

Learning from the Best

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Introduction

Educator preparation programs (EPPs) across Tennessee train aspiring teacher candidates through a combination of coursework and practice teaching experiences. These practice teaching experiences pair pre-service teachers with current teachers in their endorsement areas. The candidates then observe, co-teach, and solo instruct in their clinical mentors' classrooms, putting the knowledge from coursework into practical application.

Clinical mentors (also commonly called cooperating teachers) serve as role models, mentors, and coaches for those aspiring to enter the profession. Yet until recently, little attention has been given to how well EPPs prepare pre-service teachers through these practice teaching experiences or to the influence that clinical mentors may have, including who might be best suited for the role.

Tennessee and other states have enacted policy requirements for who can serve as a clinical mentor. Most of these states, including Kentucky and Alabama, suggest the use of a minimum for the number of years of experience as the qualifying factor for becoming a clinical mentor ([Greenburg, Pomerance, & Walsh, 2011](#)). Tennessee goes a step further by specifying that clinical mentors must be identified as "highly effective," as evidenced by a state-approved evaluation model, along with having appropriate licensure and endorsement in the area where they will be supervising candidates ([State Collaborative on Reforming Education, 2016](#)).

But does having a more instructionally effective clinical mentor really matter? And what can the state, districts, and EPPs do to ensure that student teaching experiences ready our future teachers?

This brief examines these questions by looking at promising practices in strengthening mentorship programs in Tennessee to better prepare pre-service teachers. We summarize research from a partnership

between researchers, led by Matthew Ronfeldt of the University of Michigan, and program leaders at the Tennessee Department of Education and several EPPs in Tennessee.

We uncover three key findings when we examine mentorship programs in Tennessee:

- 1 *Pre-service teachers with more instructionally effective clinical mentors perform better during their first year as measured by observation and student growth scores, feel more prepared, and report more frequent and higher-quality coaching.¹*
- 2 *Serving as a clinical mentor does not negatively impact teachers' evaluation scores.²*
- 3 *When the state provides districts with lists recommending specific teachers they should target to serve as clinical mentors, they recruit substantially more effective teachers and, as a result, the pre-service candidates those teachers mentor feel more prepared for the classroom.³*

Policy Implications

Based on the research findings, it is critical that state and local leaders adopt promising practices to recruit instructionally effective clinical mentors, including:



School and district leaders should consider making use of evaluation data when recruiting mentor teachers. They can leverage this information as they work in partnership with EPPs to recruit more effective teachers.



State leaders should seek to scale efforts to provide information and incentives for recruiting instructionally effective clinical mentors, and work collaboratively with EPPs and districts to identify those teachers who are best equipped to serve as mentors in the state.

¹ Ronfeldt, Brockman, & Campbell, 2018a; Ronfeldt, Goldhaber, Cowen, Bardelli, Johnson, & Tien, 2018b

² Ronfeldt, Bardelli, Brockman, & Mullman, 2019

³ Ronfeldt, Bardelli, Mullman, Truwit, Schaaf, & Baker, 2019.

