' video lessons,

continuing to evaluate their teaching using the T-TESS rubric. The clinical teachers then received feedback from their field supervisors during synchronous post-conferences conducted via phone or Zoom. Field supervisors used this process to complete all the clinical teachers' required observations.

We remained in constant communication with the state education agency during the remainder of the spring semester. Ultimately, the governor waived all clinical teaching observations for the 2020 spring semester. Not knowing that the waivers were going to be available, we continued with what we knew to be best practices in the field of educator preparation by continuing to support our clinical teachers with mentoring and vitally important feedback.

Eventually, the governor also waived half of the required clinical teaching days; however, we wanted clinical teachers to stay in placement for the full 14 weeks. Many assisted their cooperating teacher in finishing the academic year, with some completing 17 or 18 weeks during this unforeseen and unusual clinical teaching experience. We observed many of the clinical teachers going above and beyond and school district partners agreed that these were some of the best and most dedicated clinical teachers that we have ever certified--and they were all hired.

Challenges and Solutions

COVID-19 presented its share of challenges world-wide; however, EPPs faced some very daunting tasks to ensure that pre-service educators met

certification requirements to become teachers. There was no advanced warning that schools would close on March 13, 2020. When the Governor issued the stay at home order, WTAMU's EPP did not know how long they would be closed, when they might reopen, or if clinical teachers would be able to remain in their placements. We had to make changes overnight with no direction from the education agency, as they had the entire state of EC-12 students to contend with. Changes were made based upon best practices, and we hoped that we would be able to certify our clinical teachers and that what we had implemented would be accepted by our accrediting agency.

Another unprecedented challenge stemmed from schools moving to an online format for the remainder of the spring 2020 semester. Cooperating teachers were thrust into virtual teaching overnight, and they were trying to learn a new way of teaching their students while simultaneously trying to mentor clinical teachers. Clinical teachers were not able to login to district learning management systems (LMSs) and could not access learning platforms because they were not official district employees. Additionally, the state accrediting agency mandated that observations of clinical teachers be conducted in "actual school settings;" however, with schools moving to virtual learning environments it was impossible to meet this requirement. To address this situation and validate the clinical teachers' work, we had clinical teachers record instructional videos that were uploaded for EC-12 students to view as part of

“We remained in constant communication with the state education agency during the remainder of the spring semester.”

their direct instruction. Field Supervisors then viewed these videos and provided the same quality of coaching to ensure continued growth in clinical teachers' instructional skills; this was challenging for the field supervisors as they had never evaluated videos in order to provide feedback virtually and still be an effective coach. To confirm the clinical teachers' readiness, we implemented a process where both the field supervisor and cooperating teacher completed an attestation verifying the clinical teacher's readiness by citing specific standards met.

Looking Ahead and Lessons Learned

While the spring semester was challenging and took many by surprise, we realized we had to plan for the fall semester and prepare for a variety of possible situations and outcomes. Our mantra became, "We have backup plans for our backup plans." Due to continued COVID-19 restrictions, we changed our clinical teaching orientation to a virtual platform, containing the same seminar information. We also learned that we do not have to be in a physical room all together to offer an effective training that meets the requirements. Knowing that we could move to a virtual platform at any time, we collaborated with our district partners to provide district logins for the clinical teachers from the beginning of the fall semester. This allows our clinical teachers to help support our partnering districts with virtual learning and be prepared to move online at any time. Additionally, we are enhancing our curriculum concerning digital literacy and plan to train clinical teachers specifically and purposefully on LMS platforms such as Schoology, Google Classrooms, or Canvas, so they

are more prepared to teach both virtually and in person in "authentic" school settings in this new era of education.

From these challenging experiences, we learned that we are capable of teaching and learning using a variety of strategies in different instructional settings. We learned the importance of being proactive versus reactive in uncertain times and that being an independent problem solver is a great skill. We did not know that the measures we put into place would be accepted when we implemented them, but we learned that we could not remain static. It was important to look ahead and proactively create alternative plans for future semesters, understanding that the field of education may never return to what it was before COVID-19.

Conclusion

When an EPP experiences the ides of March, an EPP audit, Friday the 13th, and a full moon in the same week, you know that you can expect a challenging week to say the least. However, what we could not predict was how COVID-19 would change the scope of education. Unknowingly, we were many steps ahead of the game. The state accrediting agency now requires many of the strategies we implemented through an intentional commitment to using best practices. We faced our share of challenges and setbacks throughout this process. Many days, we would send out a communication with instructions and next steps to have it change and become void immediately after sending it. Addressing the sheer panic of the clinical teachers was a daily challenge as many were distraught, thinking they might not graduate or become certified, but we promised them that we would do

everything in our power to support them in the certification process. We kept telling them, “Don’t worry; let the certification office worry about that. You worry about honing your craft of teaching and helping your cooperating teacher. Teach the students using all the tools you have been taught. You do your part, and we will do our part to get you to certification.” We came through on that promise—100% of the clinical teachers in spring 2020 were certified. By following our own commitment to best practices and by listening to the suggestions of our accrediting body, state and local agencies, and the governor, we made our way through the uncertain landscape of the COVID-19 quarantine. Our clinical teachers learned that they had the skills to teach in any environment necessary, and we may all be better for facing it. ■