

# Coaching, Consultation and On-site Quality Improvement: Results from Recent Research

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# Welcome

- Purpose of the session
  - Learn from and build on existing research and practice to inform the next generation of work on on-site quality improvement
- In this session, we will:
  - Summarize research on issues related to coaching, consultation and on-site quality improvement
  - Identify three key challenges that emerge from the research
  - Identify promising directions for addressing each challenge
  - Ask for your insights and experiences to inform the discussion

# A note about terminology

- We will use the terms coaching, consultation and on-site quality improvement to cover the range of approaches we see in QRIS and quality initiatives
- Important progress is being made toward a vocabulary for on-site quality improvement strategies
  - NAEYC/NACCRRA: “Early Childhood Education Professional Development: Training and Technical Assistance Glossary” available at [www.naeyc.org/GlossaryTraining\\_TA.pdf](http://www.naeyc.org/GlossaryTraining_TA.pdf)

# A note about terminology

- The NAEYC/NACCRRA work proposes distinctions among the terms coaching, mentoring, consultation, pd advising and peer to peer TA all falling under the broad rubric of technical assistance. Distinctions made according to whether:
  - *More experienced person in same role or outside expert.*
  - *Focusing on quality improvement or overall and ongoing professional development of early educator*
  - *Joint problem solving on issue raised by early educator or externally established quality improvement goals.*
- We will be referring to and summarizing literature that has not consistently made these distinctions, but has most often used the terms coaching and consultation.
- In all instances we will be referring to research and practice on on-site quality improvement approaches.

# Challenge 1: Differentiating among models of on-site quality improvement

- Step 1 – To look at the literature on quality in early childhood settings how it has necessitated changes in the conceptualization of early childhood professional development (ECPD)
- Step 2 – To acknowledge that there is more than one type on-site quality improvement approach, and to begin to develop systematic ways to differentiate among approaches according to purpose and features



# Step 1: Changing Conceptualization

# Components of ECPD

## **Knowledge-Focused ECPD:**

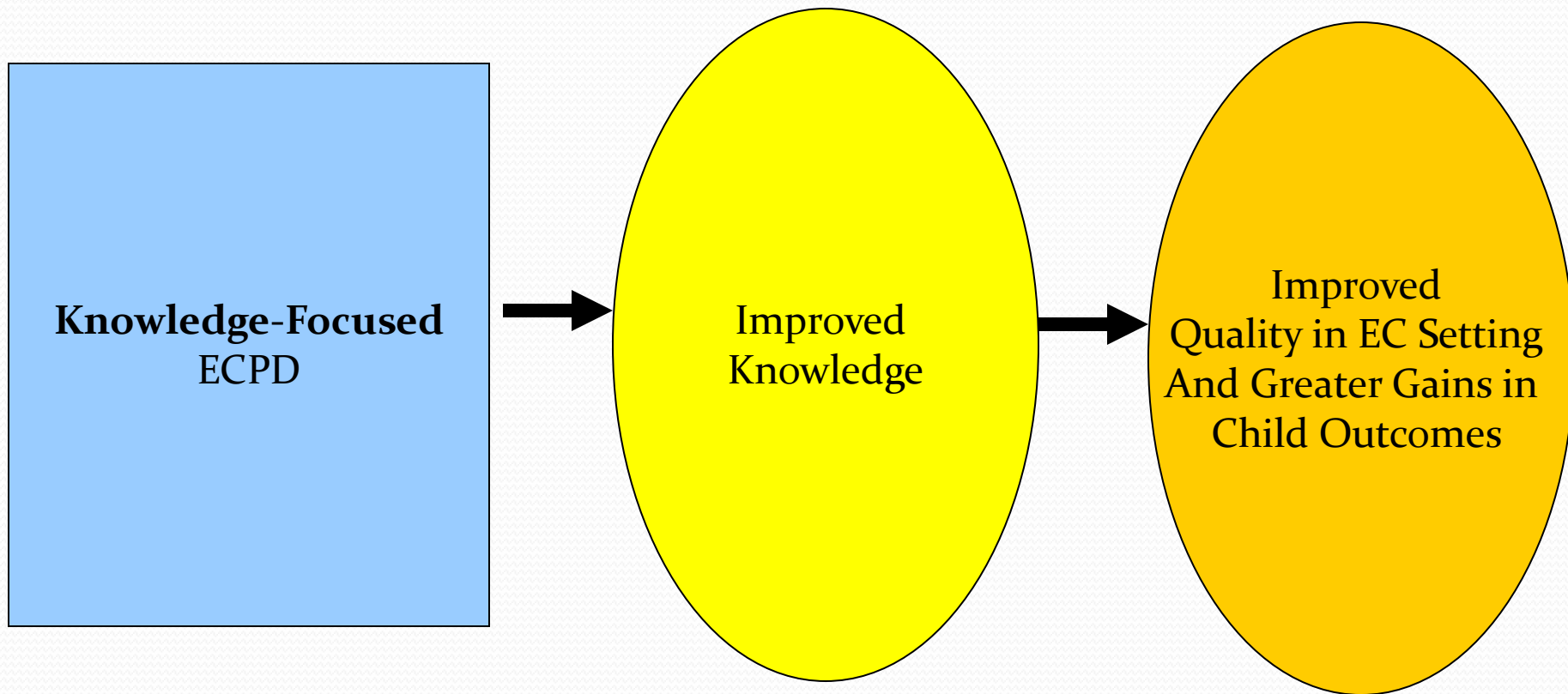
- Coursework contributing to a degree
- Training

