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For more information on Clinical Educator Training, contact:

Bureau of Educator Recruitment, and Professional Development
Florida Department of Education
325 West Gaines Street, Room 124
Tallahassee, Florida 32399-0400
The Clinical Educator Program provides quality support for developing professionals in the classroom or other educational environments such as the student services area. The supports offered by this program are critical to retaining educators. Teachers who leave the profession early in their careers do so due to several factors, one of which is lack of support and assistance. Experienced educators have much to offer educators who are new to the profession or those who are working to change their professional practice in some area. The Clinical Educator Program is designed to assist experienced educators as they exercise the very critical task of supporting and mentoring developing professionals in a variety of settings.

The Clinical Educator Training Program is based on two premises:

- Developing Professionals need support when they are trying to change their professional practices;
- Developing Professionals at all levels of development can be involved in professional growth activities included in the formative process model.

The Clinical Educator Training Program is designed to provide training for mentors, peer coaches and clinical supervisors as well as training for the preparation of the program's trainer cadres.

The program design provides training modules that develop clinical skills for the following: identification of performance standards; diagnosis of professional performance; diagnosis of student performance; feedback on performance; preparation and implementation of professional development plans; and reflection.

The modules included in this program include overview of the professional literature concerning each clinical component of the formative process; guided skill practice activities with trainer feedback on critical skills; and resources for providing developing professionals with support for continuing professional growth. All the modules have threaded through them, techniques, skills, and questions, which the Clinical Educator can use to maintain focus upon the Sunshine State Standards, student learning and achievement, curricular alignment, and other school-specific improvement areas.

The following provides brief descriptions for each of the training modules:

**Diagnosis of Developing Professionals' Performance**

Diagnosis forms the basis for professional development. This module presents several types of informal and alternative data collection methods for use with developing professionals in a variety of settings, (i.e., group conferences, parent interviews, Child Study Team meetings). In addition, a systematic approach for selecting appropriate data collection methods and strategies for data analysis are addressed in this training module.
Diagnosis of Student Performance

Just as diagnosis forms the basis for professional development, it also is fundamental to managing the learning and development of the students in the Developing Professional’s class. This module provides knowledge and skills that would enable the Clinical Educator in assisting the Developing Professional analyze standardized test data about his/her students. While not dealing with skills for analyzing informal/teacher made test data, the activities, nonetheless, will provide an orientation to an individualized learning gain/growth perspective that can serve as a foundation for the Developing Professional.

Feedback: Conferring With Developing Professionals About Performance

Within an orientation of attention to the Common Core State Standards, New Generation Sunshine State Standards and student achievement, this module presents basic interpersonal communication skills and systematic conference procedures for use in clinical supervision/coaching cycles. The training format engages participants in skill-practice activities and provides opportunities for trainer feedback on the skill practices. Positive models for conducting conferences and simulations used for skill practices are customized to reflect both the student services setting and the regular classroom setting.

Professional Development Plans: Their Design and Implementation

This session introduces factors to consider when planning, designing, and implementing professional development plans for professionals at all levels of professional development. In addition, skills useful in assessing the impact of those professional development plans on the individual teacher and his/her students are also provided. The Florida Professional Development Protocol Evaluation Standards and the Leaning Forward Standards for Professional Learning provide direction for the clinical educator in providing professional learning that increases educator effectiveness and results for all students.

Legal Bases

All school district personnel and instructional personnel who supervise or direct teacher preparation students during field experience courses or internships shall have evidence of Clinical Education training. Additionally, the training provided through this manual satisfies one of the options required of all instructors in postsecondary teacher preparation programs who instruct or supervise field experience courses or internships. The Clinical Educator Training series, developed by the Florida Department of Education, meets the training requirements recommended by the Florida Educator Standards Commission for clinical educator training.

Terms

Several key terms are used throughout the Clinical Educator Training program. While these terms are not new, the terms need to be defined as they relate to our context and purpose.

- formative process
- clinical educator team
- developing professionals
• professional learning
• Florida Educator Accomplished Practices (FEAP)
• curricular alignment
• New Generation Sunshine State Standards
• Multi-Tiered System of Supports
• Common Core State Standards

The terms are an integral part of the program as these terms define the "players" and describe the context of the professional development process. The following are definitions of terms to be used in conjunction with this training program.

**Formative Process**

The formative process is a cyclical process designed to provide support and assistance in order to facilitate professional growth. This process is viewed as an ongoing process and reciprocal in that the professionals providing and receiving the assistance are working towards professional growth. The components that constitute this process according to the model used in this series are: selecting performance standards, diagnosing professional performance, providing feedback to the professional about performance, planning for the development of professionals, implementing the professional development plan, and reflecting on the process and outcomes.

**Clinical Educator Team (CE)**

The clinical educator team provides the developing professional with support and assistance in initiating and completing programs for professional development. The clinical educator team works with the developing professional as they move through the sequential components of the formative process. Clinical educator teams may include members from one or more of the following settings: university faculty, peer teachers, school administrators, district supervisory personnel, and support team members. Clinical educators may be called mentors, peer teachers, coaches or other depending on the district and university program descriptions.

**Developing Professionals (DP)**

Developing professionals are those professionals who have entered the formative process for professional growth. The term developing professional describes professionals at various professional levels. The professional levels included within this designation are as follows: pre-service professionals and professionals at the entry level, personnel at different performance levels (satisfactory to high-performance) who have chosen to enter the formative process for professional growth, and professionals who have been selected to begin the formative process as they are identified as at-risk in terms of their work performance.

**Professional Learning**

The standards that are reflected in clinical education include language changes to emphasize the responsibility for professional learning among all members of the school community, and this emphasis is in line with language in 1012.98 F.S. Examples are the use of the term professional learning instead of professional development and the term “facilitator” instead of terms such as trainer, designer, provider, or program managers.
Clients

Clients of professionals are quite varied. They include students, parents, and other family members. School administrators, interns, student services professionals or school based therapeutic personnel, and community agents are also quite frequently seen as clients of professionals. In short, anyone the professional is likely to interact with in a professional capacity is viewed as a "client" within school settings.

Florida Educator Accomplished Practices (FEAP)

The Florida Educator Accomplished Practices (FEAPs) are Florida’s core standards for effective educators and provide valuable guidance to Florida’s public school educators and educator preparation programs throughout the state on what educators are expected to know and be able to do. The Educator Accomplished Practices are based upon three (3) foundational principles. Those principles focus on high expectations, knowledge of subject matter, and the standards of the profession. Each effective educator applies the foundational principles through six (6) Educator Accomplished Practices.

Curricular Alignment

A continuing task of all school-based professionals is the alignment of all student/client functions so that all school functions are working toward the school’s personal and instructional goals. While these goals will vary with the school level (elementary, Pre K, middle, high, etc.), school purpose, and school community, the state and community standards, the defined curriculum, the Developing Professionals’ instructional choices, and the assessment – both standardized and informal must be considered as “areas to be aligned” in each classroom.

Next Generation Sunshine State Standards (SSS)

The Next Generation Sunshine State Standards are a set of standards to which all educators, classrooms, schools, and districts are held accountable. It is expected that the Standards “drive” all instruction and student support activities related to instruction in the schools of the state.

