# “Bless your heart,” BBQ, and clinical practitioners as neologists:

# Developing a lexicon for clinical practice and school/university partnerships

**Abstract**

Recent reports from professional associations and accreditation agencies have highlighted a need for a rigorous, common set of expectations for clinical preparation experiences—a hallmark of educator preparation programs that are embedded in school/university partnerships and Professional Development Schools (PDSs). Missing in the movement toward consistent clinical practice guidelines is a shared language to describe these experiences and the roles they encompass. In this conceptual paper, we propose that without a unified vision of clinical practice and school/university partnerships—represented by a common lexicon—teacher education structures and policies will continue to develop *for* rather than *by* our field's growing number of boundary-spanning practitioners, collaborating across PK-12 school and university contexts. In support of this proposal, we summarize two national studies of the lexicon used by constituents of award-winning and PDS-based teacher preparation programs, revealing how the range of terms employed across programs can be large and perplexing, even to constituents in the same school or university setting. A shared lexicon drawn from the experiences of these educators—many of whom are founding and leading members of the National Association for Professional Development Schools—would have significant impacts on the practices and policies of teacher education.

*Keywords*: clinical practice, partnership, lexicon, boundary-spanners, policy

# "Bless your heart," BBQ, and clinical practitioners as neologists: Developing a lexicon for clinical practice and school/university partnerships

In the southern region of the United States, the phrase "Bless your heart" is a saccharinely sweet yet almost savagely euphemistic way of calling someone an idiot. In the north, this same phrase—delivered with an apparently identical degree of sincerity—is a legitimate expression of gratitude. The three authors of this article have each had very different experiences with this idiom. Author 3 grew up with and until recently had only known the southern meaning, Author 2 was raised using the expression in this same way but moved to the upper Midwest early in her teaching career where she was exposed to the opposite connotation, and Author 1 only knew the phrase as a positive utterance until he migrated south and became colleagues with many native Southerners.

There are many such expressions in the US—phrases that are so absolutely context-dependent and sometimes distinguishable only in subtle ways and at other times are as different as night and day. Many of these are just definitional contrasts, while some—if used incorrectly—can pose physical risks to the speaker or author. Still others—ask a Southerner her or his opinion of Northerners' versions of BBQ—can evoke a torrent of expletives and mock convulsions. For example, Author 3 scoffs at any BBQ that is not vinegar-based, while Author 1 and Author 2 readily use the word "BBQ" or "barbecue" as both nouns and verbs—one the type of food being consumed, the other being the act of cooking out.

Of course, terminology is not only a source of tensions in cultural settings. It can also be the basis for confusion in professional contexts, maybe particularly so in schooling and teacher education circumstances, and especially when these historically distinct but often related

institutions partner to prepare novice PK-12 teachers to enter the profession. For example, we all primarily count ourselves as "teacher educators." We each have our specialties—Author 1 is an English educator working in high school contexts, Author 2 engages most frequently in elementary literacy settings, and Author 3 has a generalist background and spends most of her days serving elementary preservice teachers. In many ways we are united by the title "teacher educator," and, though we work in two different states and across three distinct programs, we operate as a team of boundary-spanning, university-based teacher training professionals and scholars who work in partnership- and PDS-oriented programs.

Our professional alignment around that "teacher educator" title also represents a significant bridging of some established divides—like those language rifts between the North and the South noted above. Collectively we represent a continuum of perspectives and cultural realities, with Author 2 residing in the southern region of the United States, and Author 1 born and reared in the northern section of the country. Author 3 is a native of Virginia, which represents a metaphorical, geographic, and lexicographical middle ground; she serves as the conduit between her co-authors, having begun her academic career as Author 2's colleague in Florida and later meeting Author 1 at their current shared university home in Virginia.

While we count ourselves as playing very similar teacher educator roles in our university faculty capacities and as engaging in many parallel tasks, we have recently been struck by a Tower of Babel-like phenomenon in our profession, related to the clinical experience and partnership elements of our teacher preparation practices in and across our school/university settings. We have noted many times how our increasingly clinically-focused roles are oriented around similar work and structures but are called very different titles, across and sometimes even within programs. As well, we have more than occasionally paused in our discussions of a shared

practice, when we discovered that while we were each identifying a strategy or phenomenon by the same name, the actual activity of the work was distinctly different.