# Components of ECPD

## **Practice-Focused ECPD:**

- Individualized
- Interactive
- Observing, modeling, reflecting and discussing, providing feedback
- On-site or via internet link

# Traditional Conceptualization



# Questioning the Traditional Conceptualization

- Reviews of research from previous decades have reported that educational attainment of teachers is associated with quality and child outcomes.
- However, a reexamination of this issue with data from pre-k settings in multiple states did not find the expected pattern (NCEDL study data; Early et al., 2006).

# Questioning the Traditional Conceptualization

- To provide a careful examination of this issue, coordinated analyses were conducted in 7 major early childhood datasets (Early et al. 2007).
- This research found little evidence of an association of observed quality or of child outcomes with:
  - The lead teacher's educational attainment
  - Whether the lead teacher had a bachelors' degree
  - The major of the lead teacher's highest educational degree

# Questioning the Traditional Conceptualization

There are multiple possible interpretations of this pattern

- The quality of the higher education programs was not specified in these analyses. There are indications of wide variation. Quality might have functioned as a moderator
- Cohort effects: There may be differences over time in the characteristics of the early educators with higher educational attainment who remain in EC classrooms
- There may be problems with the underlying conceptualization: It may fail to capture adequately how ECPD contributes to quality or child outcomes

# Questioning the Traditional Conceptualization

- Further evidence of the need to question the traditional conceptualization comes from a study by Neuman and Cunningham (2009). They randomly assigned EC educators to receive:
  - A college course built around the most recent research on early language and literacy development
  - The college course paired with on-site coaching
  - A control group (PD as usual)
- There were no effects of either treatment approach on early educator knowledge regarding language and literacy
- There were also no effects on the quality of the ECE environment for the treatment group that received only the college coursework
- However there were large and educationally meaningful improvements in language and literacy stimulation in classrooms and home-based early childhood settings when coursework was combined with on-site coaching.