Multi-Tiered System of Supports (MTSS)

A Multi-Tiered System of Supports (MTSS) is a term used to describe an evidence-based model of schooling that uses data-based problem-solving to integrate academic and behavioral instruction and intervention. The integrated instruction and intervention is delivered to students in varying intensities (multiple tiers) based on student need. The “need-driven” decision-making process it uses seeks to ensure that district resources reach the appropriate students (schools) at the appropriate levels to accelerate the performance of ALL students to achieve and/or exceed proficiency.
Common Core State Standards

These standards define the knowledge and skills students should have within their K-12 education careers so that they will graduate from high school able to succeed in entry-level, credit-bearing academic college courses and in workforce training programs. The Common Core State Standards provide a consistent, clear understanding of what students are expected to learn, so teachers and parents know what they need to do to help them. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills that our young people need for success in college and careers. With American students fully prepared for the future, our communities will be best positioned to compete successfully in the global economy.

We need standards to ensure that all students, no matter where they live, are prepared for success in postsecondary education and the workforce. Common Core standards will help ensure that students are receiving a high quality education consistently, from school to school. Common Core standards will provide a greater opportunity to share experiences and best practices within and across states that will improve our ability to best serve the needs of students.

Standards do not tell teachers how to teach, but they do help teachers figure out the knowledge and skills their students should have so that teachers can build the best lessons and environments for their classrooms. Standards also help students and parents by setting clear and realistic goals for success. Standards are a first step – a key building block – in providing our young people with a high-quality education that will prepare them for success in college and work. Of course, standards are not the only thing that is needed for our children’s success, but they provide an accessible roadmap for our teachers, parents, and students.
INTRODUCTION

The formative process is a complex and dynamic concept. The process provides the means for professional growth and improved quality of professionals. The formative process in preservice and inservice professional education programs involves the active participation of a clinical educator team and developing professionals. The role of the clinical educator team is to serve as a support base for the developing professional as he/she moves through the formative process, working towards professional growth. Serving in this supportive role requires the clinical educator team to establish a climate of trust and begin building a rapport with the developing professional.

The processes of observation, data collection, and analysis provide a means of identifying areas within the clinical practices of the developing professional that need strengthening and a strategy for formulating a plan for study and practice of knowledge and skills to develop those areas. The guidelines for designing professional development plans with the developing professional provide the clinical educator team with a review of the techniques and skills needed to establish a positive relationship with the developing professional, to maintain a professional climate, and to recognize the developing professionals readiness for change.

The preparation of the professional development plan is a challenging task for the clinical educator team and the developing professional. Activating the plan calls for changes and change may be threatening to the developing professional. Professional growth, however, should be a goal of every professional throughout his or her career. The professional development plan provides the goals and objectives for professional growth, identifies available resources and provides for the practice of skills and techniques targeted for development or refinement. The plan also makes provisions for giving feedback to the developing professional and for monitoring his or her movement through the formative process.

The goal of the formative process is professional self-evaluation and self-improvement. It is the role of the clinical educator team to assist the developing professional in beginning the process of diagnosis and development, and to assure him or her that the necessary resources will be available in order to follow through with implementing the plan. The strength of the formative process and commitment to professional growth comes from the interplay of all phases of the Clinical Education process. It is critical that the process is used as a part of a complete supervision cycle that includes professional development planning. There is a need for refined procedures, established guidelines, and understanding for all phases in the formative process.

Use of the formative process has meaning and potential for long-term benefit when implemented within a context that responds to and considers what change and a readiness for change is all about. Before dealing directly with the diagnosis process, the clinical educator team must be grounded in their own understanding of change. Some ideas about change will be introduced here; others will be considered in the Professional Development Plan module later in these materials.
PROFESSIONAL READINESS FOR CHANGE AND THE CHANGE PROCESS

Mutual trust must serve as the basis for and permeate the entire process of professional development for the process to be effective. Developing professionals and clinical educator team members must develop mutual trust before progress towards goals can be accomplished. Supervisory behaviors of attending, responding, and facilitating establish a helping relationship in which consensual decision-making can occur.

The role of the clinical educator team requires strong interpersonal communication skills and attention to the standards and parameters within which a school functions. Such skills are needed by the clinical educator team in order to establish a supportive relationship with the developing professional, one, which will enhance the developing professional’s self-esteem and will enable the clinical educator team to carry out the process of the professional development plan.

A communicative atmosphere is established when the clinical educator team attends to the attitudes and behaviors of the developing professional. Clinical educators operationalize these constructs through the genuine and consistent use of communication skills that clarify information and attitudes of the developing professional, express empathy, and provide the developing professional with concrete examples of observed professional behaviors. Influence that originates in trust motivates others to seek, excel and grow. Influence imposed by position and authority often hinders growth for the developing professional.

Professional Development Requires a Commitment to Change

The motives for personal growth evolve from an awareness of need. Recognition of need is one outcome of the diagnostic and analysis phase of the formative process. Sometimes the “needs” are derived from developing professionals’ behavior; other times from the observation/analysis skills of the clinical educator team; and still others by system changes within a school unit, school or district focus. Successful responses to those needs are dependent upon acceptance and commitment to change. Therefore, awareness of change and of what it requires becomes significant for success.

Change is inevitable. Professionals continuously experience new trends and must incorporate new ideas and new skills in their teaching, counseling, and consultation. They are called upon to effect change in students, professionals, parents, and/or classrooms and, at a higher level, are responsible for their own professional development. Sometimes change is driven by internal needs; sometimes through collective action; and other times through organizational mandates. The impetus for that change doesn’t alter the individual’s, once committed, obligation, reaction, and pursuit of change.

The developing professional needs to have the attitude that change is necessary and inevitable if any professional growth is to take place. To fail to adapt to change is to be left behind professionally. Professionals who fail to keep up-to-date with the changes in their discipline fall behind professionally and eventually become relics of the past. Professional development is complicated by the fact that it operates through each professional’s attitudes and perceptions. The key to effective change through professional development is that professionals remain open to change and that they realize there is always room for change.
Another important aspect of change through professional development is that any change in professional behaviors creates a chain reaction—change in one area inevitably affects other areas. For example, improved interviewing skills generally improve professional and client communication and information exchange, as well as creating an improved atmosphere for client change.

Some thoughts about change:

1. Change is a process and not an event;
2. Change with turmoil is unavoidable;
3. Change is personal and complex; and,
4. Significant change may take a minimum of two to three years.

The following diagram demonstrates that a person's assessment of the impact of a change on his or her life influences how the individual responds to the change.

**A CHANGE MODEL**

![Diagram showing the relationship between proposed change, individual's evaluation of impact of change, and response: (a) opposition – covert vs. overt, (b) indifferent compliance, (c) commitment.]

Based on the individual's assessment of the change, one of three responses will occur: the individual opposes the change, either overtly or covertly; the individual may comply indifferently with the change; or the individual may commit to making the change.

**Covert Opposition** involves a professional working behind the scenes to undermine the plan for change. A statement such as "If I refuse to do the paperwork, then maybe the administration will not require me to change" or verbally agreeing but purposefully continuing familiar methods are typical responses used when someone covertly opposes a change. **Overt opposition** involves the professional opposing change by expressing his or her opposition openly. "You've got to be kidding! I'd never do it that way!" is an example of overt opposition.

**Indifferent compliance** involves a professional verbally agreeing with the change but not having strong feelings for or against the proposal. It is important to recognize that indifferent compliance does not always imply a negative attitude. It can represent acceptance but without commitment. Statements such as, "It's no big deal" or "Oh, I don't care-whatever you want to do is fine" are some examples of a professional going along with a change but having little or no commitment, either negative or positive. The professional may make a commitment to the change. Commitment involves a professional agreeing with a change and supporting it openly.
and strongly. Statements such as "Great idea!" or "That is something I'll get accomplished right away!" are typical responses, which illustrate commitment to the proposed change.

