

# Clinical Experience

Data Dashboard Protocol



## Data Overview



### Essential Question

- What are the districts and district characteristics of where our professional certification candidates are completing their clinical experiences?



### Dashboard Pages

- Clinical Experience Summary
- Placement Details
- Candidate Details



### Data Description

Placement of candidates in their clinical experience (e.g., practicum) by year, placement type, LEA, certification route, candidate demographics, and geographic area.



### Why These Data Matter:

The *Clinical Experience Data* dashboard offers insights into clinical placement data with useful filters for analyzing geographic placement, certification role, and placement type. Analyzing these data can improve resource allocation and support streamlined clinical experiences that raise the quality of programming and placements. Programs can identify regions, districts, and campuses that are frequently used for clinical experiences and cultivate deeper partnerships with those sites by cross-referencing other available data, such as the Texas Academic Performance Reports (TAPR). By understanding where candidates typically complete their clinical experiences and gaining greater knowledge of these placement sites, programs can foster transformative partnerships that not only support current clinical candidates but also lay the foundation for expanding placement opportunities in the region(s).



### Data Considerations:

- **Reported Data** — The dashboard visualizations utilize data from state, district, and educator preparation programs that are both collected and submitted. These visualizations leverage the data from the reporting timelines corresponding to the specific stakeholder population (e.g., Certification Years corresponds to the Accountability System for Educator Preparation (ASEP) Report - Includes candidates designated as *Enrolled*, *Other Enrolled*, or *Finishers/Completers* between September 1st and August 31st of that certification year.
- **Placement Year** — Displays the data for all candidates during a specific placement year, regardless of when they began the program.

- **Certification Role** — The certification area of the examinees shown is based solely on their initial certification area (e.g., Core EC-6, Science 7-12) reported by the EPP.
- **Certification Route** — This route corresponds to the selection made for the candidate(s) by the program in ASEP reporting.
- **Certification Area Grade Level** — This grade level corresponds to the certification area for which the EPP issued the initial certification for the candidate's clinical experience.
- **Race/Ethnicity** — These data correspond to the data provided by the candidate.
- **Gender** — These data correspond to the data provided by the candidate.
- **LEA** — The district of employment is based on the district in which the candidate began the clinical experience.
- **Placement Type** — Describes the type of clinical experience (e.g., internship, traditional - full year, etc.).

## Protocol Description

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### Recommended Participants

- EPP Leadership (Dean, Directors, Department Chairs, Assessment Team)
- Certification Officer
- Faculty/Teacher Educators
- Course Leaders and/or Instructors
- District and/or Campus Leaders



### Recommended Time

- 90-120 minutes

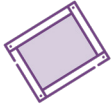


### Examples of How this Dashboard's Data Could be Leveraged

- Illustrates where candidates are placed for clinical experiences, which can be leveraged to enhance EPP and LEA partnerships and enable the creation of cohorts for candidates.
- Leveraged for capacity and personnel planning for field supervision.
- Enables comparisons of PK-12 student demographics with candidate demographics (e.g., race/ethnicity).
- TAPR reports enable EPPs to learn additional details (e.g., student performance on standardized assessments, demographic data, staff experience, etc.) about placement sites, which can inform adjustments to clinical experiences, field supervision, and coursework throughout the clinical experience.

# Protocol: Clinical Experience Dashboard

Frame > Describe > Plan



## Frame

Occurs before reviewing the data to orient stakeholders and focus the analysis.



### Guiding Questions (discuss and answer all that are applicable)

- What are we trying to understand and do with these data?
- What do you expect to see in the data? Are there any assumptions or biases that need to be named?
- What decisions can these data help us make?



### Example:

*Using the "Clinical Experience Summary" page of the dashboard, we are trying to understand the trends in the geographic placement of our clinical experience candidates. We hope to use those data to inform and plan resource allocation and explore the potential of creating candidate cohorts in specific regions and districts. We anticipate that we may be able to narrow our clinical experience focus to a few LEAs in the same geographic region to streamline our systems and processes and make a more tailored and robust experience for candidates and partners. We also intend to drill down and identify which campuses and districts are our most frequently used for clinical experiences and then access TAPR data for those same campuses to learn more about our placement schools.*

Your framing...

# Protocol: Clinical Experience Dashboard

Frame > Describe > Plan



## Describe

Occurs during the data review to make meaning of the data and support decision-making.



**Guiding Questions** (discuss and answer all that are applicable)

- What do you see in the data?
- Are there trends, outliers, correlations, etc.?
- What do the data suggest?



**Example:**

*As anticipated the majority of our clinical experience candidates are clustered in one region; however, the data also showed that each year for the past 3 years we have had one-off placements of 1-2 candidates approximately 200 miles away from the rest of our clinical candidates. These data suggest that we could narrow our focus to our primary region in order to better support that region with tailored and more robust support during the clinical experience. Furthermore, when drilling down into the data for our primary region, we noticed that over the past 3 years that 60% of all our placements are in 3 specific districts. This is important as we consider how we approach partnerships.*

Your description...

# Protocol: Clinical Experience Dashboard

Frame > Describe > **Plan**



## Plan

Occurs after the analysis of the data, resulting in a codified plan with actions that support continuous improvement.



### Guiding Questions (discuss and answer all that are applicable)

- Based on these data, what should we do next?
- What are the specifics (timelines, resources, limitations, etc.) of our plan?
- How will we ensure the plan is effective? How will we know if/when it is effective?
- How will we share the results (both the plan and the outcomes of the plan) with stakeholders?



### Example:

*Based on these data, our Director of Clinical Experience is going to begin a project plan with a proposed goal of creating a cohort model for our primary region, with a particular focus on the 3 largest partnership districts. This may mean reducing partnerships and placements outside our primary region or growing our staff strategically to support any additional partnership with integrity and fidelity. The goal will be to support efficiencies and more frequent, targeted, and robust support to candidates in their clinical experience. This plan will be developed during the upcoming school year and then implemented in the following school year. The Director of Clinical Experience will be assembling a team with a field supervisor, district representative, and clinical coursework faculty to provide feedback and input on the planning and implementation of this initiative.*

*To ensure that this plan is effective, the Director of Clinical Experience will develop project metrics with a progress monitoring component, updating the leadership every quarter on each of those metrics.*

*The progress of the planning will be shared with stakeholders through a team of representatives that the Director assembles. Ultimately, the changes that come from this project will be rolled out and implemented with stakeholders at the partnership districts through our existing governance structure.*

Your plan...

*Your plan...*