



Residency:

Can it transform teaching the way it did medicine?

As the nation examines teacher preparation, the time is ripe for exploring how the profession can create a teacher residency process modeled after medical preparation.

By Ronald Thorpe

In March 2014, Sen. John Barrasso (R-Wyo.), a board-certified orthopedic surgeon, brought together 18 teachers certified by the National Board for Professional Teaching Standards and 18 members of Congress who are board-certified physicians. Convened at the U.S. Capitol, the purpose of the meeting was to have doctors and teachers compare notes on how their respective professions prepare practitioners.

The conversation was illuminating. The physicians spoke about how board certification in medicine is the norm not the exception, even though it is voluntary as it is in teaching where only 3% of teachers are board certified. Education has not built a similar pipeline that leads teachers in this direction. More significantly, teaching has not embraced residency, which the physicians described as being as important to their profession as medical school and, in some ways, even more so. They expressed surprise and concern that nothing similar exists in teaching. “When I finished my M.D. degree,” Andrew Harris (R-Md.), a board-certified anesthesiologist, recalled, “I had a lot of book learning and a little bit of experience, but to become a real expert and to gain that expertise, you go through residency and board certification.”

Should the education profession push for universal residency for teachers? What would it look like? How would it affect student learning and the basic culture of the teaching profession? Given that it would substantially raise the bar for entry into the profession, what effect would it have on the workforce? How would we pay for it?

This teacher-doctor conversation at the U.S. Capitol, along with the intense scrutiny directed at teacher preparation programs, raise important questions about whether the time has come to implement broad-scale residency programs for teachers that would acknowledge and respond to the complexity of teaching and the experiences an educator must have to have a guaranteed level of competence on day one. We can’t burden teacher



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best way to ensure that every teacher is ‘profession-ready’ from their first day as teacher-of-record is for preparation programs to incorporate teacher residencies that go beyond what most consider the capstone student teaching experience” (p. iii). The American Federation of Teachers (AFT) called for a similar requirement in its *Raising the Bar* report (2012). While the AFT report specifically refers to the need for a full year of student teaching, the vision is very much aligned to the medical model of residency because it follows a formal teacher preparation program and emphasizes clinical experience

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and understanding that is at the base of effective teaching. All of these efforts move teaching in the right direction although I am less sanguine about those who believe clinical experience itself is sufficient preparation. What remains is an agreement over the design of what these “residency schools” or “teaching academies” should look like and do, a belief throughout the profession that this is what we expect for all or most teachers, and a sustainable plan for financing them.

Learning from the medical model

Most American doctors spend four years in medical school and then between three and seven years in a residency program on top of that before they go out on their own to treat patients. The primary reason is that medicine requires deep and broad knowledge and skills. But, on its own, classroom learning is insufficient to ensure the best care of patients. In order to be effective, doctors must know how to apply their knowledge and skills in situations that vary almost as much as the patients they treat. In other words, while in theory, good treatment of patients might appear to be “plug and play,” it is far more complex. Young doctors must be exposed to as many situations as possible and to build up a large reservoir of experience with patients before they can treat patients themselves. That experience can’t happen in medical school even though the last two years of medical school are increasingly clinical in nature. Doctors gain that experience in residency, which essentially becomes the profession’s guarantee to patients that the physician is going to provide a level of care that the profession associates with its standards of accomplished practice.

preparation programs with all of this responsibility. The best university-based programs in the country can’t prepare a 22-year-old for the challenges of effective autonomous practice any more than a degree from Harvard Medical School prepares an M.D. to care for patients. The work of a successful teacher requires more than just knowing one’s content or the various pedagogical approaches that can help facilitate learning. The work is about successfully deploying the knowledge and skills in an ever-changing and unpredictable dynamic of classrooms.

The call for teacher residency programs is hardly new. Indeed, a number of different efforts are already under way in such places as Boston, Chicago, and Denver, organized admirably through the Urban Teacher Residency Network; similar programs such as the one created by the Aspire schools are popping up everywhere. The National Education Association, through its Center for Great Public Schools, recently issued a report calling for and outlining how residencies through partnerships can improve teacher preparation (Coffinan & Patterson, 2014). At the core of this report is NEA’s belief that, “The

The parallels to teaching are clear. Teachers must have real content knowledge before working with children. They also must acquire and develop the pedagogical knowledge and skills essential to helping children learn, and they must learn about children, child development, and the sociology of communities. All of this requires considerable time on task and in classrooms. In just six, eight, or 12 weeks of student teaching, teachers can't learn how to pull all of it together and apply it to individual children who never seem to "present" in the same way they did in textbooks — or even as they did the day before.

Residency helps the medical profession reach three other goals when preparing new doctors:

1. Residency helps doctors situate their specialty within the full context of the profession, something that can really only happen in a teaching hospital.
2. Residents enter these experiences as teams, and they remain in teams, which helps doctors develop the essential habits of mind that their work can only be done well in collaboration with others.
3. After completing the first year of residency, all residents take on the role of teaching the residents who are coming after them, which helps strengthen one's content knowledge and craft.