Awareness of need, change, and acceptance evolve naturally toward commitment when realistic outcomes and stages of development are recognized and understood by the clinical educator team and the developing professional.
THE FORMATIVE PROCESS MODEL FOR PROFESSIONAL DEVELOPMENT

The effectiveness of professional development plans (PDPs) is ultimately dependent upon the joint understanding and acceptance of those plans by the developing professional and the clinical educator team. It is especially important that the developing professional acknowledge ownership of the issues identified in the plan within the context of professional support from the clinical educator team. Without a supportive climate, the personal motivation and growth potential of the developing professional is reduced. Professional growth emanates from the capacity of professionals to engage in self-evaluation of their skills and attitudes.

The formative process enables the clinical educator team to guide the developing professional in the use of self-evaluation and constructive feedback to construct a plan for the improvement of the developing professionals. In this process, the clinical educator team members are exercising their skills of supervision and leadership. The clinical educator team members should also use self-evaluation to refine their skills and techniques for establishing a professional climate, motivating the developing professional, providing objective feedback, and securing appropriate materials and activities.

Research conducted by Wildman and Niles indicates the simplistic attitudes that are held by many when viewing professional growth. Educators tend to ignore goals derived for them by others. They lack commitment to methods and techniques prescribed externally by others. Prescription is not the path of professional leadership; it diminishes learning. The conditions necessary for professional growth are autonomy and collaboration, conditions that are provided through the formative process. In using clinical supervisory practices that have been found to be effective, the clinical educator team can maintain the presence of these conditions throughout the process for professional growth.

The formative process model for professional development reflects the qualities of discovery learning and professional development as a cyclical, ongoing process. Developing professionals, in collaboration with clinical educator team members, progress through levels of awareness, understanding, and refinement as they explore opportunities for professional growth and leadership. The formative process model represents the change process through collaboration, mutual respect, and self-evaluation rather than through prescription and remediation.

The first component of the formative process model is the identification of research-based job performance standards. These standards provide the developing professional and clinical educator team with specific guidelines for improving professional performance. In Florida these standards are found in (but not limited to) the following sources: Florida's Educator Accomplished Practices, Common Core State Standards, the New Generation Sunshine State Standards (NGSSS) and the various grade level expectancies that exist in various districts, the curricular alignment protocols, the domains of the various district performance assessment systems, essential teaching competencies, and professional literature.

The Clinical Educator must assist the Developing Professional in translating the often obtuse standards into real dimensions for his/her daily work with children. Just as the NGSSS are designed to guide the instructional behavior and achievement for students, so, too, must it have a
place in the professional development of our teachers. While the individual Standards or an Accomplished Practice may not be germane for a daily lesson, the Developing Professional must be assisted in seeing these standards as guideposts along the journey to a truly “Accomplished” teaching career.

Having identified performance standards, the clinical educator team and developing professional move into the diagnostic stage of the process. In the diagnostic phase, the clinical educator team conducts a series of screening activities – interviews, informal interaction, conferences, and/or observations to determine the developing professional's current level of instructional performance, planning skills, and focus. The data collected in these initial screening activities provide the clinical educator team with a base from which target areas of professional performance are identified.

The target areas identified will need closer analysis and further data collection. Therefore, the next step is for the clinical educator team to select a variety of appropriate diagnostic tools to use in observing, interacting, and conferring with the developing professional. Once the screening and data collection steps in the process have been completed, the clinical educator team analyzes the data collected and synthesizes findings prior to sharing information with the developing professional. The questions suggested earlier, Diagnosis Manual, will be very useful here in the screening and analysis process. These questions include, but are not limited to, a focus upon

1. the Developing Teacher’s awareness of his/her strengths in promoting student achievement,
2. the ability shown to align his/her lessons with the Standards, expectancies, and both teacher made, district provided, and state assessment processes,
3. strengths and weaknesses shown during both formal and informal classroom observations,
4. self-reported areas of interest or concern, and
5. his/her ability to analyze and use data about his/her own behavior.
6. his/her ability to interrupt and use a variety of student data

The feedback phase of the process involves the clinical educator team's sharing database information concerning the developing professional's performance with the developing professional. In addition, during the feedback stage, the clinical educator team focuses on developing a climate of trust and establishing rapport with the developing professional through the effective use of interpersonal communication skills and conferencing procedures. Depending upon the stage the Developing Professional is at, the clinical educator team may have to select a way of work which best facilitates change within him/her. If the primary need is awareness, the clinical educator team will have to behave quite differently than if the primary need is adapting already learned behaviors in new situations and with new challenges in the classroom.

The clinical educator team and the developing professional should collaborate to set priorities concerning professional behaviors targeted for improvement. Collaboratively setting these priorities facilitates the transition into planning for professional development.
A model for the professional development plan provides procedures and a format for preparing a plan. The design of the plan focuses on the developing professional and clinical educator team's developing standard- and data-based goals and objectives, selecting appropriate activities, identifying necessary resources, and developing a timeline to support the developing professional in performing tasks specified in the professional development plan.

The key tasks in implementing the professional development plan are: monitoring, documenting, and assessing. Monitoring and documentation activities constitute ongoing processes in which the clinical educator team and developing professional check on the progress of the completion of agreed-upon activities and provide assistance as the Developing Professional needs such. The final task in the implementation stage is the assessment of the developing professional's mastery of objectives specified in the professional development plan. The outcomes of the implementation process are the precursors of the reflection phase of the formative process. The evaluation protocols (see below) will assist in this mastery and reflection process.

During reflection, the clinical educator team and developing professional determine where they are in the formative cycle and assess the effectiveness of the professional development plan outcomes. During this phase, the developing professional's status in the professional growth cycle is determined. The clinical educator team determines if the developing professional needs to re-enter the formative process for continued professional growth activities, recycle through the process working towards mastery of the previously set objectives, or exit the formative process for entry into the summative evaluation process.

Florida’s Professional Development System Evaluation Protocol is based upon a set of standards that describe the characteristics and components of a quality professional development system. The Educator Level Protocol Standards provide a focus for the clinical educator team in the designing and implementation of the developing teacher’s professional development plan.

**Critical Importance of Professional Development Plans**

Models, principles and skills required for working through the formative model are meaningless if they are not associated with the process of formulating the professional development plan. The professional development plan is a diagnostic synthesis of the formative process and becomes the collaborative contract to guide the professional growth of the developing professional. The strength of the formative process and commitment to professional growth comes from the interplay of all phases of the CE process. The importance of the professional development plan is illustrated by findings from the Professional Orientation Program portfolio study:

1. Diagnostic system follow-through when matching growth recommendations to observed performance deficiencies was lacking;
2. Recommended strategies offered to developing educators for areas recognized as deficient areas were not in evidence;
3. Guidelines present for acceptable documentation of competency were not found;
4. A positive and significant correlation of observation frequency and reduction of ineffective behavior was observed; and

5. The most frequently used means for growth was observation coupled with feedback and conferencing.

These findings suggest that developing professionals at the entry level are not being offered the degree of personal professional assistance possible in planning the design of professional development plans. There is a need for refined procedures, established guidelines and understanding in order for this phase to become as significant as other phases within the formative process.

Protocol Standards

http://www.teachinflorida.com/

Educator Level

Planning

1.1.1. Individual Needs Assessment: The educator identifies individual professional learning goals with primary emphasis on student learning needs by reviewing certification needs, classroom-level disaggregated student achievement and behavioral data related to content area skills, school initiatives, the School Improvement Plan, and school and team goals.

1.1.2. Administrator Review: The educator meets with a school administrator to review the IPDP and identify additional individual professional learning needs based on performance appraisal data and priorities for students, grade levels, content areas, or the whole school.

