

Learning at the chalkface

Rethinking how we train the teachers of tomorrow. By Darragh O Keefe.

For some time there has been concern about the quality of teacher education courses," says Professor Louise Watson of the University of Canberra. "Most of the recent reviews on the subject have suggested that university education departments are out of touch with reality. The view is that students are not prepared in the art and craft of teaching; that there's too much focus on theory and not enough on practice."

For the past seven years, education faculty staff at the university have been developing a model called teaching clinics, whereby they deliver content and pedagogy

INTHISTORY

- University faculty of education staff have developed a new model, called teaching clinics, for delivering content and pedagogy to pre-service teachers in school classrooms
- The model is bridging the theory-practice divide and addressing concerns about the quality of teacher education courses
- A national network has been set up to link the universities currently running such models.

to pre service teachers in school classrooms.

In a paper discussing the new model, recently presented at the Australian Association for Research in Education (AARE) national conference in Brisbane, Watson and her colleagues say it is based firstly on the principle that pre service teachers must reflect upon and learn from their teaching experiences. The second basis is a belief that it is crucial for teacher education lecturers to be embedded, to some extent, within the school experience.

"These teaching experiences give students the opportunity to apply their learning in a genuine and demanding setting with the support and supervision of faculty staff," the paper states.

"In a teaching clinic, pre service teachers are expected to perform structured teaching roles in a real classroom under the supervision of faculty staff and classroom teachers. They are expected to reflect upon their teaching experiences and on the links between the theory and practice of what they do. Structured support is provided



Teaching clinic at Kaleen High School, ACT

to facilitate reflection and evaluation of the teaching experiences. In most cases, assessment for the unit of study is based primarily on their performance in the teaching clinic."

The model is applied in many units of study across all year levels at the university, in the fields of health and movement; science; social and environmental education; literacy learning; and english as a second language.

"In our faculty, the teaching clinics developed in an organic way, driven by teacher education staff," explains Watson. "About seven years ago, our physical education lecturer decided that her courses would be better delivered if they were more school-based. She couldn't see the point of making her teacher education students pretend to be children in role plays conducted in the university gym, when they could all be in an actual school with real students. Through her own contacts she started to teach her core subjects in schools."

The notion spread to other staff within the faculty. Now, 30 per cent of students are engaged in clinics in their core subjects, complimenting the practicum where they are sent out to schools. With the graduate diploma, for example, students are in a classroom within a week of starting the course.

Meanwhile, at the University of Melbourne, student teachers have been learning at the chalkface for the past 10 years, when staff began taking student science teachers to local schools. Bringing the theory to life in a classroom setting is a model they have found to be extremely successful, according to Dr Christine Redman, senior lecturer.

"In our primary stream, we have 125 students and five primary schools taking part. The students go out with academics for three hours every Friday morning.

They spend an hour or two teaching, depending on the ages in the class. They work in small groups, of up to six students each, so the class is subdivided."

Redman says the students glean an insight and understanding into the children's behaviour and learning processes. "They listen closely to what the students say, and what they do. They take note of what the students learned, and what they didn't. Then they reflect about what happened in each other's groups and the implications of that. It enables them to develop a clear pedagogical approach for responding to children's learning needs. And they're doing it in a collaborative way, with academics, classroom teachers and their peers."

As well as the behavioural aspect, the teaching clinic also serves to bridge the theory-practice divide, says Watson. "Before this, a common form of assessment was to ask students to write a lesson plan and submit it to the lecturer to be marked. Therefore, the student would be assessed on the content of their lesson plan, but not on their classroom delivery. Within the teaching clinic, the student is assessed on the both the content and the delivery of their lesson plan. It's about bridging the theory-practice divide.

"Another benefit is that the student isn't alone in the classroom should things go wrong. If the lesson plan is too short, for example, and there's 10 minutes to fill, the lecturer can step in to help," says Watson.

The feedback from students has been overwhelmingly positive. The more real-time experience they can get with support from a lecturer, the happier they are, says Watson.

"The most obvious outcome is a noticeable increase in the level of professional confidence and self-efficacy among pre-service teachers," the paper states. "Working with their lecturers to apply knowledge immediately in a



their first professional experience placement and felt that they were ahead of their fellow students from other discipline areas who had not had a similar experience."

The teaching clinics, if widely adopted, would have implications for university education faculties in terms of policy and funding, Watson believes. "There is pressure within the university system, particularly for education lecturers, to publish in peer-reviewed journals. Publications are a major source of professional recognition for faculty staff. However, although the teaching clinics require extra work and time for the lecturers involved, in the current system, there is little professional recognition or reward for taking a more applied approach. So there's a resource issue in the long term.

"Also, it can be confronting for lecturers to do this; they need to be confident in their own teaching skills. It's not everyone's preferred approach," she says.

The paper elaborates on the future of teaching clinics, saying the model "depends largely on the willingness of faculty staff to engage with schools and school teachers on a constructive and respectful basis".

school setting reduces the theory-practice divide and increases student satisfaction with the course. Students within the graduate diploma in education, for example, commented widely on the benefits of the teaching methods unit in preparing them for

"Any attempt to introduce a teaching clinics model on a faculty-wide basis would be risky and potentially unproductive without the enthusiasm and a high degree of preparation among faculty staff. The resources involved in maintaining strong and productive relationships with external partners, particularly in terms of faculty time, should not be overlooked."

Redman agrees, saying it takes a big commitment from all stakeholders, including not only the faculty staff, but also the classroom teachers and the principals.

Changes may be required in faculties of education for the model to be widely implemented, but as far as schools go, as the other major stakeholder, Watson says there is overwhelming interest and support. "They are clamouring to get involved. They love it. One school changed its timetable so it could be part of the clinics," she says.

Watson says there is widespread interest in the teaching clinics and a national network, which will run through a website, is being formed. A national workshop is also planned for later this year.

Meanwhile, Watson and her

colleagues are hopeful they will receive a grant which would enable them to evaluate the effectiveness of the teaching clinics. "We would like to compare the learning outcomes of the 30 per cent of students in teaching clinics with the other 70 per cent of students. We want to know how cost-effective the model is, in terms of student learning. Ultimately, we care about the impact of teaching clinics on the quality of teaching." ER

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Teaching clinic at Majura Primary School, ACT.

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