Based on these examples and our combined forty-plus years as teacher educators and scholars with strong commitments to the clinical elements of this work, we had to wonder if our experiences with widely varying vocabularies were representative of our peers' practices and of trends in our field more broadly—particularly in programs with partnership and PDS orientations. We were interested, though, not merely in *any* language of teacher preparation but in the terminology created by and applicable to those operating closest to the clinical and partnership emphasis with which we are most familiar and that so many scholars, associations, and agencies have identified as the future of our field. It is this tension between and confusion with the vocabulary of our field that brought us to study the language of our work and ultimately advocate for a common lexicon in the field of partnership-oriented clinical teacher preparation.

To highlight these language tensions in teacher preparation in this manuscript, we begin with illustrations of the lexicon problem. We focus first on our local work in partnership and PDS settings at two universities, and then we illuminate this issue as a national concern via summaries of our recent research of programs in these school/university partnership contexts, including programs led by many of the founding and leading members of the National Association for Professional Development Schools (NAPDS). Then we detail the circumstances of this conundrum and summarize how this push toward a shared language is not just a matter with which we are concerned in our settings and programs. Rather, it is a subject that the professional associations, policy makers, and leading scholars in our field are addressing—a concern that is further complicated with the increasing focus on clinically- and partnership-centered teacher preparation. Finally, we offer discussions of these drives toward such a common

terminology, some of the reasons why our field has avoided the determination of its own lexicon, the benefits of a shared language—for both partnership/PDS-oriented programs and more traditional teacher education options—and suggest that boundary-spanning partnership/PDS practitioners and NAPDS members should operate as "neologists" and lead the determination and operationalization of a unifying lexicon.

## Illustrations of the Lexicon Problem

### Local Examples of the Varied Lexicon

Two examples of the terminology used in our own institutions highlight—and helped us to appreciate—the significance of the lexicon problem related to clinical experiences and partnership-oriented educator preparation activities. These examples are drawn from our two respective institutions, from programs that have been recognized for their school/university partnership and clinically-based teacher education efforts. Both are also derived from these programs' summative clinical experiences, but they each relate to a different language challenge problem. The first is associated with the set of roles in this concluding experience and illustrates how such confusion can occur even within one institution's program tracks. The second is related to the most common pedagogical practice in such clinical experiences, the nature and the nuts and bolts of the coaching and mentoring that preservice teachers receive during their final clinical experiences—commonly called "supervision" at these and the majority of all teacher education institutions.

**Roles—in a single program.** At Author 2's home institution in the Southeastern United States, future teachers can pursue initial certification in elementary education via three distinct pathways. Each pathway has different parameters for field experiences and coursework, and each

uses different terminology to label this work. Of even greater concern is the fact that individuals performing virtually synonymous roles are given entirely different titles.

In Pathway 1, teacher candidates are known as "Residents," their clinical experience is called a "Residency," and their university supervisor is referred to as a "Partnership Resource Teacher" (PRT) (A PRT is a hybrid educator, a teacher from the partnering school district on special assignment to work in the university teacher preparation program). In Pathway 2, teacher candidates are known as "Interns," their clinical experience is called an "Internship," and they are supported by "University Supervisors" who may be a PRT by hire, but not by title. And, in Pathway 3, teacher candidates are called "Interns," their clinical experience is a "Practicum," and they work with a "Supervisor."

Imagine being a teacher educator—university- or school-based—who spans these three pathways. How do you navigate these inconsistencies in language? How do you "code switch" between pathways in order to make sense of the requirements of each? How do you articulate the work you do in each pathway, using the language of the route correctly? How do you even know what work you are meant to be doing? Based on our analysis of the structures, roles, and terms used in this program, it seems this institution—like many others around the country—is so focused on adopting terms illustrative of each track's individual work, while also highlighting the innovative nature of these practices, that they inadvertently sacrificed the ability to speak to one another across pathways.