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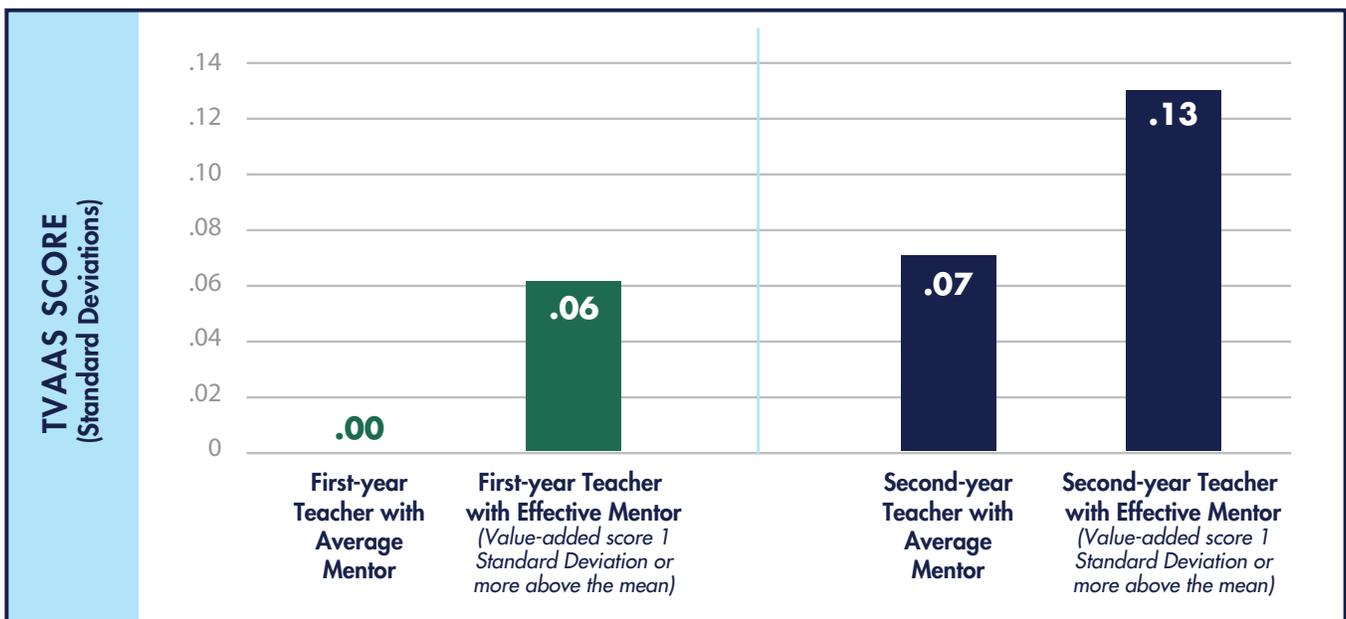
PRE-SERVICE TEACHERS WITH MORE INSTRUCTIONALLY EFFECTIVE CLINICAL MENTORS PERFORM BETTER DURING THEIR FIRST YEAR AS MEASURED BY OBSERVATION AND STUDENT GROWTH SCORES, FEEL MORE PREPARED, AND REPORT MORE FREQUENT AND HIGHER-QUALITY COACHING.

In Tennessee, we find that when teacher candidates are mentored by more instructionally effective teachers, they are more effective in their first year of teaching than compared to first-year teachers who had less effective mentors (Ronfeldt et al, 2018a). We see this result across two metrics - teachers' value-added scores (Tennessee Value Added Assessment System, TVAAS) and their observation ratings.

Pre-service teachers who were placed with more effective clinical mentors (those with a value-added score in the 84th percentile or above) receive a value-added score in their first-year equivalent to that of being a second-year teacher (see Figure 1). The differences between new teachers who did and did not have instructionally effective mentors are maintained into the second year of teaching.