Let's look at how teaching could benefit from attaining these same goals.

Isolation, collaboration, deeper knowledge

For decades, we've heard the lament of how isolating teaching is. The model of each teacher in her own classroom stubbornly persists even though no one advocates for it. One reason for the inertia could be that teachers simply have no experience understanding learning or teaching in any other structure. The typical 5th-grade teacher knows little about what happens in 4th grade and even less about what happens in 6th grade, especially if that grade is in a different building. The situation is worse in middle and secondary school where the disciplines retain their dominance. The Spanish teacher doesn't know how grammar is taught in English — and complains that she has to teach English grammar before she can teach Spanish — while the social studies teacher rails against his students' poor writing skills. Math and science — which should be complementary — often seem to live on different planets. Just as limiting is the lack of knowledge teachers have around what happens in the central office and at the level of school board governance. Sometimes, depending on the size of the school building, teachers aren't even clear about what goes on in the principal's office.

Residency in medicine speaks to all of these connections because the profession knows the success of each specialist is ultimately limited by the way the whole system functions. The first step toward integrating those parts is knowing about the parts.

In order to be effective, doctors must know how to apply their knowledge and skills in situations that vary almost as much as the patients they treat. Sounds very similar to teaching, doesn't it?

With that in mind, we should design the teaching residency year to meet similar goals. That 5th-grade teacher needs to understand 5th grade and 5th graders, but she also needs a working knowledge of 4th grade and also 6th grade, even if it's in a different building. She should also be familiar with the superintendent and the other functions of central office including the school board.

Medical school might be about doctors-in-training acting primarily as Lone Rangers, but that vision is reversed in residency where people enter in teams and work continuously in teams throughout the residency period. Given that residencies are three to seven years, the need to work in teams and the reasons for doing so get established as habits of mind shared by all doctors. It becomes a defining characteristic of the culture of medicine.

For years, we've heard the plaintive cries from teachers and researchers alike that student learning will be more robust if teachers collaborate. Long hours are spent in negotiations fighting for a few minutes every day when teachers can work together. What's more, the most recent report of the Organization for Economic Cooperation and Development's worldwide survey of teachers (OECD, 2014) found that teachers around the world say they value collaboration and wish they had more opportunity to engage in such work. Still nothing changes. Again, I suspect that a reason for the stasis is that teacher preparation does not prioritize collaboration nor does it offer sufficient opportunities for sustained collaboration so that it becomes a habit of mind. But as it is with doctors, a residency year designed entirely around teams of newly licensed teachers could have a profound effect on the profession and begin to change this part of the culture. Of course, we also must address another restriction on collaboration: the nature of learning that a school promotes. In places like High Tech High in San Diego and Chula Vista, Calif., and other schools that are all about project-based learning, collaboration among teachers is ubiquitous because that's what the learning requires.

The third goal of medical residency — putting

residents in the teaching role to deepen their knowledge and skills — is also well-known or understood by teachers. How many teachers say, “I didn’t really understand this until I started teaching it”? That was certainly my experience as a young Latin teacher. Eight years in high school and college and being a fairly diligent student had less impact on my understanding of the subjunctive mood than one year of trying to teach it.

One-year residency model

The model of residency I’m advocating here — one year — wouldn’t allow residents to teach younger residents, which is the case in medicine where the minimum residency is three years, but this could be only a temporary challenge. I’m arguing for one-year residencies as a starting point primarily for practical reasons. Introducing such a step in the career path for teachers marks a significant change and one that is also expensive. Getting one-year residencies would be a great accomplishment and would lift the profession considerably. But, over time, I believe residency would expand and differentiate. At some point, people will begin to say, “There is too much to learn. One year isn’t enough.” I also expect that educators in the future will say, “You know, it takes much longer to prepare a teacher to be successful in special education or ESL or elementary reading.” Residency in medicine did not begin with the specialty areas neatly arranged in periods of three to seven years. That evolved over time, and it continues to evolve. There is no reason to anticipate that teaching would be different.

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I also predict that such differentiation would lead to a natural differentiation in salaries. When a person spends three years in a residency program preparing to teach, she has every right to believe that her salary should be higher than someone whose area of teaching required only one or two years. That’s what happens in medicine, and I think it would happen in teaching, too.

Build for the needs of education

The time has come for the teaching profession to demand a residency experience for new teachers. It should be as carefully engineered as the medical residency but built to meet the specific needs of the teaching profession. Initially, we should expect all new teachers to spend at least one year in a “residency school,” similar to teaching hospitals, where National Board-certified teachers would supervise

their work. Residencies should not be an entitlement but earned through a competitive process. We also should limit the number of available spaces so that perhaps only 75% of each crop of newly licensed teachers can move into residency. Raising the bar to entry in this way would:

1. Help teacher preparation programs strengthen their curriculum, instruction, and expectations since each program inevitably will be assessed on the percentage of its graduates admitted into residency;
2. Reduce the excess supply of newly licensed teachers, especially in certain areas of teaching such as elementary school;
3. Reduce the high rate of attrition among young teachers because many more will find the success they need to keep them in the profession; and
4. Provide additional assurance to the public that young teachers are well-prepared to help students learn.