**Practices, by the same name—across programs and institutions.** All three of the programs that we coordinate—Author 2 with her recently established urban-focused and school/university partnership-based elementary program in the southeast, Author 3 with her long-standing PDS-based elementary program in the mid-Atlantic, and Author 1 with his long-

existing secondary program with a more recent focus on partnerships with area schools—require teacher candidates to complete student teaching experiences (or internships or residencies) of at least a semester in length. Each student teacher or intern is served by a school-based teacher educator (most commonly referred to as a "mentor teacher") and a university-based teacher educator (most often a "supervisor," who is sometimes a university faculty member and other times a doctoral student or a retired teacher or administrator). In almost all cases—and certainly with our three programs—the work of the supervisor, and very often of the mentor, has historically been called "supervision."

While we have a common term—suggesting that we have settled on an understanding of the nature of this work and can discuss it, examine it, and teach about it—we have vastly different definitions of the actual practice of supervision. To summarize:

- Author 3: Through its partnership/PDS model, university facilitators work as site liaisons and internship supervisors in both semester-long and year-long internship configurations. The university facilitators in Elementary Education are a mix of tenured and tenure-earning faculty members from the Elementary Education program and retired principals from local school districts. All facilitators commit to spending one full day per week at a single PDS site. During this time, they supervise their cadre of five interns, meet with mentor teachers, engage with school leaders, and establish relationships with the school faculty and staff. This weekly supervision is supplemented by the use of a video coding program, to offer candidates additional feedback via virtual observations of their teaching episodes. At times, faculty university facilitators lead professional development opportunities and collaborate on shared research initiatives with their PK-6 partners.

- Author 2: In the urban Residency program, Partnership Resource Teachers (PRTs) work across six school sites supporting both first and final year Residents in the field. PRTs are in the field daily with Residents throughout the two-year program. Likewise, first year Residents are in the field 20+ hours per week, Tuesday through Friday, and final year Residents are in the field 30+ hours per week, Monday through Wednesday, and Friday. On the days they are not in the field, the Residents are completing coursework, while "first years" are taking courses for part of the days they are also in the field. In addition to PRTs, final year Residents also engage in the field with Content Coaches, who are faculty or advanced doctoral students with expertise related to literacy, math, or science. Coaches work across the six school sites on five-week rotations, and engage in teaching cycles (Author 2, 2014) in each of the content areas. The teaching cycles are supported by both in-person and video-mediated coaching experiences.
- Author 1: Across a fifteen-week semester, Secondary Education program university supervisors—the vast majority of whom are retired teachers—observe teacher candidates 3-4 times, spending approximately ninety minutes each time and facilitating post- and sometimes pre-conferences with the intern, occasionally joined by the mentor. In recent years, Author 1's secondary education program has integrated a video coding platform into this supervision work, and interns now submit approximately a half dozen 5-10 minute recordings of their teaching across the semester, on which supervisors provide feedback. Supervisors shift between a collection of about a dozen schools, as subject area needs demand.

These examples provide a glimpse into the lexicon problem in teacher education—one with potentially significant implications for our increasingly clinically-oriented and

school/university partnership/PDS-based work. Local program efforts to define individuals' roles in these teacher education ventures with unique names and titles, alongside contextual and institutional parameters that shape how these roles in teacher education evolve, contribute to the complexity of the language of clinical practice. Zooming in on our home lexicons prompted us to examine these language inconsistencies with a wider lens, through which we considered clinical practice efforts in teacher education programs across the United States, with a focus on partnership- and PDS-based programs. In the next section we share summaries of findings from two national studies focused on the terminologies of these clinical experiences.

**Our National Research on Clinical Experience Lexicon**

Aware of the language inconsistencies in our daily work, we wondered about the prevalence of these naming traditions. To consider this question, we conducted two explorations of the lexicon used in teacher education programs across the United States (Author 3, Author 1, & Author 2, in review). Our first study was a document analysis inquiry, through which we examined the terminology used by more than two-dozen national award-winning clinically-oriented school/university teacher education partnerships. In addition to extracting clinical terminology from the applications of the 18 award winning partnerships as designated by the National Association of Professional Development Schools (2009-2013), we also examined public records of PDS lexicon from each partnership site, including websites, handbooks, and published articles.