# Increasing Focus on On-Site Quality Improvement (QI) Approaches

- Early Childhood Educator Professional Development Program (ECEPD):
  - All 18 projects included in cross-site evaluation involved on-site QI approaches
- Compendium of Quality Rating Systems and Evaluations (Tout, Starr, Soli, Moodie, Boller & Kirby, 2010)
  - Describes 26 QRS nationwide
  - Documents on-site quality improvement approaches in all 26 profiled

# Increasing Focus on On-Site Quality Improvement (QI) Approaches

- Smith, Schneider & Kreader (2010) found on-site quality improvement approaches in all 17 states with statewide QRIS
- New Head Start initiative:
  - National Center on Quality Teaching and Learning
  - Among goals: will develop, implement and evaluate a coaching and mentoring system that includes a continuum of coaching approaches

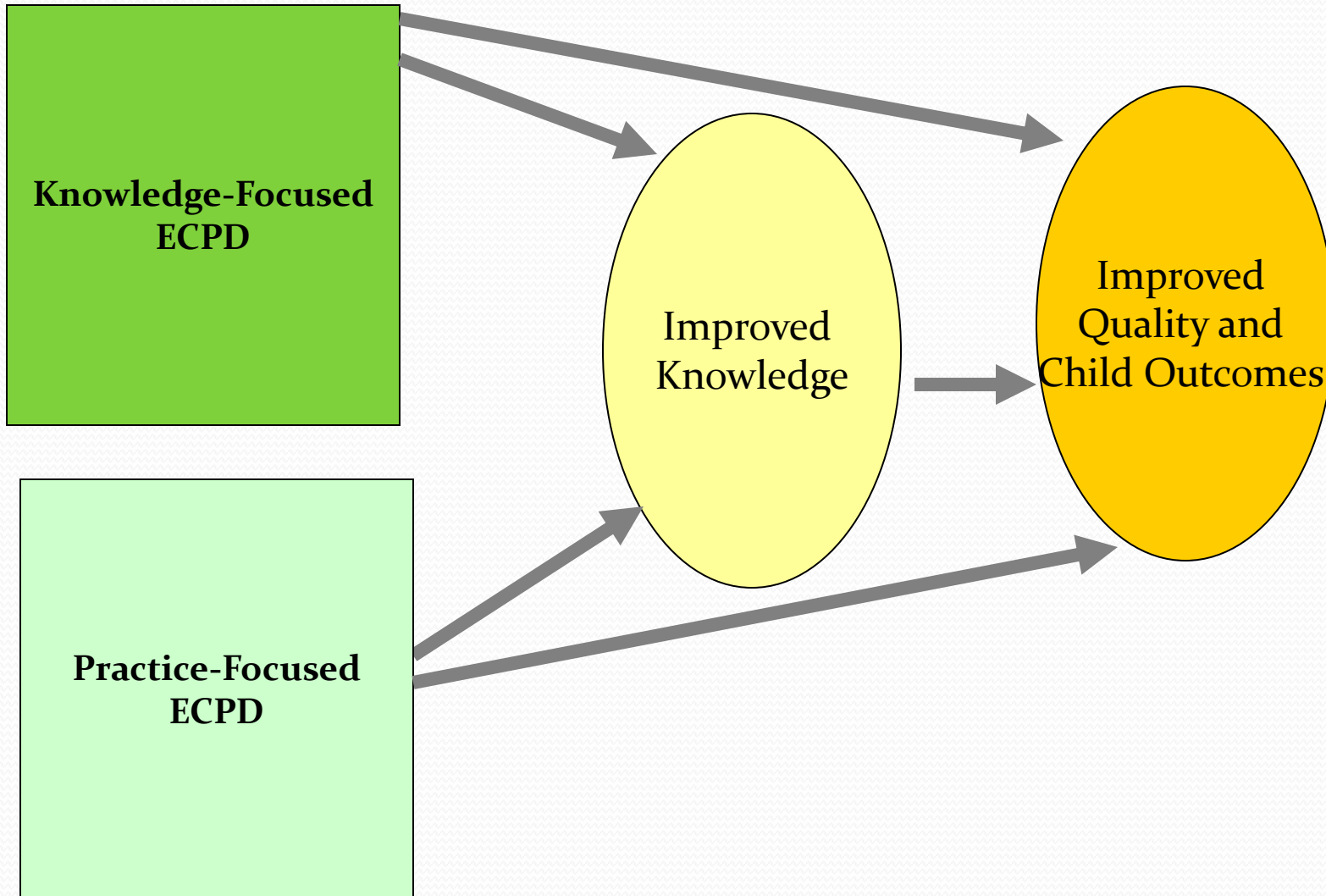
# Growing Body of Research on On-Site Quality Improvement (QI)