Residency at this level also changes the basic conversation about teaching and what it takes to succeed in the profession. While it is complete speculation on my part, I can imagine that the pressure to be accepted into a residency program will refocus not only teacher preparation programs but the seriousness with which undergraduates consider their decision to become a teacher. Imagine conversations among college seniors throughout the fall and winter as they vie to be admitted into specific residency programs. Think about those conversations a year or two later as they apply for teaching jobs, and a principal or superintendent asks, “Where did you do your residency?” I also suspect that certain residency schools and certain master teachers in those schools will gain reputations for excellence, which further helps build the professional culture of teaching. The decision to go into teaching will shift from being the default position for people who don’t know what they want to do to becoming the conscious, intentional, and strategically crafted set of decisions that each person must make in order to achieve such status.

My figuring suggests we would need about 4,500 residency schools nationwide to meet the needs of the most promising young educators. While some residency schools might be created anew, the overwhelming majority would be existing schools that have met certain standards determined by the state in consultation with the profession. A state would figure out how many such schools it would need and their geographic placement in order to meet the anticipated openings at the elementary, middle, and high school levels, and within academic disciplines and student service areas. Each residency school would get somewhere in the range of \$500,000 to

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\$600,000 per year (in addition to its other normal revenue) to cover the costs associated with residents, such as their salaries, which I peg at about two-thirds of today's starting salaries. Schools would have to "win" the right to operate a residency school and meet ongoing expectations to maintain that status. Some residency schools might be run by districts or by graduate schools of education. Each state could choose its own approach to "chartersing" the institutions. But as with teaching hospitals, I hope each state would forge a close relationship with the teaching profession — possibly through the state office of public instruction and licensing board — to ensure that residency schools really are delivering the experience young teachers need to be successful.

How would we pay for such a widespread change to the way teachers are now prepared? Once again, the medical model provides some guidance. According to recent research from the Robert Wood Johnson Foundation (Dower, 2012), the investment per resident comes to \$500,000 over the course of their residency. The annual investment in the 115,000 residents who are out there at one time is \$11.5 billion. That covers salaries and benefits earned by residents plus hospital expenses for managing the work. What very few people realize, however, is that almost all of that money comes from Medicare and Medicaid, which is another way of saying it comes from tax dollars. Twelve billion dollars is a large amount of money, but no one questions the value that money returns. In many ways, the quality of doctors in our country is largely tied to the success of medical residency, and, when viewed through that lens, the cost seems modest at best.

In thinking about residency for teaching, we could start by designing what it is we want and then calculate the cost, but a more viable approach might be to look at what funding already exists to support professional development and then see whether those funds could be repurposed. While it will not be well received by many professional development providers, my recommendation is that we should start with the \$2.5 billion in Title II of the Elementary and Secondary Education Act, along with similar but much smaller funding set aside under the Higher Education Act. Few people feel that we get much of a return on the way Title II funds are currently spent. There have been good gains made in reducing class size with these funds, and some of the professional development it pays for has been valuable. But in a time when new dollars are difficult to find, we have to make hard choices. Do we think that the value we get now from Title II is greater, lesser, or equal to the value we might derive from building greater capacity into the entire teaching workforce through the creation of universal residency? To my

mind, residency has much greater promise, and we can look to our colleagues in the medical profession for confirmation.

Benefit the profession and students

Universal teacher residency would benefit the teaching profession and ultimately the education of our children. Though we have yet to work out the fine details of the residency schools themselves, that shouldn't derail the campaign for residency. Questions about such things as residency schools' accreditation, the relationship of a completed residency to a master's degree, and the portability of a residency from one state to another are important details that the profession can work out over time. The willingness to take on such a challenge is the sign of a true profession, and I am convinced that the AFT and the NEA can take the lead, working with chief state school officers, licensing boards, higher education, and the National Board for Professional Teaching Standards. No one thing can transform teaching into the profession it deserves to be. But there is nothing more important than developing robust residency schools where young educators go between their undergraduate preparation and their arrival as autonomous practitioners. The change won't happen overnight, but eventually it will redefine the profession.

As we seek to raise the bar for entry into teaching, we need to see that "bar" not just as a single moment or hurdle. It certainly isn't a single test. The "bar" is a series of steps, a coherent continuum that includes entry into teacher prep, satisfactory completion of the undergraduate preparation program, attainment of a teaching license, acceptance into a well-designed residency and the completion of that residency, and achieving National Board certification at the earliest possible moment. And, as it is in medicine, the path must be the same for everyone. As soon as we allow a side door or a back door, not only does the integrity of the "bar" disappear but so does our claim that teaching is a true profession. **K**

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