Our findings revealed a surprising variation in language coupled with limited information about what terms meant and how those expressions were situated within each context. For example, across the 18 partnerships, 13 different terms were used to name the role of a "school-based liaison for PDS work," and seven different words were used to describe a "pre-service

teacher in her/his culminating experience." Table 1 shows the terminology used across these award-winning partnerships for various roles typically associated with clinical practice. Similar variability was found in the roles across partnerships and sometimes even within given partnerships.

(Insert Table 1 here)

Our second study was a survey of current and former members of the National Association for Professional Development Schools that explored their partnerships' clinical practice terminology and its origins (Author 3, Author 1, & Author 2, in review). The purpose of this research was to expand upon the document analysis of award-winning PDS partnerships, determine the sources of terminology used across sites, and identify perceived benefits and challenges of shifting toward a common language of clinical practice. To do so, we sent an electronic survey to current and former NAPDS members since the organization's founding in 2005. The survey included a combination of forced-choice and open-ended responses.

Because we used the terms found most frequently in the award documents from our first study to place parameters around language options in the survey, the number of words and expressions respondents shared was not as great, but the disparity in terms remained. For example, we offered respondents five possible options for "Terms for Preservice Teachers (Students in semesters prior to student teaching)." Those terms were "Teacher Candidates," "Preservice Teachers," "Interns," "Practicum Students," and "Other." In Table 2, we show the response percentages for each of these five options.

(Insert Table 2 here)

This outcome was illustrative of the often-wide variation across the terminology related to roles and structures that we addressed with our survey questions.

To extend our inquiry into the clinical terminology used across the country, we also questioned respondents on the sources of the terms used in their partnerships and PDSs. We found, of those who were involved in the development of terms, most programs created terms themselves (36%) or relied on experienced faculty (32%) or personal experience (22%) to craft their terminology. Research articles, NAPDS materials, memoranda of understanding, and handbooks were less likely to serve as sources for programs' terminology. In other words, programmatic terminology was most often determined by university-based personnel and was rarely informed by any research literature or by the clinical practitioners—either university- or school-based—who were most intimately involved with the programs' activities.

Finally, we queried respondents about (a) their commitment to their specific programs' terms and (b) their perceptions of the benefits and disadvantages of a common terminology. Most respondents acknowledged that they were "attached" to the language used by their individual programs (81%), though of those (51%) indicated they would entertain a shift to a common terminology. While the majority of the respondents saw value in common terms to raise the professional status of PDSs and teacher education work, they noted the difficulty of implementing these expressions in their own contexts.

Based on the results of these studies and a more focused look at our work in our home institutions, it is clear that the range of clinically-related words and phrases used across teacher preparation programs is large, making communication within and beyond our field difficult. Furthermore, this variability likely creates substantial confusion about the meanings of these terms and the nature of our roles and practices even among those doing this clinical teacher education work in partnership- and PDS-based programs. It appears that if the practitioners and researchers of and the advocates for more clinically-based teacher preparation efforts in these

contexts are going to be able to extend and communicate about these models, they and our field will need a common language. We are fortunate that we are not alone in this recognition, nor is our call for a shared lexicon without precedent in the history of teacher education structures. In the next section, we summarize the recent and historical origins of this turn toward a common terminology, highlighting the professional association and policy contexts that are influencing and moving us toward this lexicon base.