- This growing body of research, as will be noted in greater detail later in this presentation, is yielding evidence that on-site QI approaches are promising:
  - Many, though not all, evaluation studies of on-site QI improvement approaches show positive effects
- These studies are suggesting changes to the underlying conceptualization of how ECPD brings about changes in quality and child outcomes
- Still in an active period of review and revision: Not yet a single agreed upon conceptualization.

# Emerging Conceptualizations

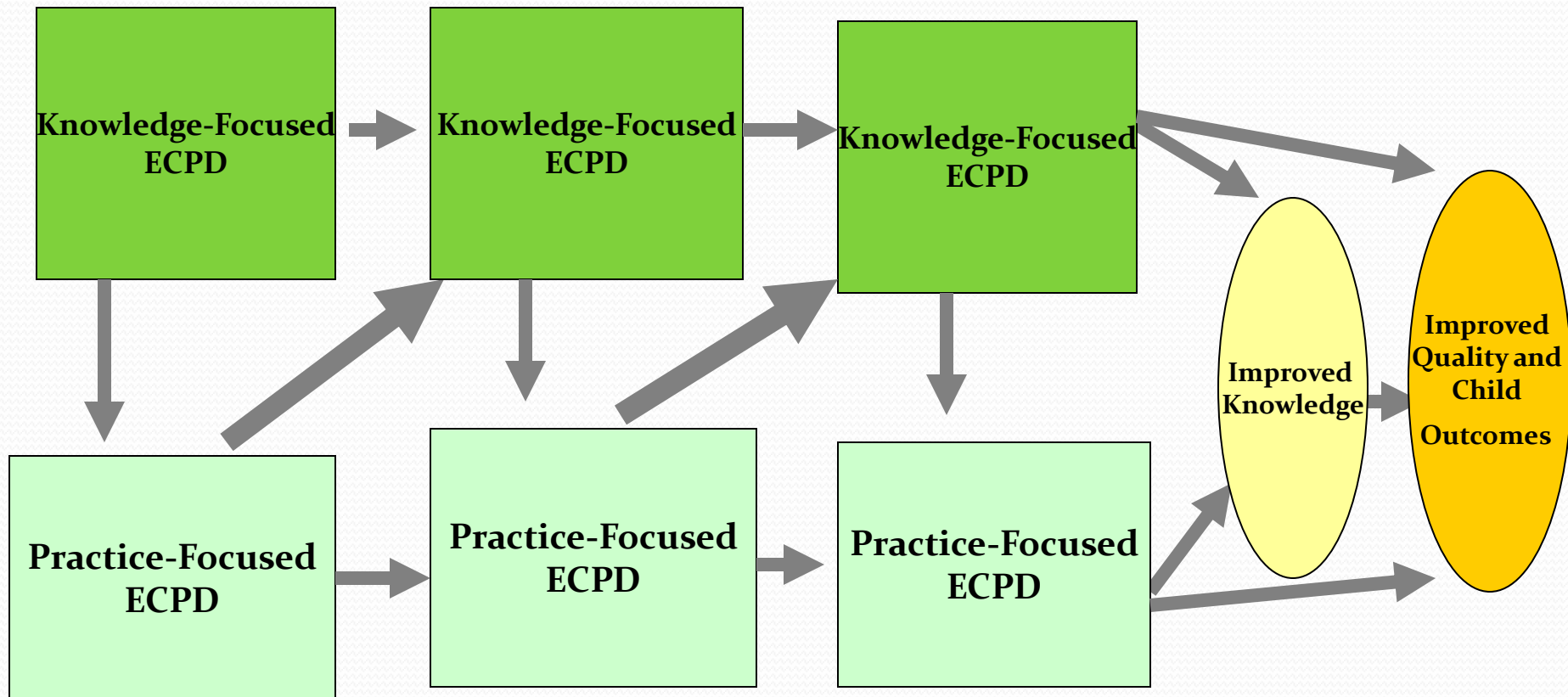
- Indeed we see three different emerging conceptualizations.
- These each change the placement of the knowledge-focused component of ECPD within the model
  - #1: systematically pairs practice-focused and knowledge-focused components
  - #2: places the primary emphasis on the practice-focused PD
  - #3: Views changes in knowledge as deriving from rather than preceding changes in practice