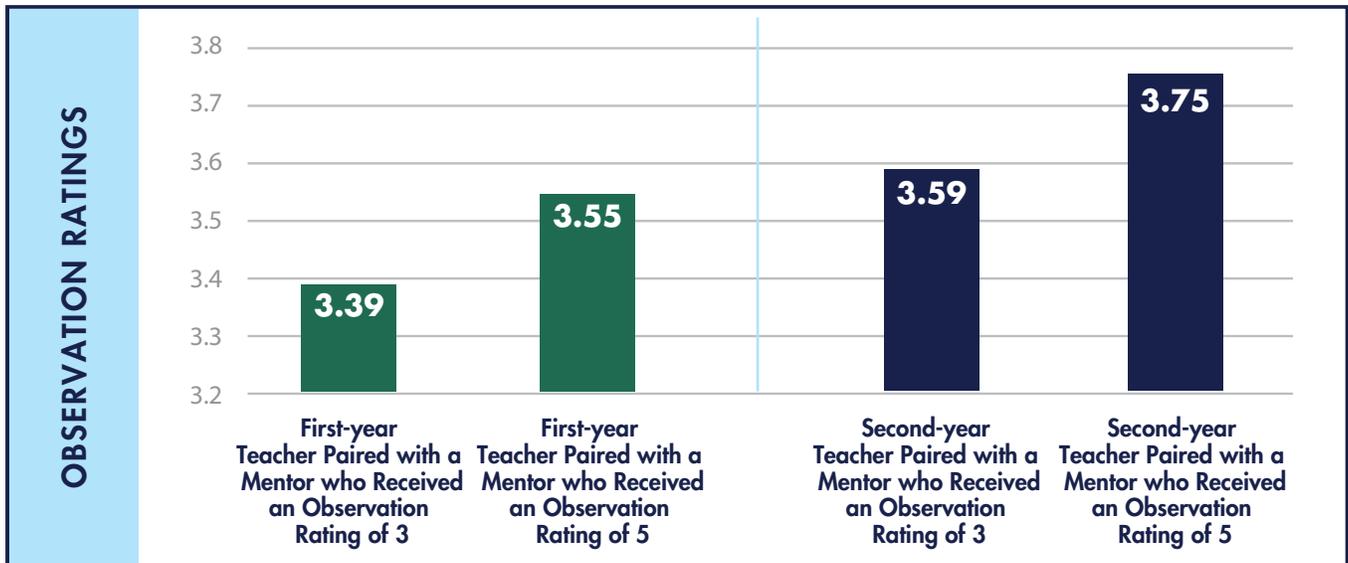


FIGURE 1: Pre-service teachers paired with instructionally effective clinical mentors have higher TVAAS scores as first-year teachers than those who do not.



Additionally, pre-service teachers also receive higher observation ratings in their first year of teaching, equivalent to a difference of about half a year of teaching experience when they had clinical mentors who were rated as significantly above expectations (5) on the TEAM rubric.

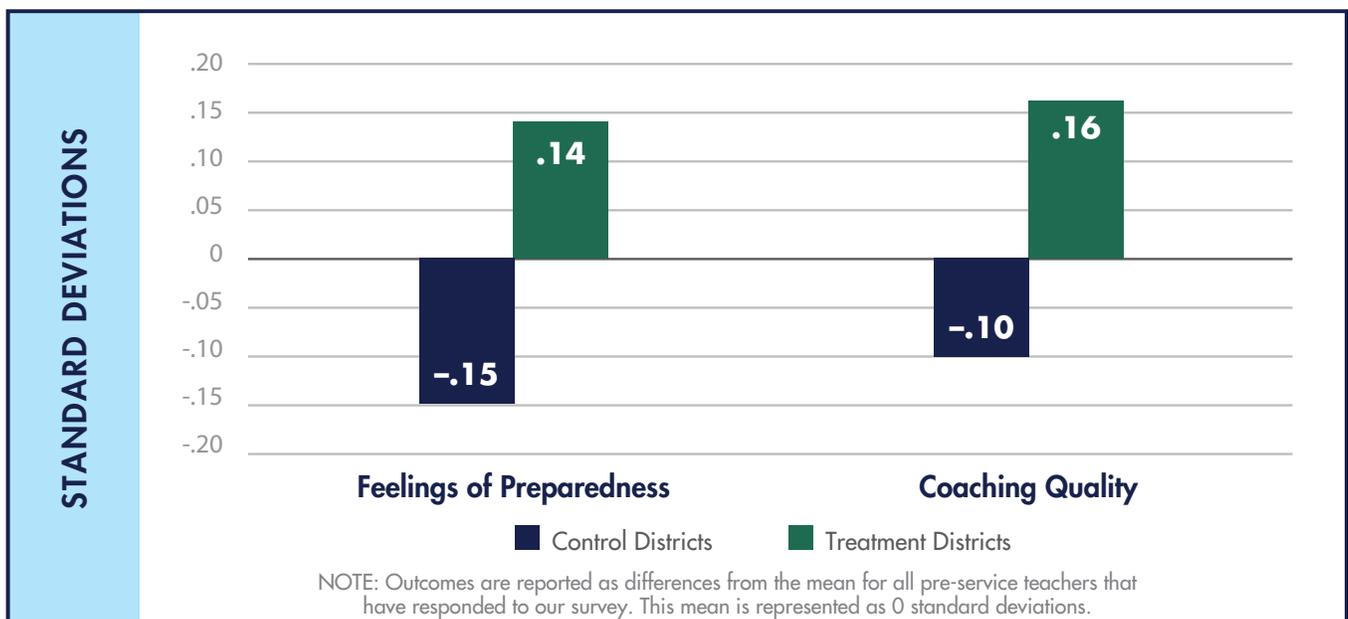
FIGURE 2: Pre-service teachers who are paired with instructionally effective clinical mentors have higher observation ratings as first-year teachers than those who do not.



