Clinical Practice in Education
Performance Improvement for Districts and Schools

The Reality: Every year, despite the hard work and best intentions of educators, increasing numbers of districts and schools fail to meet rising expectations, are labeled as failing and face escalating sanctions. Even districts and schools that have met the required minimum standards before now face demands for improved performance, usually expressed as increased student achievement.

Unfortunately, the knowledge, practices, and strategies that have potential to improve performance are uncollected, uncoordinated, and only weakly correlated with results. There is no assurance that strategies that have worked elsewhere can be successfully implemented in other places under different circumstances.

The Challenge: Develop the appropriate support system for employees and students to meet higher standards by producing better connections among organizational practices, adult behaviors, and student achievement while using fewer resources.

The Need: Improvements in adult decision-making, professional practice, and the discovery of the real causes of underperformance are needed to close the gap between existing and desired levels of student achievement. It is the responsibility of board, district, and school leaders to establish the expectations, culture, structures, work processes, monitoring and measurement designs, and other sound practices that will produce desired results.

Excellence is achieved when people, resources, and processes interact effectively. There are no short-cuts to success, no quick fix to educational problem-solving, and no quick learning that produces higher test scores. These efforts need to be a collaborative journey shared by all major performance level influences—board, district, school, and students—and involve employees, parents, and other stakeholders in improving the key performance characteristics that are significant to success.

The Response: Clinical Practice Model in education adapts the medical practices of diagnosis, prescription, and prognosis to discover the true causes of underperformance, formulate and implement the best possible solutions, and develop a clear understanding of both the positive and negative results of the actions taken. To facilitate and support clinical practice, twelve sequential steps have been identified that every person has experienced with their physician through the discovery, solution selection, implementation, and assessment phases of health care.

As groups and individuals proceed through the clinical steps, they are trained to analyze and understand the “vital signs,” or performance indicators, that are compared to baselines, expectations, and results in other similar and highest performing districts and schools. There are a number of instruments and processes that are used to aid participants in collecting and analyzing data; making decisions; planning; improving the work of teams and leaders; setting goals; assessing readiness, commitment, and capacity for improvement; monitoring the impact of solutions; and engaging stakeholders in the improvement efforts.
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The field of education is in the same stage of problem solving as was medicine over a century ago, willing to treat a broad range of poorly defined maladies with proven and unproven remedies as varied as antiseptics and snake oil.

Educators can utilize the protocols and processes of clinical practice to identify the root causes of problems; design, implement, and monitor targeted interventions; and improve adult practices, school performance, and student achievement.

“Curing Student Underachievement through Clinical Practice”

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