1.1.3. Individual Professional Development Plan: The educator’s Individual Professional Development Plan (IPDP) specifies the professional learning needs related to identified student achievement goals for those students to which the educator is assigned; aligned with the educator’s level of development; and contains: a) clearly defined professional learning goals that specify measurable improvement in student achievement; b) changes in the educator’s practices resulting from professional learning; and c) an evaluation plan that determines the effectiveness of the professional learning.

Learning

1.2.1. Learning Communities: The educator participates in collaborative learning communities whose members use a cycle of continuous improvement to achieve goals that align with individual, school, and district goals for student achievement.

1.2.2. Content Focused: Professional learning focuses primarily on developing content knowledge and content-specific research- and/or evidence-based instructional strategies and interventions in the content areas specified in s. 1012.98 F.S. and aligned with district and state initiatives.

1.2.3. Learning Strategies: Professional learning uses strategies aligned with the intended goals and objectives; applies knowledge of human learning and change; and includes modeling of research- and/or evidence-based instruction, practice, and classroom-based feedback.
1.2.4. **Sustained Professional Learning:** Professional learning is sufficiently sustained and rigorous to ensure learning for participants that leads to high-fidelity classroom implementation for student achievement.

enhances professional learning as appropriate and the application and assessment of that learning as appropriate.

1.2.6. **Time Resources:** Sufficient time within the work day is available and used for professional development.

1.2.7. **Coordinated Records:** Educators have easy access to up-to-date records of their professional learning.

1.3. Implementing

1.3.1. **Implementation of Learning:** The educator applies newly acquired professional knowledge, skills, dispositions, and behaviors to improve his or her practice.

1.3.2. **Coaching and Mentoring:** Skillful coaches, mentors, or others provide sufficient classroom- and school-focused support and assistance to the educator to ensure high-fidelity implementation of professional learning.

1.3.3. **Web-based Resources and Assistance:** The district provides educators with web-based resources and assistance to support implementation of professional learning.

1.4. Evaluating

1.4.1. **Implementing the Plan:** The educator and a school administrator conduct an evaluation of the degree of fidelity with which the IPDP was implemented.

1.4.2. **Changes in Educator Practice:** The educator evaluates the impact of all professional learning on his or her practice through reflection, assessment, collaborative protocols for examining educator practice and work samples, peer visits, and/or professional portfolios.

1.4.3. **Changes in Students:** The educator determines the degree to which his or her professional learning contributed to student performance gains as measured by classroom assessment data.

1.4.4. **Evaluation Methods:** The educator uses summative and formative data from state or national standardized student achievement measures, when available, or other measures of student learning and behavior such as district achievement tests, progress monitoring, educator-constructed tests, action research results, discipline referrals, and/or portfolios of student work to assess the impact of professional learning.

1.4.5. **Use of Results:** The educator uses the results of the IPDP evaluation as part of a continuous improvement process to develop the following year’s IPDP, and to revise professional learning goals based on student performance results and documented teaching practice.
Change and Professional Development Levels

What professionals say and do can often be used to identify their level of professional development and their needs related to specific skills. When such objective performance is reviewed within the formative process, professionals will move toward commitment and long-term professional growth. Four broad levels of professional development are described in Figure 1 and Table 1.

Figure 1 illustrates the relationship between the levels of professional development and awareness.

It is important that clinical educator team members be aware of the developing professional's level of professional development and furthermore, that the professional development level may vary for each skill area specified. It is also important to allow the developing professional to progress to higher levels of development at his or her own pace.
Table 1

Change and Professional Characteristics

<table>
<thead>
<tr>
<th>Professional Development Level</th>
<th>Professional Behaviors</th>
<th>Professional Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-use</td>
<td>Does not use the skill and has little knowledge related to the skill.</td>
<td>Unconsciously unskilled; unaware of a skill or strategy necessary for effective work performance.</td>
</tr>
<tr>
<td></td>
<td>Says things to indicate on a very limited knowledge of the skill or no knowledge of the skill at all.</td>
<td></td>
</tr>
<tr>
<td>Preparation/Knowledge Building</td>
<td>Talks about the skill and is doing something to learn more about the skill.</td>
<td>Consciously unskilled: Aware of a skill and willing to do something to develop the skill.</td>
</tr>
<tr>
<td></td>
<td>Reads, talks to others; observes and analyzes requirements for use of skill; describes use by others and attends class.</td>
<td></td>
</tr>
<tr>
<td>Skill Building</td>
<td>Makes a special effort to use the skill.</td>
<td>Consciously skilled: aware of the skill and making an effort to talk about and to incorporate that skill into work activities.</td>
</tr>
<tr>
<td></td>
<td>Talks about self with respect to skill; describes the time, management, and other requirements related to use.</td>
<td></td>
</tr>
<tr>
<td>Skill Attainment</td>
<td>Uses skill smoothly without special effort or preparation.</td>
<td>Unconsciously skilled: uses the skill without thinking about it; the skill is “second nature”.</td>
</tr>
<tr>
<td></td>
<td>Indicates no problems with skill; talks about its impact on clients; talks about experimenting with the skill and using it in special ways.</td>
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Strategies for Goal Setting

Four strategies for goal setting form a continuum for working with professionals at different levels of development and awareness: **top-down goal setting, management by objectives** (MBO), **standards-based goal setting**, and **self-assessment goal setting**.

In **top-down goal-setting** the clinical educator:
- evaluates the developing professional periodically;
- notifies the developing professional of strengths and any weaknesses that need attention;
- establishes a professional development plan for the developing professional; and,
- derives suggestions from research based practice.

In **management by objectives** (MBO) the clinical educator and developing professional:
- participate in periodic performance reviews;
- establish a link between performance reviews and goals;
- utilize a participatory goal setting and planning process;
- re-establish and/or re-define goals as needed; and,
- evaluates objectives based on research based practices.

In a **self-assessment goal setting** approach, the developing professional:
- assesses his or her own job skills;
- determines where he or she wants to be;
- determines goals to reach the level of skill desired;
- determines strategies to be used in reaching goals; and,
- evaluates the relationship between goals and research based practices.

In a **standards-based goal setting process**, the developing professional with the CE team:
- diagnoses the instructional behavior in the developing professional’s classroom, looking for strengths and weaknesses related to the Educator Accomplished Practices, Common Core State Standards and the Next Generation Sunshine State Standards (NGSSS),
- selects specific targets related to the three sets of standards,
- selects interim goals and benchmarks which will assist in reaching those targets, and
- plans activities, learning experiences, and events to be used in reaching the targets.

Each of these strategies can be useful, depending upon the specific situation. For example, some developing professionals may function best when the clinical educator team uses the top-down strategy, or the developing professional may be very self-motivated and function best with self-assessment goal setting. Other professionals may grow best when management by objective or standards based strategies are used.
It is often difficult to know which method will work best with a specific developing professional. The need shown by the developing professional (See models of coaching) will go a long way toward assisting the team in the determination of how to work at this stage. Generally, the top-down approach works better with a professional who has an external locus of control, while the self-assessment approach might work best with a professional with an internal locus of control. The management by objective approach might be most effective with a professional who has a mix of loci of control—an internal locus in some aspects of job performance and an external locus in other areas. The standards-based approach is most useful for the developing professional whose instructional focus wanders.

The approach to take with a developing professional is determined during the conferencing sessions which precede the writing of the professional development plan. Clinical educators must take time to work and to become acquainted with the developing professional. Plans for professional development can then proceed, although what may work in one situation might fail in another. It might be necessary to experiment with different approaches until the most effective goal setting approach is discovered.

Determining professional development levels of professionals is a time consuming process but critical for success in professional development planning. Through conferencing, the clinical educator team identifies the developing professional's professional development levels, and this process provides the potential for meaningful goal and activity selection.