New teachers who were assigned to highly effective clinical mentors may have benefited from opportunities to observe, learn, and teach with more expert role models. They also may find ways to implement the techniques that their clinical mentors use into their own practice.

Indeed, as Figure 3 shows, when pre-service teachers are paired with instructionally effective clinical mentors, they feel more prepared overall and report more frequent and better quality coaching (Ronfeldt et al., 2018b) than their peers placed with less instructionally effective mentors. Having opportunities to learn from more instructionally effective clinical mentors may profoundly impact how effective, prepared, and confident new teachers are when they step into their own classroom.

FIGURE 3: Pre-service teachers who work with instructionally effective clinical mentors feel more prepared and report more frequent and higher-quality interactions with their mentors than those who do not.



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SERVING AS A CLINICAL MENTOR DOES NOT NEGATIVELY IMPACT TEACHERS' EVALUATION SCORES.

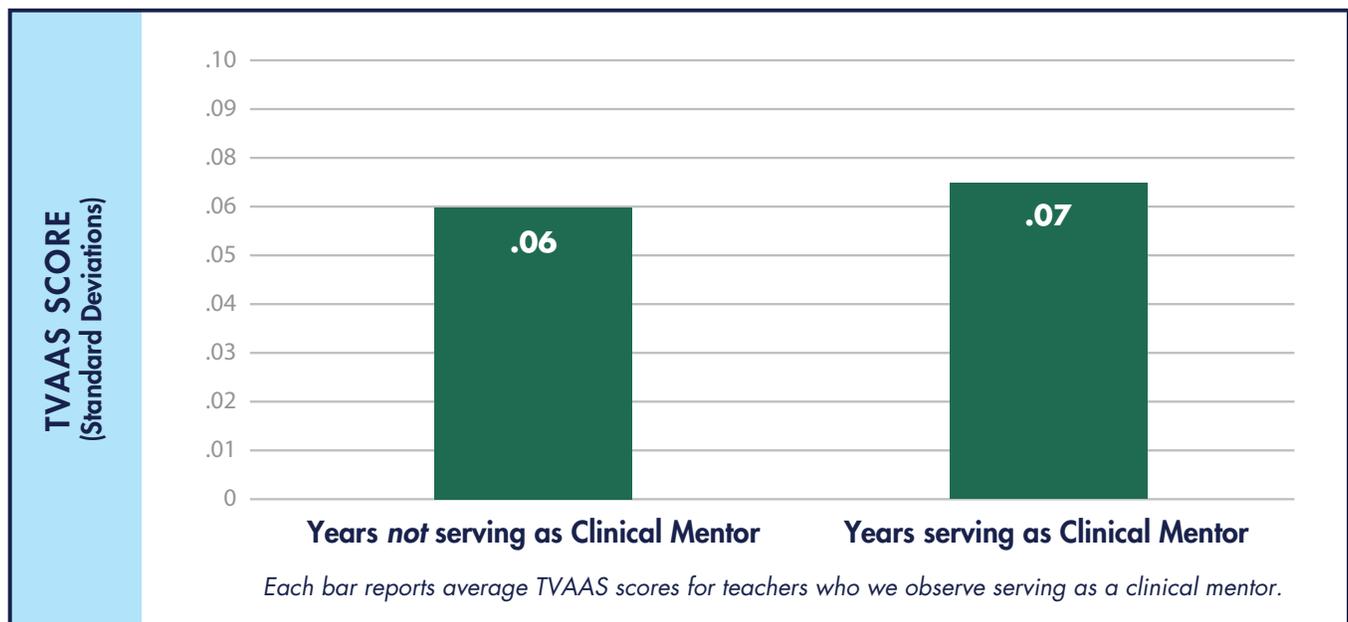
To increase the number of instructionally effective teachers serving as clinical mentors, it is important to understand more about barriers that may exist to recruitment. In Tennessee, EPPs often report that instructionally effective teachers are reluctant to serve as clinical mentors because they are concerned their own evaluation scores will suffer.

