EDC Education Development Center

ORIENTATION TO QUALITY MEASURES

March 6, 2025

1:00-3:00pm ET

Facilitated by: Gary Miller, Megan Barrett, Casey Cobb & Erin Murray

Hosted by: Emma McAuley, Jenny Stern-Carusone, Nicole Breslow & Liz Frisco

Quality Measures™
CENTER FOR PROGRAM ASSESSMENT AND TECHNICAL ASSISTANCE

Our Goal for Today

Our goal is that you will leave here…

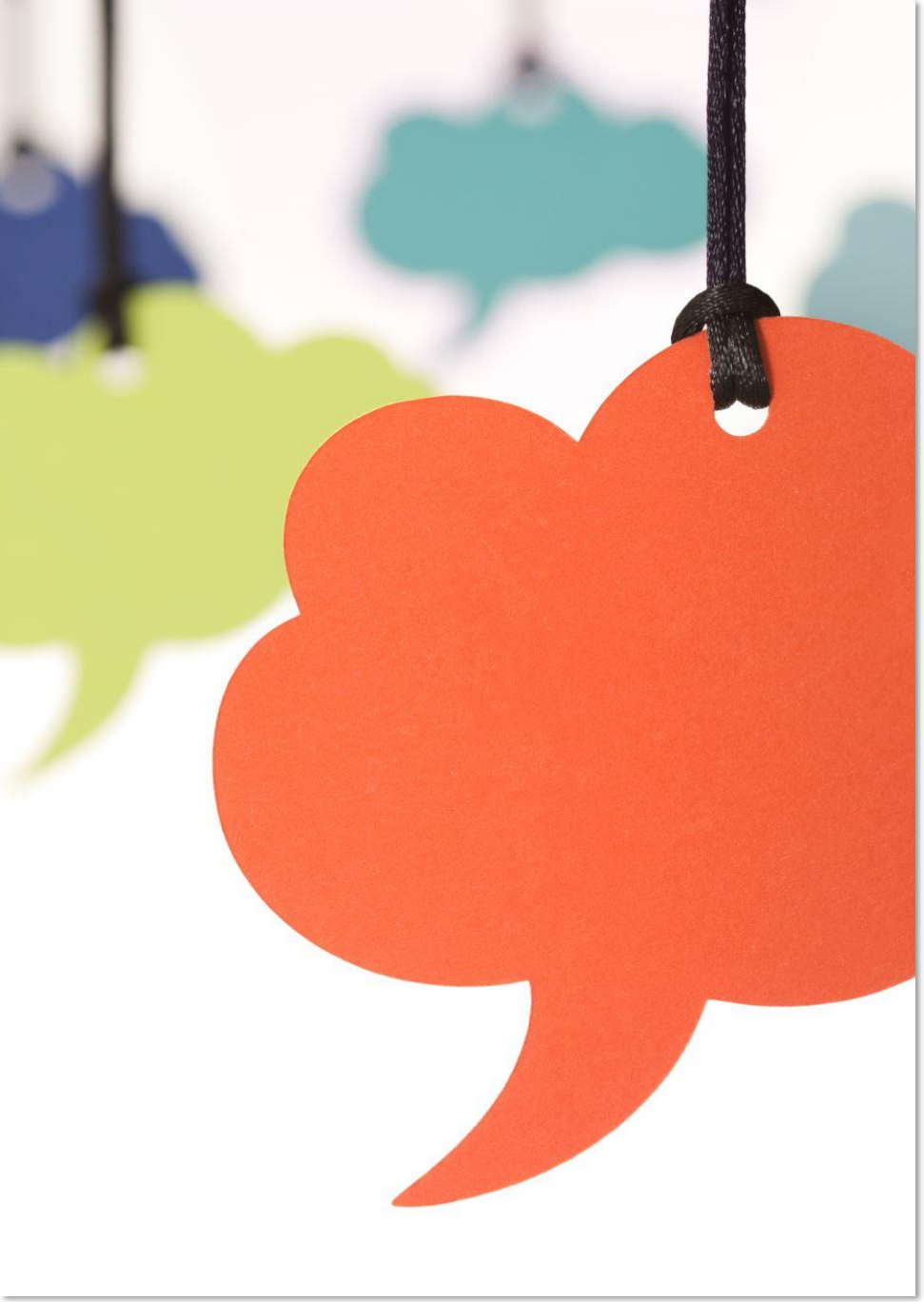
- having met colleagues in your cohort
- familiar with the QM tools and protocols
- knowing what to expect from the process
- clear about your next steps
- with your questions answered
- excited about the self-study

Agenda

Time	Focus
1:05-1:20p ET	Welcome/Intros
1:20-1:25p ET	What is QM
1:25-1:38p ET	Equity Centered Leadership
1:38-1:42p ET	Time Commitment
1:42-1:50p ET	Intro to QM domains
1:50-2:30p ET	Self-Rating Process
2:30- 2:33p ET	Assembling the Evidence
2:33-2:42p ET	Cohort Meetings Overview
2:42-2:45p ET	Glimpse of the Partnership Self-Assessment
2:45-3:00p ET	Nuts & Bolts

Meeting Norms

- Start and end on time
- Be here now
- Turn judgment into wonder
- Step back / step up
- Allow space and grace
- Courage with compassion
- Honor confidentiality



Welcome and Introductions

- QM Facilitators
- Program Teams
- Wallace Advisors
- EDC/QM Center

Icebreaker Question:

What are you looking forward to about Spring?