In addition to the level of professional development and awareness, the developing professional's orientation or focus of needs for growth/performance can also guide goal setting.

The following orientations are determined through conferencing and the diagnostic process: fantasy, survival, mastery, impact. The training will include fantasy as part of the survival orientation.

- **Fantasy.** A teacher at the fantasy level believes that by sheer personality or lack of touch with reality that the students will intrinsically know how to behave and how to do things in class. Teachers seldom stay at this level long. The students usually bring the teacher back to reality.

- **Survival.** A professional at the survival level is interested in the activities of the moment. The focus of attention is the next group, the next meeting, the next day, etc. Attempts to get this professional to deal with long range goals, aims, objectives and problems will be futile.

- **Mastery.** The professional at the mastery level is absorbed in the technical aspects of his or her job. More specifically, he or she is concerned with "How can I improve what I do to perform and behave with my clients and do what I would like?"

- **Impact.** The impact level professional focuses on client benefit or success, at whatever cost. The impact professional will do whatever is necessary for his or her clients to benefit. The technical aspects of a problem or skill are only important to the extent that clients gain.
The complex interaction of many different variables impacts the process of developing professional development plans. The developing professional's level of professional development, level of orientation, and alternative strategies for goal development, must all be identified, as these factors relate to the developing professional’s readiness to begin the change process. Consideration of these factors is also important as this determination facilitates the clinical educator's role as a change agent. The relationships among the variables are depicted in Table 2. While the matrix depicts a linear relationship among these variables, this may not always be the case.

Table 2

MATRIX: PROFESSIONAL READINESS LEVEL VARIABLES

<table>
<thead>
<tr>
<th>Level Of Professional Development</th>
<th>Strategies For Developing Goals</th>
<th>Level of Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-use</td>
<td>Top-down</td>
<td>Survival</td>
</tr>
<tr>
<td>Preparation/Knowledge Building</td>
<td>Top-down</td>
<td>Survival</td>
</tr>
<tr>
<td>Skill Building</td>
<td>Management by Objective or Standards Based Practices</td>
<td>Mastery</td>
</tr>
<tr>
<td>Skill Attainment</td>
<td>Self-Assessment or Standards Based Practices</td>
<td>Impact</td>
</tr>
</tbody>
</table>
DESIGNING AND WRITING PROFESSIONAL DEVELOPMENT PLANS

Having established the climate for planning a professional development plan and having completed one or more observation cycles, developing professionals and the clinical educator team must collaboratively design a plan. Goals, objectives, resources, assessment, procedures, and timelines are essential components for any professional development plan designed to assist a developing professional with professional growth.

Steps for Planning Professional Development Plans

The developing professional and clinical educator team should proceed through the following steps in planning for professional development:

1. Select appropriate professional development goals based upon needs identified (student, client, developing professional, etc.)
2. Specify objectives related to the goals;
3. Align the goals and objectives with larger grade level, school improvement, or district targets.
4. Determine related activities necessary to achieve the specific objectives in-route to the goals;
5. Identify the resources needed to assure that the activities can be completed;
6. Establish a time-line for completing each activity; and,
7. Identify criteria for measuring successful completion.

As decisions evolve, the developing professional and clinical educator team must keep in mind the following considerations:

- the developing professional's professional development level and level of awareness;
- the grade, subject or school-wide environment in which these plans will take place,
- the developing professional's orientation level and needs focus; and,
- goal setting strategies.

The challenge to clinical educators is to determine where the developing professional is and then help him or her move to the next level.

An important consideration for clinical educators, as they prepare to write the PDP, is that the PDP belongs to the developing professional. Failure to attain ownership of the plan by the developing professional often leads to acquiescing or ignoring behaviors. In order to help developing professionals buy into the plan, the clinical educator needs to avoid "pushing" or pulling behaviors and establish a psychological mindset of "walking together."

Therefore, whether it be selecting the goals, objectives, appropriate activities, resources or determining the timeliness, the clinical educator and the developing professional make these decisions jointly.
Examples of the clinical educators' "pushing" the developing professional include:

"If you are going to be effective, you simply must stop using closed questions."
"You will observe Ms. Smith three times next month."

A clinical educator team "pulling" the developing professional might say:

"Certainly you'd be willing to attend an inservice on effective questioning techniques."
"Mr. Smith is such a good professional using collaborative group strategies. I'm sure you'll want to team with him on planning this group."

Clinical educators who "walk with" the developing professional could say:

"Let me check this out; one of your ideas is to move Bobby closer to the front of the room. How would it be if we write this in your plan? Non-participating students will be moved to the front of the room."
"What did you learn from your analysis of your students’ assessment results?"
"Which of our school improvement goals overlap with interests you have?"
"You're concerned with open ended questions, and you'd like to see some models of interviewers doing these, like Ms. Smith? Would you like your plan to include time for observing Ms. Smith this month?"

Determining Goals and Objectives

As the developing professional and clinical educator team begins to select appropriate professional development goals and objectives, they must first differentiate between a goal statement and a specific objective. To ensure a common language, the following definitions are presented.

A **Goal** is a broad, general statement that defines an area of intent and provides a focus and boundaries for necessary professional development. Goals may be long or short ranged, and are not measurable. For example, after observing a developing professional it is determined that she needs to increase her display of enthusiasm when introducing new group activities. Goals focused on an increase in student achievement will be designated as learning goals in the Clinical Education Training.

A goal statement might be:

*The developing professional will be sure to consider all information before rendering opinions.*

This goal statement is broad, general and immeasurable, yet identifies intent to improve the use of enthusiasm in instruction. Even though goals may be more broadly defined, both goals and objectives are important and should be considered SMART. It really does not matter as long as
the expected outcomes are SMART. The definition for SMART is listed in the description for an objective.

An **OBJECTIVE** is a Specific statement that is **M**easurable, **A**ttainable, and **R**elevant to the area of improvement, and that **T**racks progress made (SMART). Objectives define goals.

An objective that would help accomplish the above goal might be:

*The developing professional will encourage information exchange by using nonverbal and paraverbal behaviors such as facial expressions, body language, and tone of voice to encourage clients to disclose information appropriately.*

This objective is specific (stating the types of trust building gestures to be used), it can measure or quantify increased use of the behaviors; the targeted outcomes are attainable and relevant to the area of improvement; and progress can be tracked through observations and use of audiovisual equipment.

Clear goals and objectives are essential parts of a professional development plan because goals provide the general direction (focus) for behavioral change. Objectives are the stepping stones toward goal attainment, and they assist in measuring behavioral change.

**Selecting Appropriate Activities**

As the developing professional and clinical educator team begins to develop goals and objectives they must also determine different types of activities to help achieve and produce the desired outcome. The developing professional and clinical educator team must clearly differentiate between activities that are more useful for preparation/knowledge building versus skill building. The type of activity selected depends upon the individual needs of the developing professional.

*Activities that are common for preparation/knowledge building* include planned reading or study of the topic, observing others at work, or attending conferences, professional learning (including face to face, blended or web-based), or college courses. *Activities for skill building* follow such learning and allow for practice of skills such as role-playing, co-leading a group with an experienced counselor, or planning and practicing a specific skill or activity. Some of the activities tend to be more appropriate for preparation/knowledge building and others for skill building, as demonstrated in Table 3.