Contrary to this notion, we find that teachers did not experience a decline in their value-added scores or observation ratings during the year in which they served ([Ronfeldt et al., 2019a](#)).

As shown in Figure 4 below, TVAAS scores for clinical mentors do not differ in the years during which they host a pre-service teacher from the years during which they do not. Observation scores actually increase by .04 points on average in the year in which a teacher mentors a pre-service teacher. There are several potential explanations. For example, collaborating with a pre-service teacher may help hone clinical mentors' skills and makes for a stronger instructional environment with two teachers working together. Other examples are that observers may view serving as a mentor teacher as a signal of effectiveness and leadership, or that having two teachers working together lessens the cognitive load for opportunities for her to reflect and improve her own practice.

More research is needed to understand why and how mentors receive stronger observation ratings in years when they serve as clinical mentors. Regardless, this finding dispels the notion that serving as a clinical mentor results in lower evaluation scores as we look to recruit more instructionally effective clinical mentors.

FIGURE 4: Teachers do not experience a decline in their TVAAS scores when serving as mentor teachers.



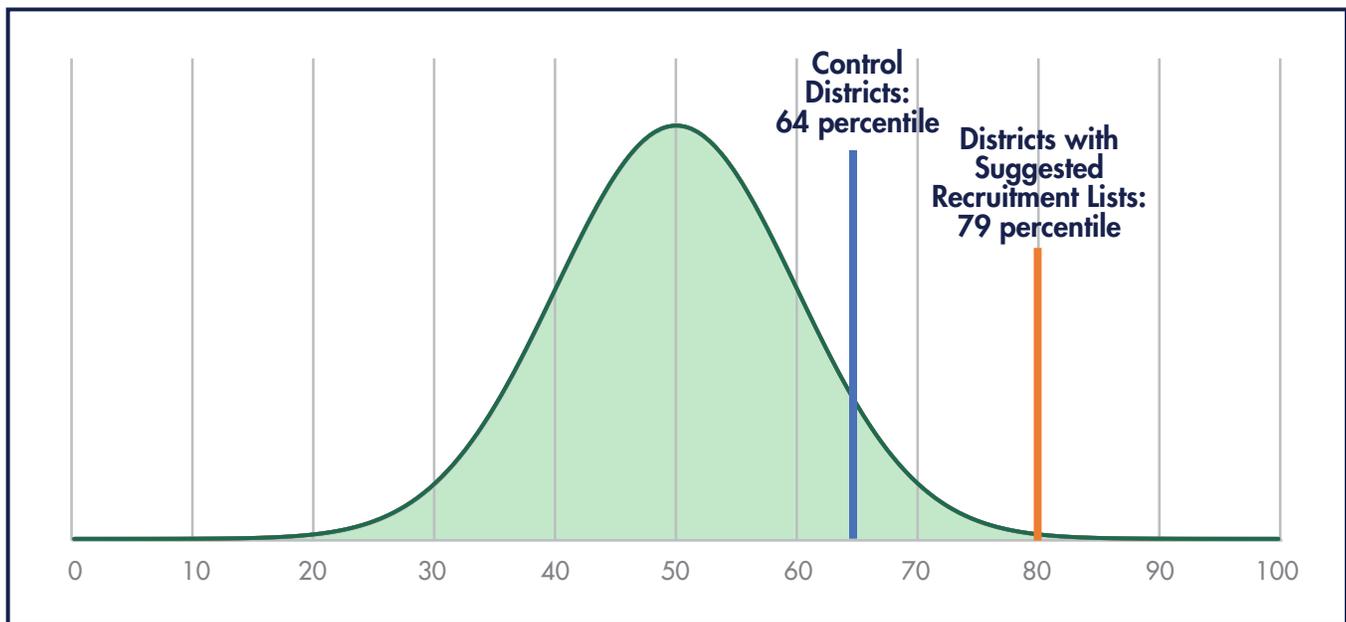
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WHEN DISTRICTS RECEIVE LISTS RECOMMENDING SPECIFIC TEACHERS TO SERVE AS CLINICAL MENTORS, THEY RECRUIT SUBSTANTIALLY MORE EFFECTIVE TEACHERS WHOSE PRE-SERVICE CANDIDATES END UP FEELING MORE PREPARED FOR THE CLASSROOM.