WHAT IS QUALITY MEASURES

The QM Center: Our Mission

To champion and sustain high-quality, equity-centered principal preparation by using Quality Measures tools and protocols to engage principal preparation programs in

- evidence-based self-assessment;
- dialogue, reflection and feedback; and
- improvement planning.

The QM Center: What We Do

Develop research-based tools

Facilitate programs' self-assessments

Support ongoing improvement

Share best practices

The QM Self-Study

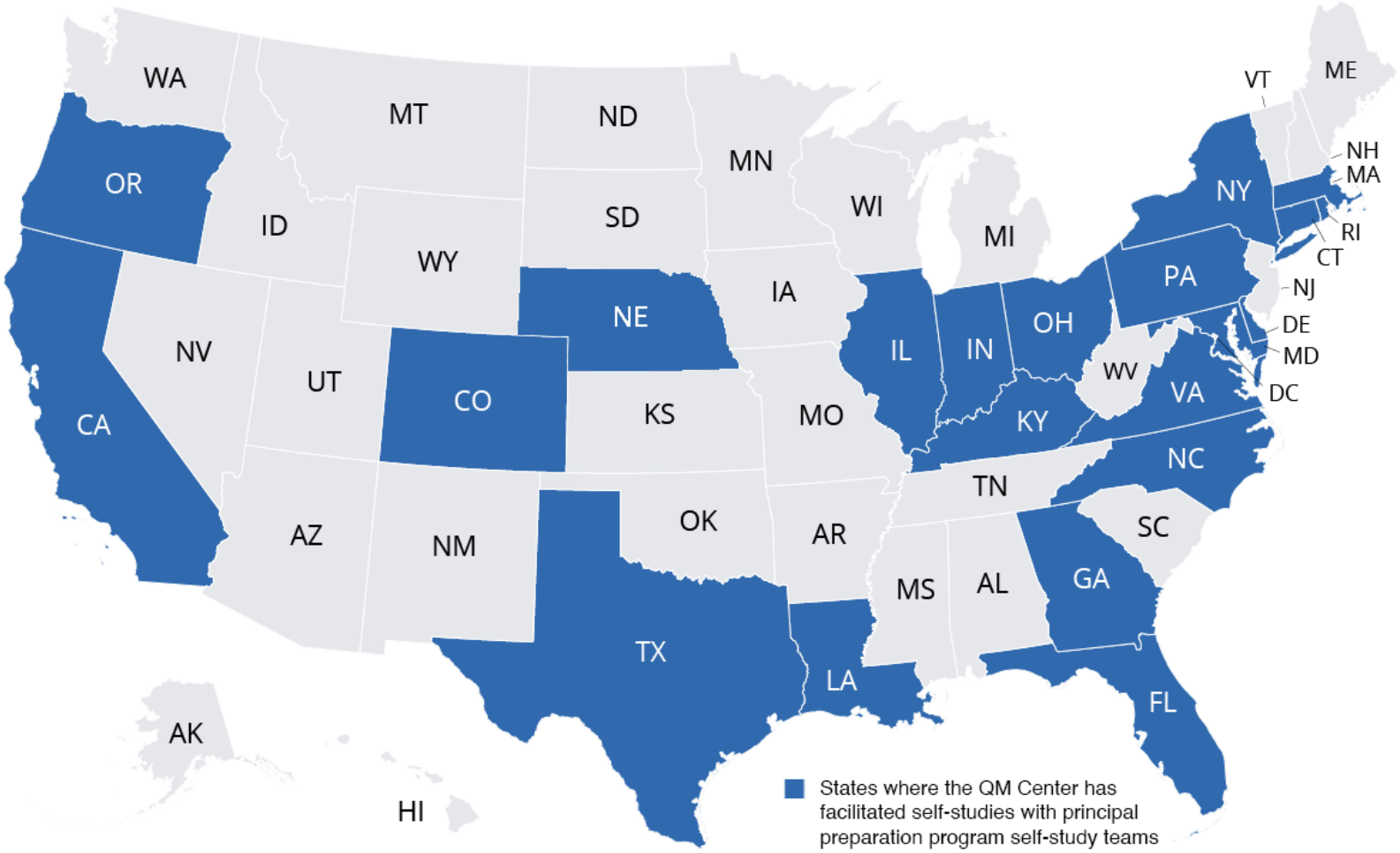
Quality Measures *is*...

- A set of tools describing what high-quality, equity-centered principal preparation includes
- A facilitated process of evidence-based self-study

Quality Measures is *not*...

- An external accountability mechanism
- A public program evaluation

The QM Center has worked with principal preparation teams and district partners in over 20 states.