**Identifying and Providing Resources**

Resources that will be needed to complete the goals, objectives and activities identified in the professional development plan must be identified and provided. Time, money, personnel, technology, and materials are types of resources that should be specifically identified and verified by the clinical educator team. These resources should be documented on the professional development plan so that the developing professional is confident that all necessary help will be provided as the professional development plan is implemented.
In addition to identifying and providing necessary resources, the clinical educator team should delineate specific responsibilities. While the primary responsibility for professional growth will always lie with the developing professional, the members of the clinical educator team can assist in important ways. For instance, if an administrator is a team member, he or she may arrange for inservice training or provide coverage so that the developing professional can visit other professionals or programs. The peer professional can provide copies of articles, group activities, or assessment tools, or schedule observations of the developing professional. Whatever the specific responsibilities, the formative process operates more smoothly if all involved persons contribute in meaningful ways and if all know what is expected of them.

Table 3

Activities to Stimulate Professional Growth

<table>
<thead>
<tr>
<th>Preparation/Knowledge Building</th>
<th>Skill Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>• read specific materials</td>
<td>• demonstrate a skill and receive specific feedback</td>
</tr>
<tr>
<td>• observe a professional to identify targeted behaviors</td>
<td>• actually practice a skill</td>
</tr>
<tr>
<td>• work through specific training packages</td>
<td>• incorporate a technique in a work activity</td>
</tr>
<tr>
<td>• attend professional learning activities, take credit courses or complete on-line courses</td>
<td>• critique skill via audio or video</td>
</tr>
<tr>
<td>• complete case studies which demonstrate targeted behaviors</td>
<td>• pattern a technique modeled by a skilled professional</td>
</tr>
<tr>
<td>• execute an internet search and use web-based resources</td>
<td>• role play</td>
</tr>
<tr>
<td></td>
<td>• use simulations</td>
</tr>
</tbody>
</table>

Establishing Criteria for Successful Completion

The criteria by which the clinical educator team will determine successful completion of the objective must be specified. All participants in the process need to know the standards to be applied to the developing professional's performance. "Performance will be satisfactory when..." is a good stem for establishing the criteria for completion.

Several data sources may be considered in determining whether criteria for completion have been achieved: self report by the developing professional, direct observations by the members of the clinical educator team, review of products of the developing professional's performance (e.g., group activity or lesson plans, progress notes, correspondence with parents or professionals,
summary of professional readings) and observations and perceptions of other persons familiar with the professional's performance. Surveys, interviews, and other assessment procedures may be useful. To make the best use of various data sources, clinical educators need to focus on using the best source or sources for each objective.

Note that by using several data sources in establishing criteria for successful completion of the objective, clinical educators make the appraisal process more valid and reliable. The criteria may constitute a separate part of the plan or be embedded in the objective.

**Setting a Workable Timeline**

All persons involved in the formative process, whether clinical educators or developing professionals, are busy professionals. Even the best made plans are likely to be laid aside when more pressing issues arise. This may be especially true for professionals at the survival level. Establishing a reasonable and somewhat flexible timeline for completion of activities and accomplishment of objectives is essential to "nudge" the professional development process. Note that timelines are best considered to be estimates to be revised as needed.

When a professional development plan includes many objectives or formal program requirements (e.g., induction programs) the timeline should allow for a spacing of objectives across the school year or length of the program. Another consideration in establishing timelines is that some events occur at specific times of the year (e.g., reporting periods, standardized testing), and professional development plans need to be built around these realities.

Particularly early in the formative process, clinical educators tend to be overly ambitious in what they anticipate can be accomplished. The timeline established in good faith may prove to be unworkable either because too many activities need to be done simultaneously or in close proximity or because unexpected events occur.

**Designing a Format for the Professional Development Plan**

The design and writing of the professional development plan has been presented as a series of steps rather than a specific format to follow. The variables that need to be considered (i.e., goals, objectives, activities, resources, criteria, timeline) are the appropriate focus, not the form the written plan takes.

Virtually all Florida districts will have a standardized format for professional development plans if the plans are used in formal programs (e.g., annual performance assessment, induction programs). **NOTE:** If your district has a standardized format, analyze and use it during this process with the Developing Professional. In informal programs (e.g., mentoring or peer coaching) professional plans will be less structured. In designing a format, clinical educators are well advised to keep the design as simple as possible with enough space to record important information but not to require a detailed transcription. The plan should be a means, not an end, in the clinical process.
A useful feature of professional development plans is the inclusion of space to indicate reviews and updates of the plan. This allows the plan to reflect the developing professional's experiences during implementation. The first and foremost value of a professional development plan is as a working document to provide guidance and direction for developing professionals. The use of professional development plans as documentation for program completion should be a secondary purpose.
IMPLEMENTING THE PROFESSIONAL DEVELOPMENT PLAN:
MONITORING SKILLS AND FUNCTIONS

The most difficult and challenging phase of the formative process is the implementation of the professional development plan, the time when the developing professional struggles to change. Because change is a process rather than an event, no firm time limits can be established for the implementation phase. Implementation may well be a difficult time for the developing professional as he or she experiences confusion and self-doubt, experiments, and reassesses values. (Red and Shainline). Despite the developing professional's discomfort, this phase is essential because complex learning (change) demands substantial freedom for the individual to direct his/her own growth (Wildman and Niles). The Florida Professional Development Evaluation Protocol Standards address the need to extend coaching and mentoring until the developing professional has mastered the new knowledge or skill gained through professional learning.

One of the most important roles of clinical educators is that of a change agent. As active participants in the formative process, the clinical educator team is most closely involved with the day-to-day learning experiences of developing professionals. Thus, members will almost certainly have the most influence on changes in the developing professional's behavior. To be an effective change agent, the clinical educator must exhibit personality characteristics that create a conducive change climate. The clinical educator who is positive about self and who is genuine and authentic is more likely to be able to develop rapport with the developing professional. Such rapport will free the developing professional to perceive the development plan as an opportunity for change and growth.

Providing both emotional and intellectual support, the clinical educator team interacts in positive ways with the developing professional. The basic roles of the clinical educator which facilitate change are those of model, mentor and coach. Since clinical educators serve as facilitators rather than evaluators, resources rather than judges, they are less likely to be perceived by developing professionals as threatening. The climate for positive change is created when consulting is perceived as a "process of becoming." In such an environment, developing professionals understand that they are embarking on the life-long pursuit of excellence (regardless of their specific job roles and demands).

The Chinese character for ear includes both the idea of ear and heart. This notion should remind the clinical educator that hearing is a physical act while listening requires the use of both the head and the heart. Effective clinical educators understand that an important skill in communication is to be able to "read between the lines," to get to the feeling tone of the message. Often, developing professionals express their ideas most clearly by what they are not saying. The effective clinical educator is sensitive to both the cognitive and affective messages developing professionals are sending. Clinical educators understand that areas requiring change need to be communicated to developing professionals in ways which allow them to maintain self-esteem. If the developing professional feels threatened, he or she will resist accepting feedback, either consciously or unconsciously. Such resistance interferes with effective communication and often impedes effective relationships, including professional ones.
Clarification, perception checking, empathy and concrete examples are interpersonal communication skills that enhance clinical relations.

While verbal communication usually deals with ideas and information, nonverbal communication expresses feelings. For communication to be effective, verbal and nonverbal communication must be congruent. Faced with inconsistency, the receiver is more likely to believe the nonverbal message.

Clear relationships exist among the developing professional's self-concept, verbal and nonverbal communication, and change. If clinical educators understand the developing professional's view of self, they will be more likely to interpret accurately the developing professional's and their own verbal and nonverbal responses. Thus, the greater the clinical educators' understanding of developing professionals as persons, the greater impact they can have upon their professional growth.

**Four Monitoring Functions**

The implementation phase of the formative process is more likely to be successful if the clinical educators consider themselves to be change agents and if they use effective communication skills. Implementation efforts are also enhanced if the clinical educator team serves four specific functions during the time the professional development plan is being implemented. These functions for the clinical educator during implementation have been extrapolated from the Joyce and Showers training model. The clinical educator should work with the developing professional to **provide professional companionship**, to provide **personal facilitation**, to give **technical feedback**, and to extend the developing professional's **executive control**.