One way to recruit more instructionally effective teachers to serve as mentors could be to identify those teachers for districts so they can better target their recruitment efforts. To test this theory, we worked with one large EPP in Tennessee and most of its partnering districts in which it places pre-service teachers. Based upon teacher data from previous years, we randomly provided some districts with recommendation lists of the most instructionally effective and experienced teachers in the subjects and grades where clinical mentors were needed. Other districts proceeded to place their clinical mentors as they normally would. The experiment ran over two consecutive years.

Our analysis shows that, in both years, when districts were given recommendation lists, they were able to recruit more effective and experienced clinical mentors than other districts who did not receive lists (Ronfeldt et al, 2019b). As Figure 5 demonstrates, districts who were given these recommendations recruited clinical mentors who scored an average of 15 percentile points higher on TVAAS than those recruited by districts that did not receive recommendations.

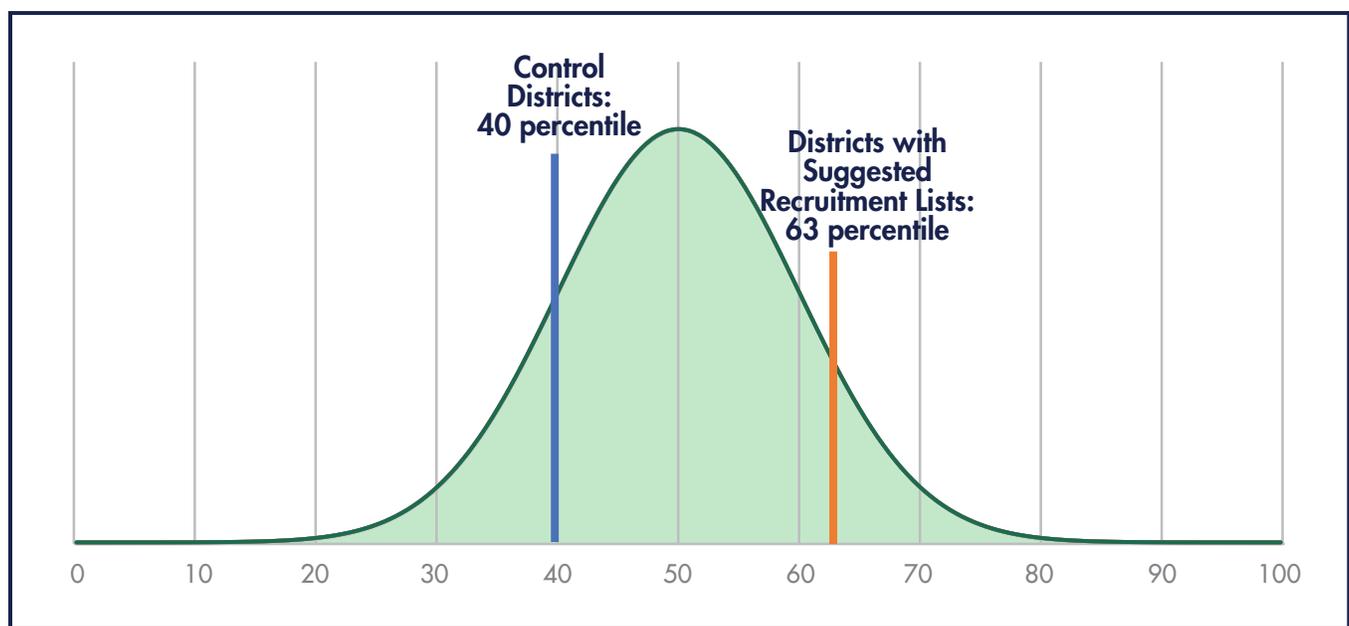
FIGURE 5: Districts that received lists of recommendations recruited more instructionally effective clinical mentors.