QUALITY MEASURES

THEORY OF CHANGE

Quality Measures™
CENTER FOR PROGRAM ASSESSMENT AND TECHNICAL ASSISTANCE

EQUITY LENS

IF university-district partners engage in regular self-study of…

CONTINUOUS IMPROVEMENT

THEN

PROGRAMS will continually improve and PARTNER-SHIPS strengthened…

REFLECTING ON EQUITY-CENTERED LEADERSHIP

How others have defined 'Equity-Centered Leaders'…

Closely interrogating the role educational systems play or have played in creating and maintaining systemic inequity.

Four characteristics of equity-centered school leaders are:

- Having a "critical consciousness"
- Ensuring schools are inclusive places where all feel welcomed
- Supporting teachers to provide culturally responsive classrooms
- Engaging with a range of community members to define what educational justice means for a school's students.

-Gooden et al. (2023). A Culturally Responsive School Leadership Approach to Developing Equity-Centered Principals…

Have dispositions that enable them to examine not just the 'how' but also the 'why' of leadership practice…

They are attentive to the intentions, outcomes, and implications of the routine work, things that generally go unexamined…

These critical dispositions enable principals to prioritize equity and to think and act in ways that intentionally identify, disrupt, and resolve educational and social injustices.

-Eslinger (2023). Equity-centered school leaders. c

Reflection

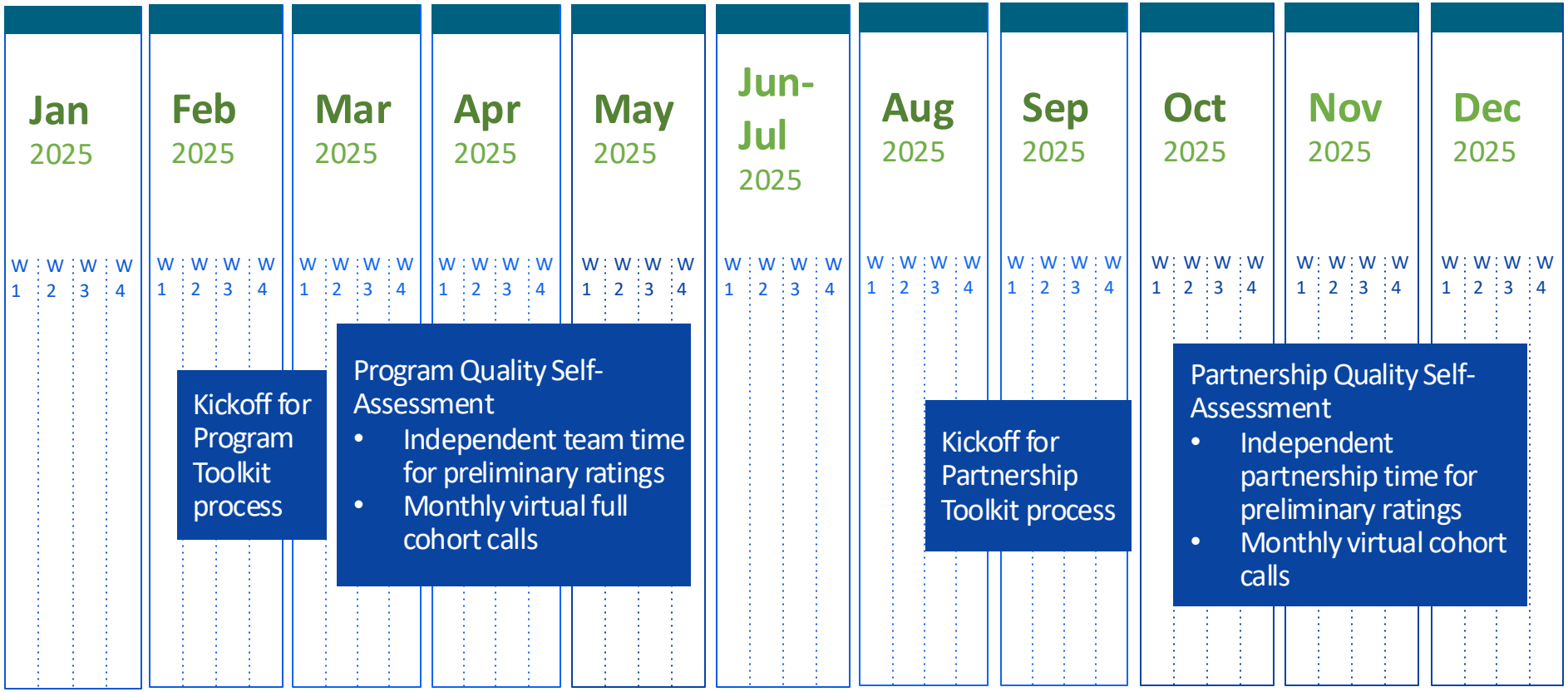
What does ‘Equity-Centered Leadership’ mean to you?