## Research, Professional Association, and Policy Contexts

Our consideration of a common clinical lexicon is intimately woven into the fabric of current teacher education research, practice, and policy proposals (AACTE, 2010; Cochran-Smith, Ell, Grudnoff, Ludlow, Haigh, & Hill, 2014; Darling-Hammond, 2006). Federal and state educational policies increasingly emphasize the need for strengthened connections between teacher education coursework and clinical practices (AACTE, 2012; Imig & Imig, 2008; Levine, 2006; Zeichner, 2011; Zeichner, Payne, & Brayko, 2015). Similarly, numerous recent scholarly and policy reports, professional association efforts, and accreditation agencies' guidelines have appealed for a rigorous, common set of expectations for future teachers' clinical preparation experiences (AASCU, 2017; ATE, 2015; Author 2, 2016; CAEP, 2014; Hollins, 2015; NCATE, 2010; Zeichner, 2013).

The calls for a common set of expectations to unite and guide our teacher education efforts can be heard from the highest levels of our profession, including the merged accreditation body represented by the Council for Accreditation of Educator Preparation (CAEP, 2013). Two recent publications have documented the urgency of these enhanced ties: the NCATE Blue Ribbon Panel Report, *Transforming Teacher Education through Clinical Practice: A National Strategy to Prepare Effective Teachers* (2010) and the more recent white paper from the

American Association of Colleges for Teacher Education, *A Pivot toward Clinical Practice, its Lexicon, and the Renewal of Educator Preparation: A Report of the AACTE Clinical Practice Commission* (2018).

Authored by NCATE (with TEAC—the Teacher Education Accreditation Council—one of the two bodies from which CAEP was formed), the "Blue Ribbon Report" called for teacher preparation programs to turn teacher education upside down by situating clinical practice, rather than university-based instruction, at the center of all teacher preparation efforts (Darling-Hammond, 2014; Ellis, McNicholl, Blake, & McNally, 2014; Hammerness & Kennedy, 2018). The recommendations of the report further defined this shift as one in which teacher candidates would be prepared as practitioners through an interwoven structure of academic learning and the professional application of that knowledge under the guidance of a skilled school-based teacher educator, rather than one in which professional learning and professional practice occurred in isolation (Author 1, 2018; Author 2, 2015; Basmadjian, 2011; NCATE, 2010; Ronfeldt, 2012; Smagorinsky & Barnes, 2014). Many of the claims of the *Blue Ribbon* report have been echoed by scholarly and professional association publications and calls for reforms in teacher education program structures (CAEP, 2013; CCSSO, 2012; Flessner & Lecklider, 2017; Grossman, 2010; McDonald, Kazemi, & Schneider Kavangh, 2013; National Research Council, 2010).

In 2015, the American Association of Colleges for Teacher Education (AACTE) established its "Clinical Practice Commission" as an extension of its member engagement and support efforts. The goal of the Commission included ascertaining a shared lexicon for clinical teacher preparation, identifying best practices and model protocols, and developing recommendations for the field to define high quality teacher preparation. Through its ten "Proclamations," this panel of school-, university-, and professional association-based teacher

educators (including this paper's authors) have attempted to articulate a language for the profession and to further identify and illustrate the best practices of clinical preparation (see AACTE, 2018, for a list of terms of definitions). The Common Language Proclamation encouraged the adoption of a shared lexicon in order to promote consistency within and across teacher preparation programs, as well as to give the field a way to speak to policymakers and other outside stakeholders about the work we do in preparing new educators.

In addition to these important publications, the Association of Teacher Educators (ATE) has adopted a similar clinical practice focus in recent years. This concentration has resulted in the convening of special "commissions" and the establishment of the "Clinical Practice Fellows." Among the recently formed boards are the Commission on Classroom Teachers as Associated Teacher Educators (who are typically involved in educator preparation efforts through school/university partnerships and PDS structures) and the Commission on Clinically-Based Teacher Preparation. At its 2015, 2016, 2017, and 2018 Annual Conferences, ATE hosted the "Clinical Practice Fellows" Symposium in day-long pre-conference meetings facilitated by nationally-recognized teacher education representatives.