**Providing Professional Companionship**

Professional companionship is essential during difficult change efforts. Interaction between the clinical educator team and the developing professional gives the opportunity for mutual reflection, the checking of perceptions, the expression of frustrations and exhilaration, and informal problem solving. Not only is the quality of the developing professional's change efforts better when the clinical educator maintains close contact, but the professional's experiences are more enjoyable as well. By frequent interaction, the clinical educator can assure the developing professional that problems are normal and can be resolved.

The developing professional will experience both successes and failures in daily experimentation of new skills and will need continuous assistance to change in appropriate ways. The companionship offered by the clinical educator team will make it more likely that the new skills will be practiced frequently and corrections made as necessary.

**Providing Personal Facilitation**

Personal facilitation is a second monitoring function. Successful behavior change requires practice. Early attempts will almost certainly be less than adequate; therefore, the clinical educator team has a major function: the task of helping the developing professional feel good
about him or her, especially early in the implementation process. Personal facilitation serves to reduce the professional's isolation and to increase the individual's sense of being supported. Personal facilitation differs somewhat from professional companionship. While professional intellectual viewpoints are central to professional companionship, personal facilitation focuses upon the person's feelings. The supporting skills used by the clinical educator team differ somewhat with respect to personal facilitation or professional companionship. The supporting skill of using approval statements to maintain/enhance self-esteem is applicable to personal facilitation; the use of positive statements which focus on professional viewpoints is a helpful tool for professional companionship.

**Giving Technical Feedback**

The third monitoring function of giving technical feedback involves the process of continuing informal and formal observations to give the developing professional objective information about progress toward the professional goal. The clinical educator should refer to the professional development plan frequently to target specific skill(s) needing attention.

Feedback is a crucial element in the learning process. The developing professional needs to know what strategies are working and which are not so that he or she can begin to recognize successful patterns and integrate these strategies into their active consultation repertoire. The feedback needs to be specific, and the clinical educator must give concrete examples of successful behaviors and strategies as well as examples of those that are less than effective.

Frequent visits by the clinical educator to the developing professional during the implementation phase are important. The developing professional can become easily frustrated if left alone to analyze his or her own experiences and may easily drop back into old, ineffective behaviors. The clinical educator must provide feedback that allows the developing professional to perceive the value of even small improvements. The clinical educator must also make sure that the developing professional does not revert to even more ineffective practices.

**Extending the Developing Professional's Executive Control**

The final monitoring function is to help the developing professional extend his or her executive control of newly acquired behaviors. Executive control refers to a "meta-cognitive" understanding of what newly acquired knowledge and skills are, how they fit into the existing instructional repertoire, and how the skills can be adapted to work in particular situations. Executive control is essential in order to transfer learning into regular practice. It is the development of a set of principles that enables one to think about newly acquired skills and how to transform them in the course of use (Joyce and Showers).

As the monitoring process progresses, clinical educators must wean the developing professional from dependence on them. The developing professional must maintain control of the consultation process. A very fine line exists between keeping the developing professional from becoming too dependent on the clinical educators and the clinical educators letting go too soon. However, the clinical educators have to know when the developing professional has begun
integrating the new skill and should be left to experiment and own it. Just as the developing professional extends control initially, the clinical educator must relinquish control in turn.

For each developing professional, time required for change will differ. The developing professional's own self-concept, years of experience and level of orientation (i.e., survival, mastery, impact) will dictate how quickly he or she will move through the levels of professional development. By establishing and maintaining a trusting relationship, and by openly communicating with the developing professional, the clinical educator team can determine when the developing professional has reached skill attainment. As the developing professional moves through the stages of non-use of a skill to skill attainment, the clinical educator team should always encourage the developing professional to integrate the skill into their own working skill repertoire. The developing professional should be encouraged to make his or her own decisions and eventually his or her own assessment of effectiveness. "A coach is a 'tenant' in another professional's space, and it is essential that the [professional] maintain ownership of the activities, clients, and consultation." (Neubert and Bratton).

**Conclusion**

Depending on the developing professional's orientation and professional development level and awareness, the relative emphasis on each of the four functions will vary. (See Figure 1.) For example, much more detailed technical feedback would probably be required for the consciously unskilled professional than for the unconsciously skilled individual. Also, emphasis on the developing professional's executive control with diminishing dependence on the clinical educator team would be appropriate at the skill attainment level.

The responsibilities of the clinical educator team during the implementation phase are great indeed. While monitoring the developing professional's progress and being involved in ongoing decision-making (see next section), the team must provide professional companionship, personal facilitation, give technical feedback, and help the professional extend executive control. Key to all these functions is the maintenance of the developing professional's self-esteem. Even when the developing professional does not succeed in meeting objectives and must exit the formative process, that person's self-esteem should be maintained and his or her integrity nurtured. Clinical educators must possess a genuine warmth and caring for the individuals with whom they work, seeing each as a complete and worthwhile human being.
Figure 1
PROFESSIONAL DEVELOPMENT AND MONITORING FUNCTIONS

Professional Companionship

DP's EXECUTIVE CONTROL

PERSONAL FACILITATION

- Unconsciously unskilled
- Consciously unskilled
- Skill-building level
- Skill-attainment level

FEEDBACK
- Intermittent
- Frequent
- Little

Preparation/knowledge building level

Non-use level

Professional Development Planning
MONITORING THE GROWTH OF THE DEVELOPING PROFESSIONAL

During the implementation phase, the clinical educator team must maintain focus on the professional development plan, both on the objective specified for the developing professional and on the activities designed to lead the developing professional to mastery of those objectives. Verifying completion of specified activities is important so that the clinical educator can determine when to identify additional activities and when to assess and document objective attainment. As objectives are mastered, the developing professional can move to a new phase in the formative process.

Decision-making Process

Documentation is more than merely checking off activities; more significantly, documentation involves making important decisions leading to assessment of goals and objectives. Decisions must be made about whether activities have been completed as described on the professional development plan, whether the developing professional is ready for assessment of the objective, and whether the objective has been mastered. (See Figure 2 describing the implementation process.) The flow of decision-making is followed separately for each objective on the professional development plan.

- Have activities for an objective been completed?

During the implementation phase the developing professional is working continuously to attain the knowledge or skills that are the objectives of the professional development plan by carrying out the activities described in the plan. Simultaneously, the clinical educator team is monitoring these efforts and giving feedback on the professional's progress. Verifying that activities have been completed is the simplest part of the documentation process.

In deciding what documentation of completed activities is necessary, the clinical educator team should consider the developing professional's reason for involvement in the formative process. Developing professionals could be involved in the formative process voluntarily or involuntarily. While voluntary involvement would entail an informal program, an involuntary program would more likely be formal in nature.

In an informal program the developing professional could simply confer with the clinical educator team about completion of activities and about what he/she has learned from the experience. The value of completed activities is enhanced when the developing professional has the opportunity to reflect upon the experience with the clinical educator team. Activity completion can simply be checked off on the professional development plan.
Implementation Process

Figure 2

1. Enter Clinical Process
2. CET, DP Diagnose, design PDP
3. CET monitors PDP implementation for each objective
4. Are activities complete for objective X?
5. Continue PDP implementation for next objective
6. Re-enter clinical process
7. Identify additional activities
8. DP, CET confer
9. Is DP ready for assessment of objective X?
10. CET Observes
11. Has DP mastered objective X?
12. Exit Clinical Process
A more formal program would follow essentially the same process, except that the developing professional might want to attach documentation of completion of an activity to the professional development plan (e.g., agenda, summary of observation, transcript, inservice record).