Pair Share

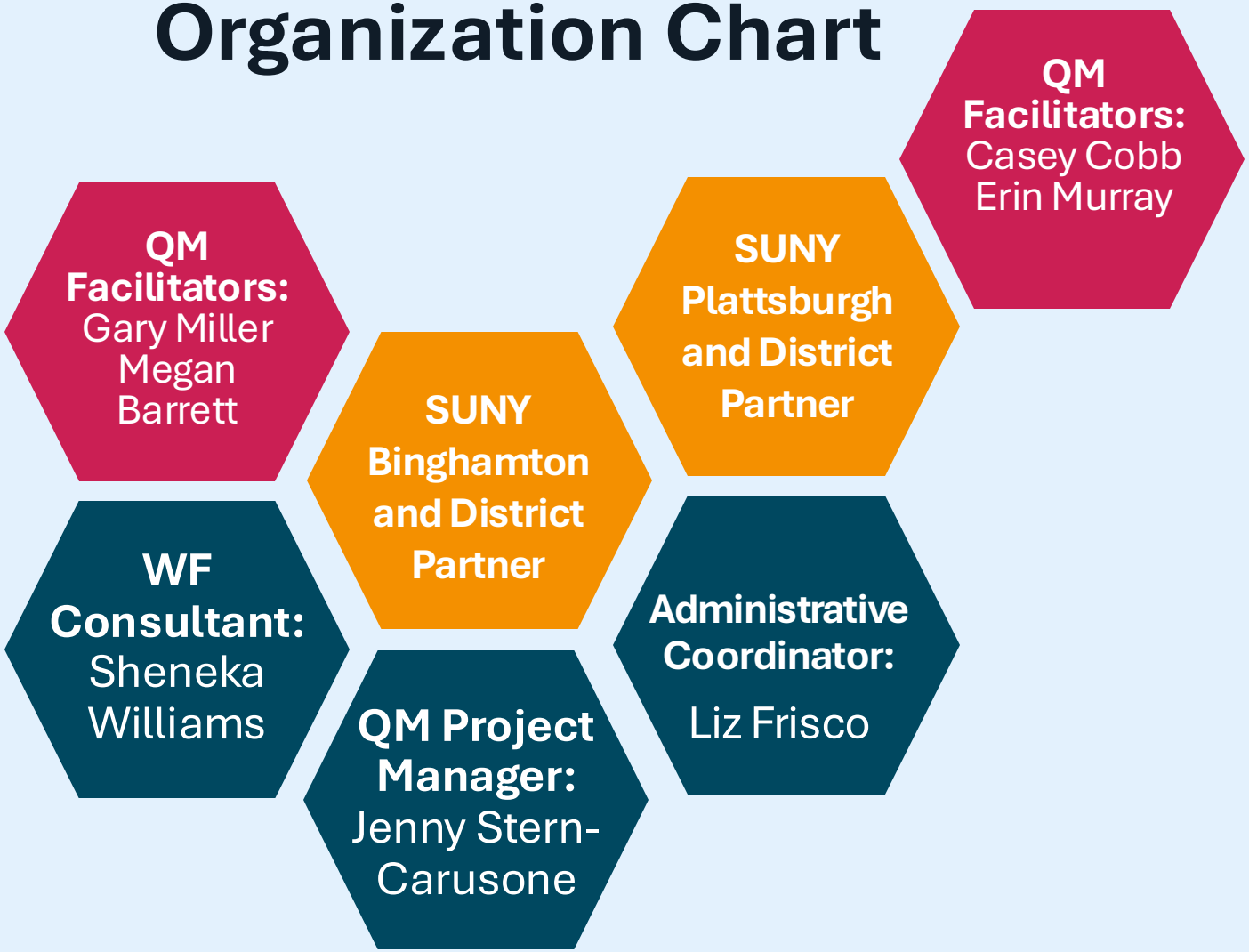
- What words or phrases stand out to you in these two definitions?
- How do each of these definitions of equity-centered leadership *align with* or *differ from* your personal definition?
- With your programs?

WHAT TO EXPECT, TIME COMMITMENT AND WHAT'S AHEAD

Proposed Rural NY Timeline of QM Activities



Organization Chart



INTRODUCTION TO QM DOMAINS, INDICATORS, AND SELF-STUDY PROCESS

Quality Measures Toolkit

- Rubric first developed in 2004
- Detailed description of best practice in principal preparation
  - Broadly applicable (location, program structure)
  - Aspirational
- Research-based, frequently updated
- Currently in the 12th Edition

Quality Measures Toolkit 12th Edition

Program Domains

1: CANDIDATE ADMISSIONS

2: COURSEWORK

3: PEDAGOGY-ANDRAGOGY

4: CLINICAL PRACTICE

5: PERFORMANCE ASSESSMENT

6: GRADUATE PERFORMANCE OUTCOMES

QM Domains and Indicators

1: CANDIDATE ADMISSIONS

1. Program mission, vision, and goals
2. Marketing strategies
3. Recruitment practices
4. Applicant screening and selection
5. Assessment of applicants' leadership potential
6. Candidate selection
7. Peer support