As well, a growing number of teacher educators are answering the calls of the *Blue Ribbon* Report, the AACTE Clinical Practice Commission white paper, and national teacher preparation organizations, recognizing that clinical field experiences have the potential to be more than mandatory requirements (Berry, Montgomery, Curtis, Hernandez, Wurtzel, & Snyder 2008; Caprano, Capraro, Capraro, & Helfeldt, 2010; Horn & Campbell, 2015; Zeichner, 2012; Zeichner & Bier, 2015). These typically boundary-spanning teacher education researchers and practitioners are highlighting the need for more coherent, collaborative partnerships between teacher education programs, university-based teacher educators, pre-service teachers, K-12

school field experience sites, classroom teachers—or "school-based teacher educators"—and youths (Burns, Jacobs, & Yendol-Hoppey, 2016; Burstein, 2007; Cuenca, Schmeichel, Butler, Dinkelman, & Nichols, 2011; Dutro, Cartun, Melnychenko, Haberl, & Pacheco Williams, 2018; Gutierrez, 2008; Ikpeze et al, 2012; Thompson, Hagenah, Lohwasser, & Laxton, 2015).

A key consideration of all of these national discussions regards the nature—and necessity—of shifting historically established roles in the current clinical practice climate. The origins of these "boundary-spanning" and "hybrid" capacities can be found in the "Professional Development School" (PDS) movement of the 1980s (Goodlad, 1988; Cochran-Smith & Zeichner, 2005). The term "PDS" was coined by the members of the Holmes Group (later the "Holmes Partnership"), who, in their *Trilogy* (2007) were explicit about the need for a new, more descriptive and accurate language to identify the roles and structures they were devising, always with an eye toward the hybrid teacher education positions classroom teachers—simultaneously serving as school-based teacher educators—should play. The need for these roles and partnership and PDS structures were echoed by the early leaders of NAPDS (including one of this paper's authors) in its 2008 seminal publication (foreshadowing the recommendations of the *Blue Ribbon* report), *What it Means to be a Professional Development School*.

The school/university partnerships and Professional Development Schools born of the Holmes Partnership's efforts are now recognized by these current reports and policy mandates as foundational to the development of new notions and structures of clinical experience (Author 1, 2018b; Bullough, Draper, Smith, & Birrell, 2004; Fisher & Many, 2014; Gatti, 2016; Many, Fisher, Ogletree, & Taylor; 2012; Martin, Snow, & Franklin Torrez, 2011). In fact, the recently established CAEP Standard 2, "Clinical Partnerships and Practice," requires educator preparation programs to "ensure 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, 2013, p. 1). What were once *ideal* elements of our teacher preparation efforts—quality clinical fieldwork and school/university partnerships—are now named as *essential* in our field's leading accreditation guidelines (CAEP, 2014; Forzani, 2014; Henry, Tryiankowski, Dicamillo, & Bailey, 2010).

Despite these histories, trends, and recommendations, reform and reinvention efforts have been scattered at best, and a unified notion of what counts as effective clinical practice—in traditional educator preparation programs or those based in partnership or PDS settings—has yet to develop (Author, 2017; Cochran-Smith, Ell, Grudnoff, Haigh, Hill, & Ludlow, 2016; Eduventures, 2009; Feuer et al, 2013; Liu, 2013; Rust & Clift, 2015). We believe that a key challenge to sharing and scaling up innovations in clinical practice across institutions is the incredible variance in the language used to describe clinical practice efforts. But if scholars, policy makers, professional associations, and practitioners agree that a shared lexicon is vital to advancing our field and these important clinical and partnership orientations, what are the causes and implications of our field's reluctance to do so? In our final turn, we consider these questions and hope to offer a path forward, with boundary-spanning clinical practitioners and NAPDS leading the way.

## Discussion

Other clinically-oriented fields, including psychology, law, and medicine, have long deliberated the utility and necessity of common sets of terminology and largely settled on unified languages. For example, in the medical field, the penultimate role that most students play is that of a "resident," which is a clearly defined stage of graduate preparation. While these doctors-in-

training technically hold the degree that will allow them to practice professionally, they are required to do so as "residents" in a hospital or clinic under the supervision of another, fully qualified, veteran physician. In the interests of ensuring effective training of the next generation of doctors, the parameters of a residency are very narrowly established. Both the title and the practice are consistent across contexts—to those within and those outside of the field.