Additionally, pre-service teachers who learned to teach with this group of specifically recruited clinical mentors also felt significantly better prepared to teach at the end of their practice teaching experience (by 0.5-0.7 standard deviations) (Ronfeldt et al., 2019b). As Figure 6 shows, pre-service teachers reported feeling much more prepared in districts that were provided a list as compared to districts without a list. Compared to all pre-service teachers in the study, those in districts with lists fell in the 63rd percentile for feelings of preparedness whereas those in districts without a list were in the 40th percentile.

FIGURE 6: Pre-service teachers in districts with recruitment lists felt more prepared.



This analysis does not suggest that observations scores, value-added measures, and years of teaching experience are the only factors by which clinical mentors should be recruited. However, it does suggest that districts can and should use these effectiveness measures to more pointedly target specific clinical mentors as they work to recruit more instructionally effective clinical mentors.

CONCLUSION AND IMPLICATIONS



The findings outlined in this brief demonstrate the importance of strong mentorship during the practice teaching part of the educator preparation experience and dispel beliefs that serving as a clinical mentor may lower one's evaluation score. Pre-service teachers greatly benefit when they are paired with more instructionally effective clinical mentors – they are more likely to be more effective in their first years of teaching and feel more prepared to take on the challenges of being a new and inexperienced teacher. Importantly, we also find promising evidence for one lever the state can pull to help districts recruit more instructionally effective clinical mentors.

Policy Implications

It will take a collective effort by the state, EPPs, districts, and schools to ensure that we have strongly prepared teachers to lead future classrooms. Based on the research findings discussed above, it is critical that state and local leaders adopt promising practices to recruit instructionally effective clinical mentors, including:



School and district leaders should consider making use of evaluation data when recruiting mentor teachers. They can leverage this information as they work in partnership with EPPs to recruit more effective teachers.



State leaders should seek to scale efforts to provide information and incentives for recruiting instructionally effective clinical mentors, and work collaboratively with EPPs and districts to identify those teachers who are best equipped to serve as mentors in the state.

Future Research

Going forward, we are continuing to work with the state to explore ways to increase the number of instructionally effective teachers serving as clinical mentors via a pilot mentor training initiative, as clinical mentors report that they receive little training in effective coaching practices. This initiative specifically trains clinical mentors on questioning and feedback practices as the state seeks to improve the quality of the clinical mentor pool overall. Ongoing research is evaluating this initiative to shed light on another potential avenue that may help better prepare new teachers to be ready to lead their own classrooms.

Pre-service teachers greatly benefit when they are paired with more instructionally effective clinical mentors – they are more likely to be more effective in their first years of teaching and feel more prepared to take on the challenges of being a new and inexperienced teacher.

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