2: COURSEWORK

1. Standards
2. Learning goals
3. Course design
4. Course content
5. Course materials
6. Course sequence
7. Course consistency

3: PEDAGOGY-ANDRAGOGY

1. Access
2. Culturally responsive teaching practices
3. Active learning strategies
4. Integration with clinical experience
5. Reflective practices
6. Exemplars
7. Formative feedback

4: CLINICAL PRACTICE

1. Clinical design
2. Clinical placements
3. Clinical quality
4. Clinical coaching
5. Clinical supervision
6. Clinical evaluation

5: PERFORMANCE ASSESSMENT

1. Candidate performance goals
2. Assessment purpose
3. Assessment quality
4. Assessment methods
5. Communication of assessment results
6. Assessment impact
7. Exit assessment

6: GRADUATE PERFORMANCE OUTCOMES

1. State certification
2. Job placement and retention
3. Job performance
4. Continuous improvement
5. Leadership context

THE QUALITY MEASURES SELF-RATING PROCESS

Domain 4: Clinical Practice

QM INDICATORS		QM CRITERIA
1	**Clinical Design**	Clinical designs are developed collaboratively by program faculty, district partners, and candidates and articulate specific learning and performance goals for each candidate. High-quality clinical designs incorporate "learning while doing," combining practical experiences with structured reflection and feedback; regularly offer opportunities to connect theory with practice; and require candidates to authentically address challenges that require adaptive leadership.
2	**Clinical Placements**	Program faculty and district partners collaborate to ensure that candidates' clinical placements are at schools well-positioned to support their development as equity-centered leaders, with attention to specific candidate learning needs, diversifying their experiences, and exposing candidates to skilled guidance from site-based mentors, clinical supervisors, and coaches.
3	**Clinical Quality**	Program faculty and district partners have developed a shared understanding of the components of a high-quality clinical experience, and they closely monitor each candidate's experience to ensure that quality is met.
4	**Clinical Coaching**	Throughout the clinical experience, candidates receive personalized, culturally responsive clinical coaching which includes regular opportunities for reflection and feedback. Programs train coaches in a preferred coaching model to ensure that all candidates receive a consistent, coherent, and high-quality coaching experience. Coaches encourage each candidate to reflect on specific practices of equity-centered leadership, such as how they are implementing culturally responsive practices and supporting systemically marginalized students.
5	**Clinical Supervision**	Candidates receive personalized, culturally responsive clinical supervision throughout their clinical experience. Supervisors regularly communicate with each candidate and their relevant program and clinical faculty to closely understand and support the candidate's leadership development needs. Supervisors provide specific, actionable feedback on the candidate's practices of equity-centered leadership.
6	**Clinical Evaluation**	Evaluations of candidates' performance in the clinical experience align with the specific learning and performance goals identified for and by each candidate. Evaluations include assessments from multiple people who worked with the candidate, such as site-based mentors, leadership coaches, clinical supervisors, school site faculty, and candidates themselves.

Evidence of DESIGN Might Include		Evidence of IMPLEMENTATION Might Include	
• Handbooks	• Standards, rubrics	• Cohort performance reports	• Candidate activity logs or reflection journals
• Observation templates	• Clinical evaluation form	• Candidate performance reports	• Candidate survey data
		• Coaching records	

4.3 Clinical Quality

Program faculty and district partners have developed a shared understanding of the components of a high-quality clinical experience, and they closely monitor each candidate's experience to ensure that quality is met.

Evidence of Design *(insert links below)*	Implementation Evidence *(insert links below)*	Relative Program Strengths	Growth Opportunities

Preliminary Ratings

Design:

Implementation:

Assemble Program Artifacts as "Evidence"

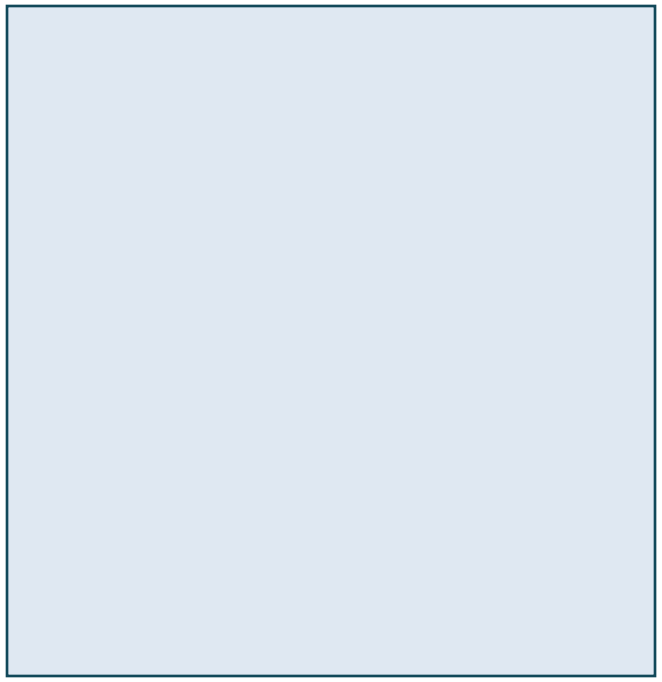
- Choose artifacts that align with the language of each indicator.
  - Use the evidence, rather than personal impressions, as a basis for the program rating.
  - Share the evidence with the self-study team in shared folders.