One must wonder, then, when other professions have settled on a limited range of experiences through which all entering their field must progress and a common language to describe these experiences, structures, and roles, why it is that teacher education has failed to do so. We speculate that one reason may be the result of historical, structural disenfranchisement. That is, when one of the primary powers members of a profession have is to name their unique and effective practices, they are reluctant to give up this right, even if doing so means that their good work will likely never be appreciated beyond the walls of their own institutions. Perhaps a quest for a clinical lexicon is a chicken-and-egg conundrum and we have been hamstrung by the question of where to begin—with the practice, the policy, or the patois.

Recent events continue to nudge our field toward this clinical and partnership/PDS orientation and the common language for which we are calling. In October 2016, the U.S. Department of Education (USDOE) released—but later withdrew—new regulations for teacher preparation. Largely focused on how to assess the quality of teacher preparation programs, the Department offered guidelines to states in determining their accountability systems for Institutions of Higher Education (IHEs). The Executive Summary of the regulations proposed

> indicators of quality that a State must use to assess the performance of its teacher preparation programs, including more meaningful indicators of program inputs and

> program outcomes, such as the ability of the program's graduates to produce gains in student learning (Teacher Preparation Issues, 2016, p. 75494)

During the public comment period relating to these regulations, several respondents requested that the USDOE define key terms in order to standardize the language of the field as states put the requirements into motion. For example, a number of constituents implored the USDOE to delineate what was meant by "quality clinical preparation," suggesting that the Department use the CAEP definitions for "clinical practice" and "clinical experiences." The USDOE declined, stating, "…we do not want to issue an overly prescriptive definition of what is and is not quality clinical preparation, nor do we want to endorse any particular organization's approach" (Teacher Preparation Issues, 2016, p. 75506). Citing federal overreach, the U.S. government overturned these regulations in March 2017, leaving the field once again without progress toward a shared lexicon.

We recognize the urgency behind respondents' calls for standardized definitions to support the work of teacher educators responsible for preparing teachers, though we believe the USDOE rightly rejected these requests. Such pleas are further evidence that the field of teacher education is currently suffering from its own strain of the Tower of Babel Syndrome (Tower of Babel Syndrome, n.d.). And perhaps the most troubling result is that clinical practitioners—those actually doing the work of teacher education, increasingly in partnership and PDS contexts—are asking policy-generating agencies to define our work *for* us, rather than us engaging in this important lexicon development work together.

To ensure that this language and the practices it names are most representative of the current state and the future direction of our field, we suggest that it should be those already operating in clinical practice contexts—and particularly those functioning as hybrid, boundary-

spanning clinical practitioners in school/university partnerships—who lead the development of this lexicon (Torrez & Krebs, 2012; Wang, Spalding, Odell, Klecka, & Lin, 2010). As the training grounds for future teachers, educator preparation programs—increasingly staffed by hybrid school- and university-based teacher educators—are the most logical sites in which to develop this common language and to assimilate it into a teaching profession that is unified across colleges/universities and schools (Grossman, Compton, Igra, Ronfeldt, Shahan, & Williamson, 2009; Horn & Campbell, 2015). We believe that this distinctively engaged generation of teacher educators should be key players in developing teacher education policies and practices—first by operating as "neologists," with the creation and selection of the language we use to participate in and communicate about our work (Author 1, 2018a; Author 3, 2018; Williams, 2014).

We anticipate that engaging clinical teacher education practitioners in the development of such a lexicon, such as AACTE's Clinical Practice Commission has done, will enable us to intelligently guide not just the daily activities of but also the policies that are shaping our profession (DeMoss, 2016). The Commission's list of about a dozen terms includes definitions for "clinical practice," "clinical practice setting," and "clinical internship." This document also recognizes the role of "boundary-spanning teacher educators" and posits that the term "supervision" might be replaced by "clinical coaching." We encourage members of our profession to use the CPC lexicon, and seriously consider the ways in which local language impacts our ability to stand as a field, to have conversations within and across institutions.