- **Is the developing professional ready for the objective to be assessed?**

When some or all of the activities related to an objective on the professional development plan have been completed, the clinical educator team and the developing professional must decide whether it is time to assess for mastery of that objective. No clear length of time or specific sequence for this decision can be specified. A developing professional may not need to complete all the activities in the professional development plan before a decision to assess for objective mastery is made. How the decision is reached depends heavily on the relationship between the clinical educator and the developing professional and includes both cognitive and affective factors. The decision of whether or not to assess objective mastery is made in a conference between the clinical educator team and developing professional.

Through the conference process, one of two decisions is made about the developing professional's readiness to have status assessed relative to a particular objective:

**Decision 1 - Ready to assess objective mastery.** The clinical educator team and developing professional arrive at this decision in one of two ways: (1) the developing professional has completed most or all of the activities for the objective on the professional development plan and the clinical educator team feels that the developing professional can demonstrate mastery of the objectives, or (2) the clinical educator team feels that the developing professional has had sufficient time and opportunity but has not demonstrated progress toward the objective. Formal observation to document objective status follows.

**Decision 2 - Not ready to assess objective mastery.** The clinical educator team and developing professional arrive at this decision because they feel that providing additional opportunities and time will be productive in moving toward objective mastery. For example, the developing professional might continue to the next activity on the professional plan; or new activities might be added to the plan at this time. Another possibility is that the developing professional may have gained knowledge about the objective but may need to progress to skill building. The clinical educator will continue to provide the developing professional with technical feedback as monitoring of the professional development plan and implementation for this objective continues.

The progress made towards the objective as reflected on the professional development plan is central in making one of the two decisions described above. The developing professional's feelings about objective assessment must also be considered. Another determinant of when to assess objective mastery may be external constraints, particularly in formal programs. For instance, in a formal competency demonstration program, some decision about the professional's status must be made at the end of one year in the program; therefore, different decisions about a person's readiness for objective assessment might be made relative to the same data reviewed in
January and in May. In informal programs, more leisure to accommodate the developing professional's pacing is possible. In some instances, a developing professional and/or clinical educator team might not be certain about whether or not objective attainment should be assessed at this point in time. In this case, an informal observation to gather more data to clarify which decision is appropriate may be made by the clinical educator team.

At this decision point, the clinical educator team and the developing professional need to realize that objective mastery is more than an accumulation of completed activities. Rather, objective attainment suggests that new knowledge and skill have been incorporated into the active counseling and/or consultation repertoire. The clinical educator team's responsibility in this phase is not merely to note completion of assigned activities but also to support the developing professional in moving toward objective mastery.

- **Has the developing professional mastered the objective?**

When both the clinical educator team and the developing professional agree that the developing professional has completed adequate work related to the objective, assessment of the objective should occur. The determination needs to be made that the objective has been mastered or that the professional development plan and/or the formative process need to be reexamined. Assessment of mastery may be based on a classroom observation or on other forms of documentation. Again, the assessment process would vary between formal and informal programs.

The quantity of data to support documentation of the developing professional's mastery of objectives cannot be specified exactly. From monitoring the developing professional's progress, the clinical educator team should have sufficient data that all point toward steady progress towards competency acquisition. In designing the professional development plan, the clinical educator team and professional should have described the criteria or standard that was expected for attainment of each objective. In formal programs, the clinical educator should review and comply with any specific district policies.

- **What next steps should occur?**

At this point in the formative process a series of decisions have been made. First, the clinical educator team confirmed that the developing professional completed activities for one objective on the professional development plan. Next, the clinical educator team in conference with the developing professional determined that assessment of the developing professional's mastery of this objective would be appropriate. Finally, the status of the attainment of the objective was assessed either through direct observation or other means as specified on the professional development plan. The formative process can now move in several directions, based on the results of the objective assessment.
Four outcomes and their consequences are described below.

**Outcome 1 - The developing professional has mastered the objective and no other objectives remain on the professional development plan.** The developing professional may choose to re-enter the formative process by returning to the diagnosis phase to identify a new objective. Another choice the developing professional could make at this time is to exit the formative process.

**Outcome 2 - The developing professional has mastered the objective, but other objectives remain on the professional development plan.** The developing professional moves to another objective or to a higher level of skill attainment on a related objective. The professional development plan may have to be updated at this point, identifying new activities and resources.

**Outcome 3 - The developing professional has not mastered the objective but has completed all activities related to this objective on the professional development plan.** The appropriateness of the objective and related activities needs to be assessed. This portion of the professional development plan may need to be rewritten, modifying or changing the objective and the means to accomplish that objective. The objective could be geared to a lower skill level or broken into smaller, more discreet objectives. Activities related to the objective could be highly structured. The clinical educator team might decide to abandon this objective at least temporarily to move to areas on the professional development plan where the developing professional can experience success.

**Outcome 4 - The developing professional has not mastered the objective but has completed all activities related to this objective on the professional development plan.** Further work on this or on other objectives is viewed as unproductive because the developing professional either cannot or will not make necessary changes in counseling and/or consultation behavior. The decision is made to exit the formative process. What may follow is a summative evaluation following a due process supervision model. This outcome would probably result from an accumulation of unattained objectives on the plan rather than from failure to achieve any one objective.

**Conclusion**

All too often monitoring and documenting are viewed as mere compliance tasks, to be done routinely. Very often, once a professional development plan is initiated, energy wanes, and follow-up tapers off quickly. If the clinical educator team views the implementation phase as the flow of decision-making described above, the monitoring and documenting process becomes much more meaningful to the developing professional. When firmly rooted in a positive relationship between the clinical educator team and the developing professional, monitoring can and should be a supportive rather than mechanical process.
REFLECTING ON THE FORMATIVE PROCESS

In the reflection phase the clinical educator and developing professional self-evaluate their progress in the formative process as well as evaluate the effectiveness of the professional development plan outcomes. During this phase the developing professional's status in the professional growth cycle is determined. When objectives are recognized as not yet accomplished or functional, based upon criteria presented within the professional development plan, the developing professional can recycle and continue the practice phase by working toward achievement of goals originally established. When goals/objectives are determined to have been attained, the developing professional/clinical educator will move on to further professional growth and to self-evaluation of higher levels of achievement, such as mastery. At this time they may establish new goals in other areas.

Another option in this model is to exit the formative process and enter the summative or evaluative process. Entrance into the summative process is based upon the clinical educator team and developing professional's determining that the supportive process is no longer contributing to the developing professional's growth and that progress has not been made. It can then be determined that an evaluation concerning the professional's performance and career status needs to be made.

The reflection phase serves as a decision-making point at which the clinical educator team and developing professional determine how to proceed. It is not simply a point for final evaluation but a process of professional reflection and direction. Documentation procedures within monitoring are directly associated with the goal and objective statements and with activities presented within the professional development plan. Appropriate professional development plan preparation assures accurate documentation. Once again, the consistency of the developing professional's perceptions of his or her behaviors with the clinical educator's perceptions will strengthen the professional nature of the procedures involved in the formative process.

The clinical educator team has tremendous potential for influencing developing professionals within the reflection phase. Because developing professionals focus upon specific growth strategies and their personalized responses to those activities, they are in need of the clinical educator team's support. The developing professional's interest and attention are at a high level during this phase. Clinical educator team members function effectively as coaches and team facilitators within reflection stages. Their suggestions, demonstrations, assessments, feedback etc., should be viewed as congruent with developing professionals' perceptions to facilitate the change and growth process.
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