Consider How You Might Rate the Indicator

4.3 Clinical Quality

Program faculty and district partners have developed a shared understanding of the components of a high-quality clinical experience, and they closely monitor each candidate's experience to ensure that quality is met.

Evidence of Design *(insert links below)*	Implementation Evidence *(insert links below)*



Preliminary Ratings

Design:

Implementation:

1. Does the evidence shed light on the indicator CRITERIA PROGRAM-WIDE?

2. Does the evidence demonstrate ALL, MOST, SOME or FEW to NONE of the indicator CRITERIA?

Determine the Type of Evidence (Design or Implementation)

4.3 Clinical Quality

Program faculty and district partners have developed a shared understanding of the components of a high-quality clinical experience, and they closely monitor each candidate's experience to ensure that quality is met.

Evidence of Design *(insert links below)*	Implementation Evidence *(insert links below)*	Relative Program Strengths	Growth Opportunities

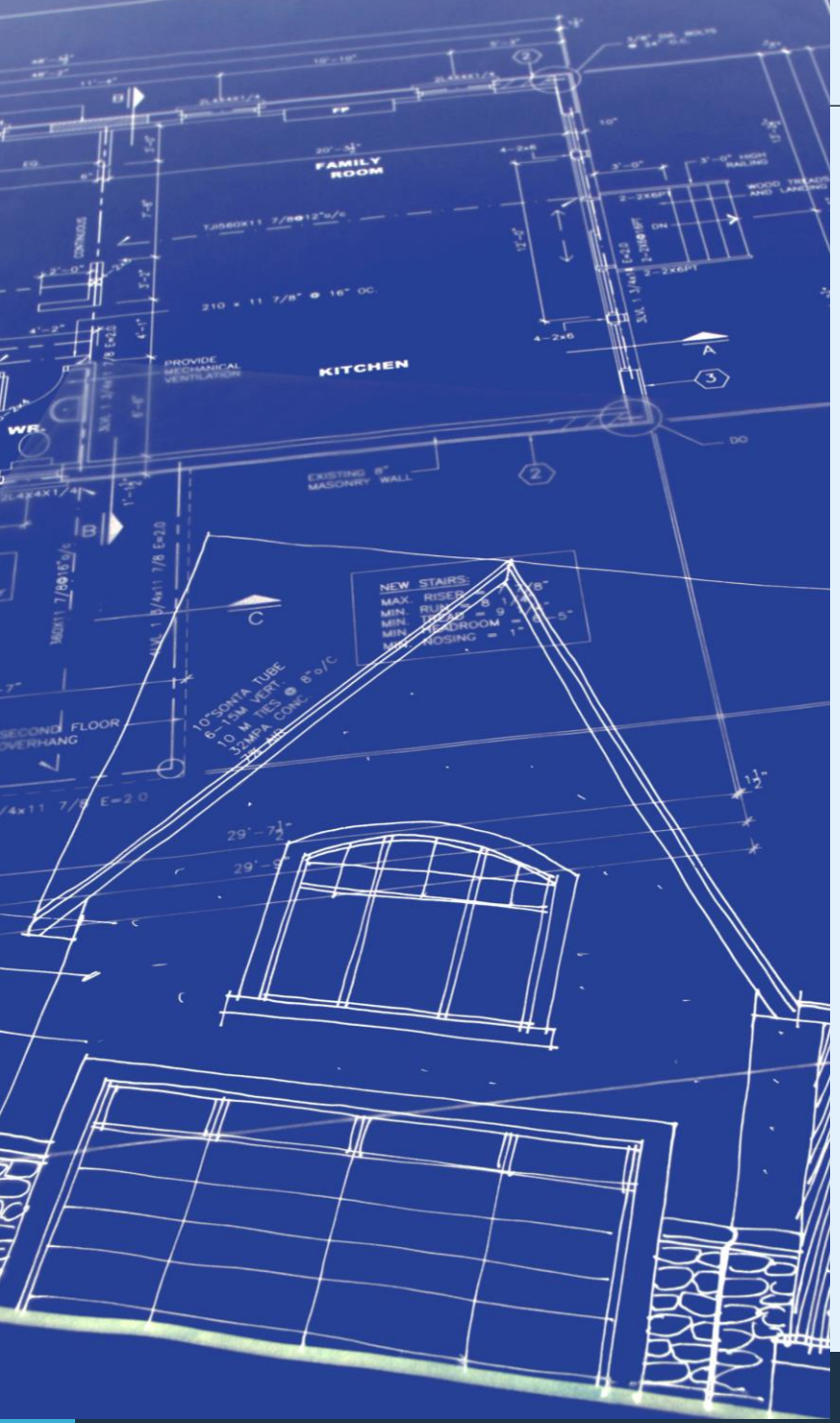
Preliminary Ratings

Design:

Implementation:

3.