These national attempts to enhance and standardize the clinical experience elements of teacher preparation programs will result in the influx of a population of professionals (e.g., mentor teachers, university faculty, and interns and residents) who are new to these more formal

roles and rigorous expectations (AFT, 2012; Grossman, Hammerness, & McDonald, 2009; Krieg, Theobald, & Goldhaber, 2016). Simple logic and the better articulated ethical and professional obligations that are already being established suggest that a common language would facilitate communication among these growing and shifting sets of constituents. Perhaps most importantly, a shared lexicon will expedite the design and implementation of much needed research on these more rigorous clinical teacher preparation efforts and their operation in partnership and PDS settings, and might ultimately result in a long overdue professionalization of both PK-12 teachers' and teacher educators' fields (Carter Andrew, Richmond, & Floden, 2018; Peercy & Troyan, 2017; Richmond, Bartell, & Dunn, 2016; Zeichner, 2010, 2014). As the leading national organization focused on the implementation of such clinical experiences in partnership/PDS settings, and as a body comprised of individuals engaged in the very roles for which so many policymakers, scholars, and other professional associations are lobbying, NAPDS might continue to play a prominent role in the consideration and determination of this language.

## Conclusion

Given the attention to boundary spanning roles in school/university partnerships, as articulated in NAPDS Essential #6 and Essential #8, and the recent turn of teacher education toward clinical practice, the potential for the emergence of a wide variety of terms is evident. As NAPDS begins to review its Nine Essentials, we encourage the field to consider the lexicon used to describe our work and the potential benefits of shared language to increase our professional standing. We arrived at our questions about the nature and lack of a lexicon for the clinical elements of teacher education honestly. We are all engaged, on a daily basis, with these field-based roles, tasks, and structures, and as we collaborated with colleagues across partner and PDS schools and throughout the nation, we speculated that we were talking more *around* our shared

efforts than *about* them, because we simply did not have the language to do so. Without a shared lexicon—and one that the boundary-spanning, university- and school-based teacher educators enacting these clinical and collaborative ideals and ideas are involved in developing—these practice-based commitments may remain just grand rhetoric or represent one swing of the reform pendulum.

Determining program- and context-specific terminology can no longer be viewed as a local privilege of teacher preparation programs. Building a collective lexicon represents a particular vexing challenge, as clinical practices can be viewed as inescapably and necessarily unique, in order to be responsive to regional circumstances. However, without such a system and language, teaching may remain relegated to pockets of excellence and scattershot successes, and the field of teacher education might continue to be characterized by its inability to ensure the public a consistent, high-quality workforce able to support the learning of all students. When we magnify this practice across programs, across states, and across the US—as we did in the studies we summarized in this article—we become keenly aware that we have engaged in the fabrication of a ziggurat, rather than in the development of a profession. We hope the point here is obvious: the lack of a common language for the foundational roles and structures of the clinical elements of teacher education has very real implications for our practices and for teacher candidates' preparation. We call on boundary-spanning teacher educators—in our schools and universities, inside and outside of NAPDS—to take the lead in discussing and operationalizing such a lexicon.

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**Table 1**

*Clinical Terminology Used Across 18 Award Winning Partnerships*

| **Pre-service teacher (PST) in culminating experience** | **School-based liaison for PDS work** |
|---|---|
| • Intern<br>• Candidate<br>• Teacher Candidate<br>• Novice Teacher<br>• UPDS Teacher Candidate<br>• Resident<br>• Pre-service Teacher | • Site Coordinator<br>• PDS Director<br>• PDS Coordinator<br>• PDS Site Coordinator<br>• Site Facilitator<br>• PDS Representative<br>• Clinical Instructor<br>• Building Principal/School Administrator<br>• Clinical Adjunct<br>• Teacher Education Coordinator<br>• PD Coordinator<br>• PDS Administrator<br>• School Liaison |

**Table 2**

Response Percentages for Terms for Preservice Teachers

| **Term** | **Percentage of Respondents Using the Term** |
|---|---|
| Teacher Candidates | 38% |
| Preservice Teachers | 21% |
| Interns | 16% |
| Other | 15% |
| Practicum Students | 10% |