Is it evidence of DESIGN or IMPLEMENTATION?



Evidence of Program Design

Artifacts that demonstrate how the program is *expected to operate*

Examples:

- mentor handbooks
- clinical tracking log
- candidate feedback or coaching protocols
- clinical evaluation form

This is the more common type of evidence.

Evidence of Implementation

Artifacts or data that demonstrate how the program design fared *in action, and as experienced* by candidates

Examples:

- cohort performance reports
- candidate performance assessment results
- records of coaching feedback
- end-of-practicum candidate survey data

This is a less common type of evidence.

Discussion

Using Domain 4: Clinical Practice as example:

- What other program artifacts can you think of that are evidence of **program design**? Of **program implementation**?
- What do each of these artifacts tell you about the program, as implemented and experienced by candidates?

Always give a Design Rating.

4.3 Clinical Quality

Program faculty and district partners have developed a shared understanding of the components of a high-quality clinical experience, and they closely monitor each candidate's experience to ensure that quality is met.

Evidence of Design *(insert links below)*	Implementation Evidence *(insert links below)*	Relative Program Strengths	Growth Opportunities

Preliminary Ratings

Design:

Implementation:

Rate Implementation if you have the Evidence.

The Evidence Strength Continuum

EVIDENCE STRENGTH	TYPE 1: EVIDENCE OF DESIGN	TYPE 2: EVIDENCE OF IMPLEMENTATION
LEVEL 4	Artifacts demonstrate that ALL indicator criteria have been met, program-wide, **at the design-level**	Artifacts demonstrate successful program-wide **implementation** of ALL of the indicator criteria
LEVEL 3	Artifacts demonstrate that MOST indicator criteria have been met, program-wide, **at the design-level**	Artifacts demonstrate successful program-wide **implementation** of MOST of the indicator criteria
LEVEL 2	Artifacts demonstrate that SOME indicator criteria have been met, program-wide, **at the design-level**	Artifacts demonstrate successful program-wide **implementation** of SOME of the indicator criteria
LEVEL 1	Artifacts demonstrate that FEW or NO indicator criteria have been met, program-wide, **at the design-level**	Artifacts do not yet demonstrate **implementation** of the indicator criteria

4.3 Clinical Quality

Program faculty and district partners have developed a shared understanding of the components of a high-quality clinical experience, and they closely monitor each candidate's experience to ensure that quality is met.

Evidence of Design *(insert links below)*	Implementation Evidence *(insert links below)*	Relative Program Strengths	Growth Opportunities
Clinical placement MoU Candidate survey that asks about clinical experience relative to clinical design/goals			

Preliminary Ratings

Design: **3**

Implementation: **NE**

The Evidence Strength Continuum

Self-Rating (1,2,3,4)

Self-Rating (1,2,3,4, or NE)

To recap, here is how to determine the self-rating for an indicator…

1. Closely read the indicator criteria.
2. Based on criteria, assemble program artifacts as “evidence.”
3. Use the rating scale to consider how you might rate the evidence on this indicator.
4. Determine the type of evidence and rating (Design / Implementation).
5. Always give a Design rating. Rate Implementation if you have the evidence.

ASSEMBLING THE EVIDENCE

Between now and the first monthly cohort meeting

- **Meet with your QM facilitators** –talk through the process, ask questions
- **Establish your self-study team –** This might include district or former graduates that align with your goals
- **Work with your self-study team** to assemble evidence and determine preliminary ratings
- Pace yourselves and spread the work
- Listen to all perspectives (*e.g., district partners, recent graduates, adjunct faculty, full-time faculty…*)
- Lean on the EDC team and your QM facilitators for guidance

WHAT TO EXPECT DURING THE MONTHLY COHORT MEETINGS

Cohort-Based Meeting Structure

- Each program's self-study team presents summary of evidence and ratings for the two domains being reviewed, using their PowerPoint.
- Once finished with each Domain, the teams discuss questions raised, lessons learned, and share resources

Cohort Discussion/Reflections

- Refer to the evidence presented and the QM Indicators
- Ask clarifying questions
- Ask curious or probing questions
- Share examples and lessons learned

What will QM Facilitators do at the Cohort Meetings?

- Keep the conversations on time, on topic
- Guide the discussions as programs take turns presenting
- Ground conversations in the QM indicators and evidence
- Model and reinforce the group's norms and protocols
- Maintain fidelity of the self-study process on reflection and growth

LOOKING AHEAD: THE PARTNERSHIP SELF-ASSESSMENT

Purpose of the Partnership Self-Assessment

To establish an understanding of the characteristics of effective partnership, **as described in the research literature**

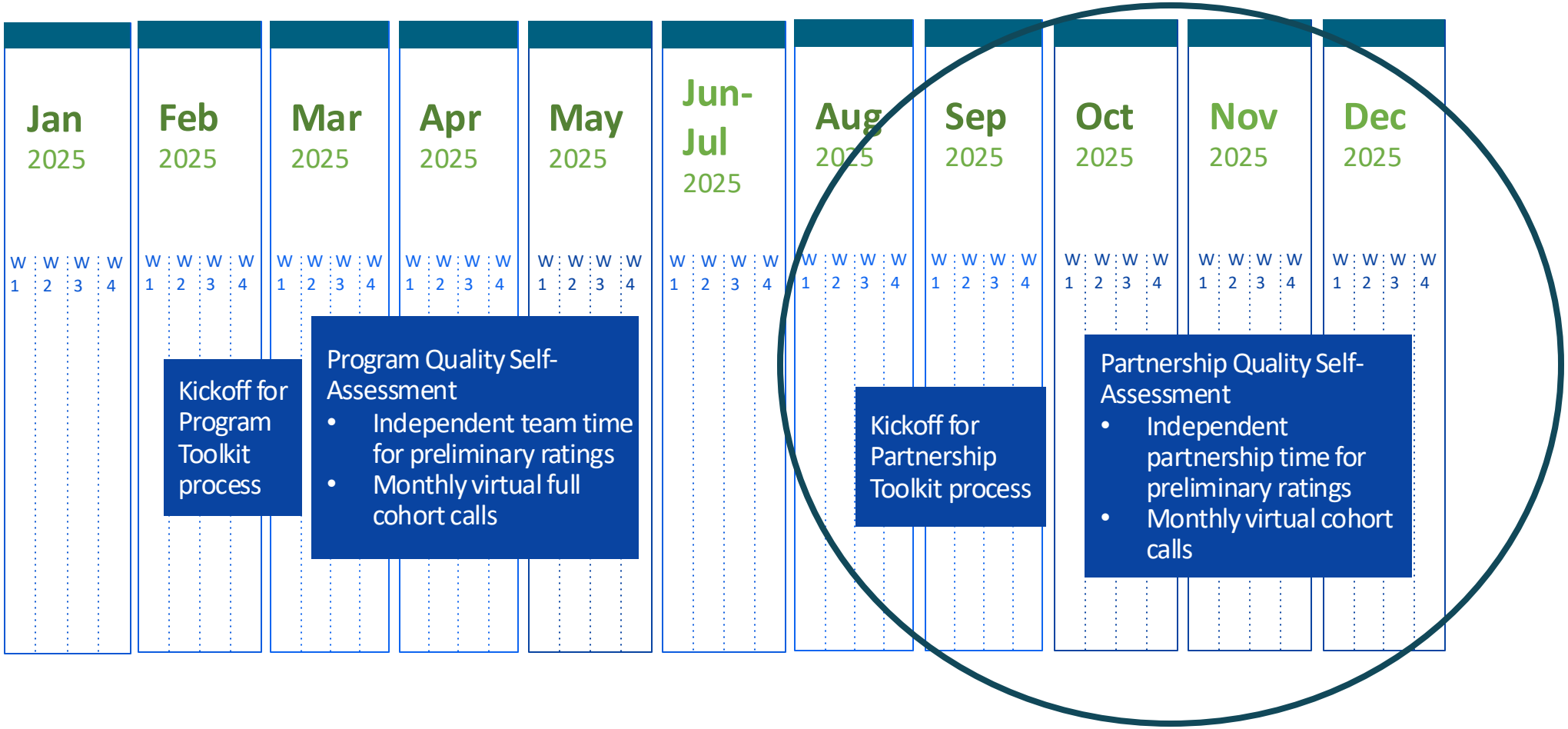
To engage in evidence-based discussion and structured reflection about your partnership and how to improve it

To learn from and with other partnerships about best practices for working together in service of principal preparation

To strengthen your district and university partnership and support improved implementation of principal residency programs

Partnership Dimensions

Proposed Rural NY Timeline of QM Activities



GETTING STARTED: NUTS AND BOLTS

Immediate Next Steps

- Confirm self-study team members
- Collaborate with your self-study members to gather artifacts for Domain 1 &2 and self-assess
- Reach out to your facilitators with any questions about the content
- Bring the completed PowerPoint to the monthly cohort call

Begins with a Self-Study Team

- **Key program faculty**
- **Relevant school district partners**
- **Other stakeholders such as**
  - Recent graduates
  - Program consultants

We recommend 4-6 members

Self-Study Team Considerations

Talk with your teammates and facilitator about how your self-study team will organize itself

- How often will you meet?
- In what format?
- For how long?
- Who will play what role?
- What existing structures, resources or commitments can you leverage for this work?
- How can the facilitator be most helpful?
- What norms will guide the conversations?

QM Resources

QM Website

- Meeting materials
- QM 12th Edition Toolkit
- PowerPoint template
- Exemplar Catalog

Our team

- EDC Team
- Facilitators
- WF Consultant

Scheduling Poll

- April Cohort Meeting – Domains 1 & 2
- May Cohort Meeting – Domains 3 & 4
- June Cohort Meeting – Domains 5 & 6; Action Planning

QUESTIONS? CONTACT US!

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THANK YOU