# Emerging Conceptualization #1: Pairing Components

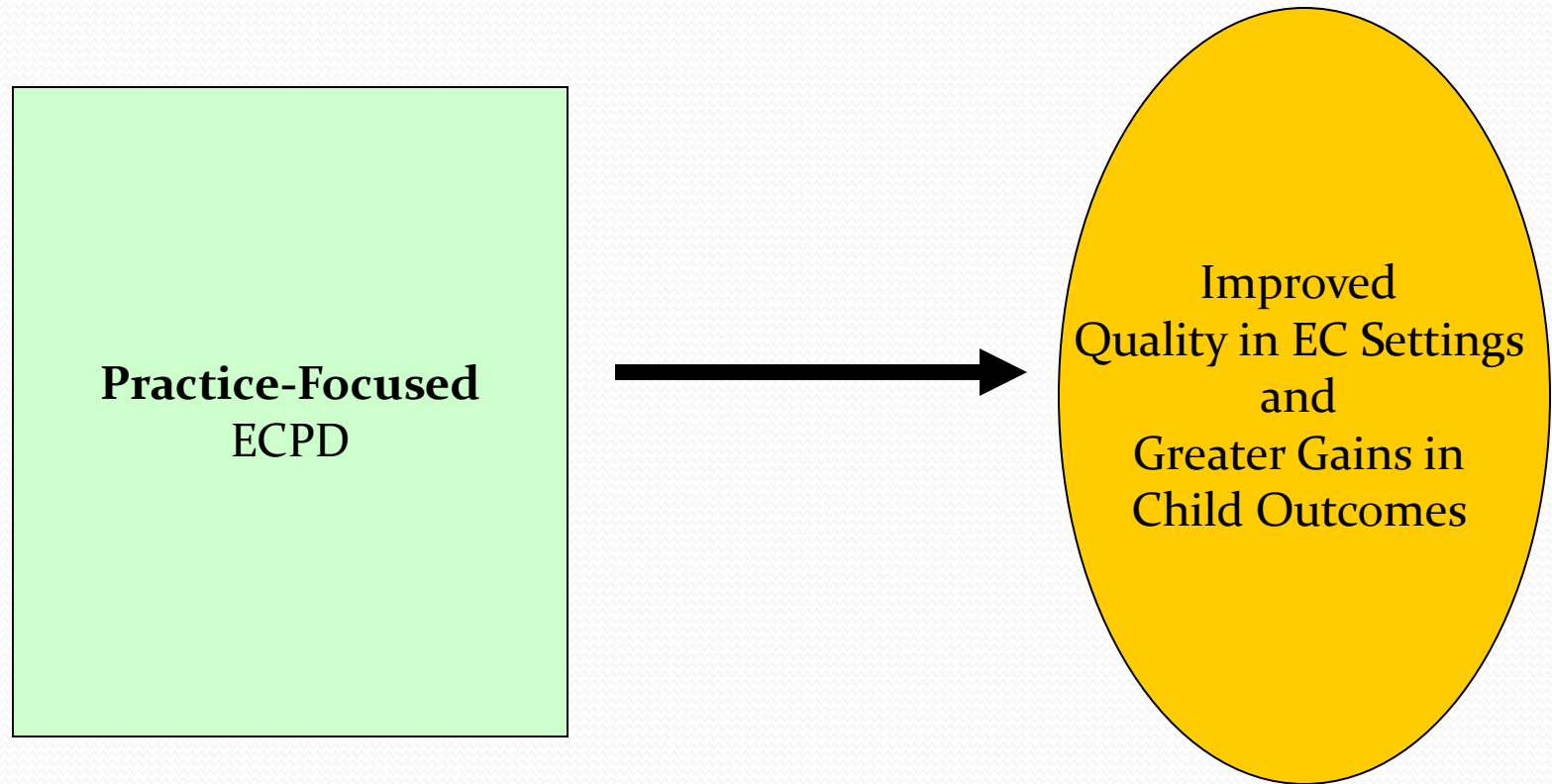


# Variant of Emerging Conceptualization #1

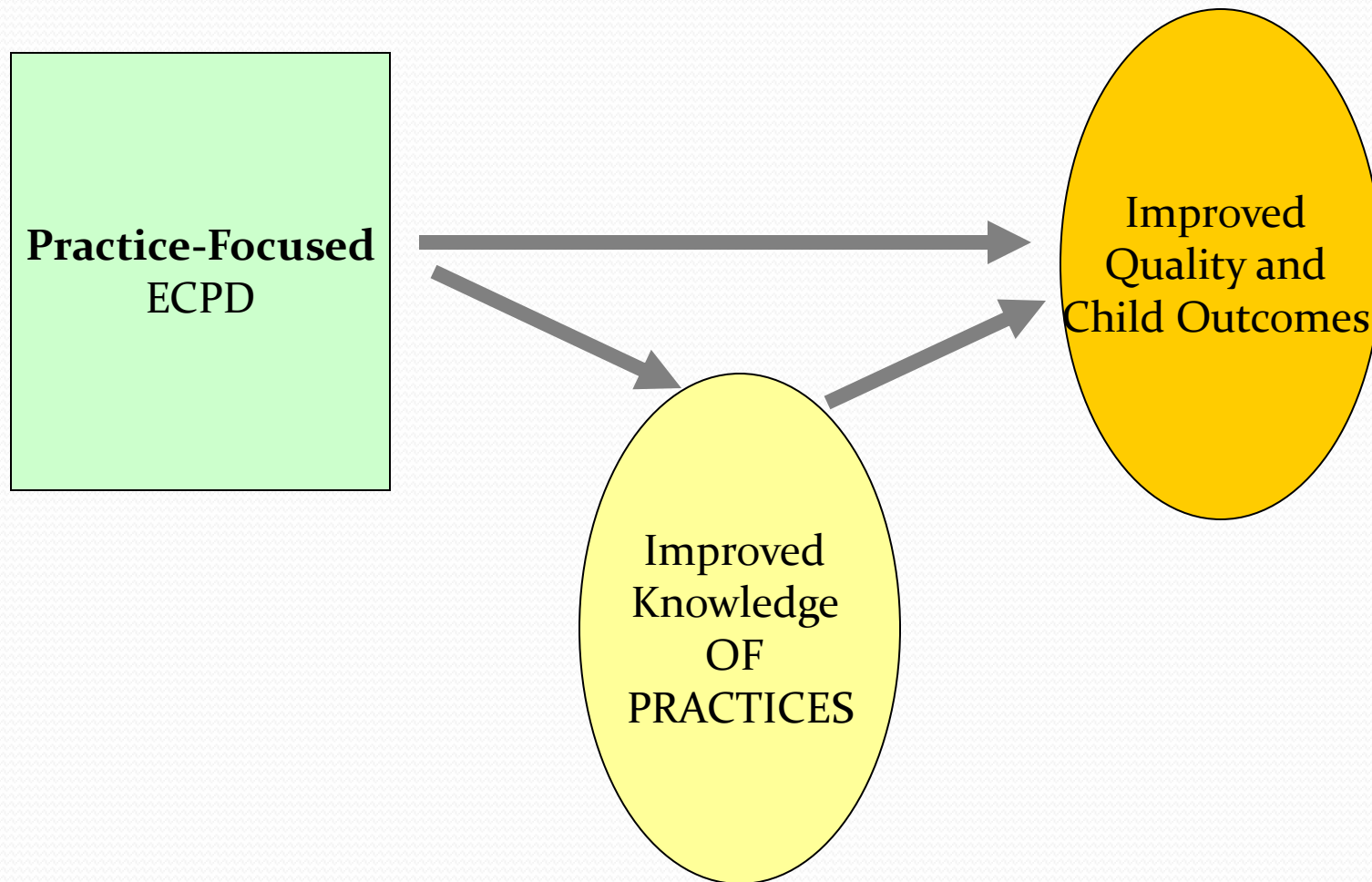
## Showing Intentional Linking



## Emerging Conceptualization #2: Primary Emphasis on Practice-Focused Component

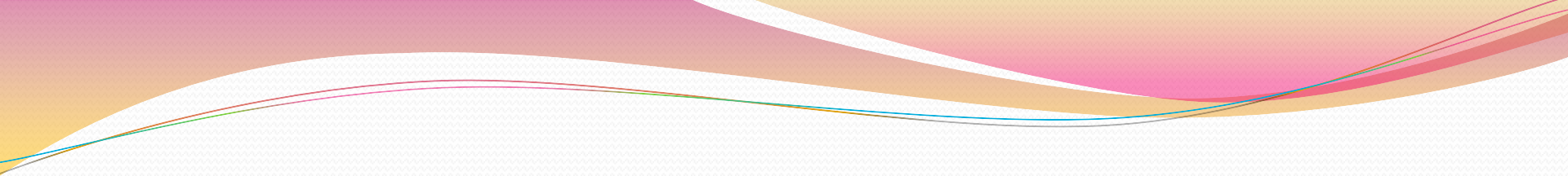


## Emerging Conceptualization #3: Knowledge Deriving from Awareness of Practices



# For Discussion

- We are still at an early stage of reviewing and revising the conceptualizations of ECPD
- During discussion for this session:
  - Would welcome your sense of which underlying conceptualization seems most promising.
  - Would also welcome your thoughts on whether we need to aim for a single underlying conceptualization, or if perhaps multiple conceptualizations, all of which change the position of knowledge-focused PD, seem appropriate



# Step 2: Address the Problem of the Missing Manual and Methods Sections

# Need for Specification of Features

- In our work, we have found limited description of the specific features of on-site QI approaches
- We have gone so far as to say that we think there are closely related problems of:
  - “missing manuals” for practice
  - “missing methods sections” for research
- Manuals with sufficient detail are needed to guide implementation with fidelity beyond the initial site
- Methods sections are necessary in order to look across studies and summarize the evidence in light of specific features; to ask which features appear to be important to effects. Also necessary for replication studies.

# Need for Specification of Features

- Child Trends conducted the cross-site evaluation of the ECEPD Programs
- These were 18 grantees across the country that formed partnerships in low income communities to strengthen the quality of professional development for early childhood educators
- As noted earlier, each of the 18 grantees was using practice-focused professional development
- However our review of the documents from each project describing the practice-focused approach found limited information on key features of the approaches

# Need for Specification of Features

- We had the opportunity to conduct interviews with project directors
- It was only through these interviews that we were able to gather detailed information on features of the approaches
- We identified a set of key features of on-site practice-focused quality improvement approaches based on these interviews that we think programs should describe
- We then took this listing of features and applied it to the research literature, asking are research studies describing specific features of practice-focused coaching approaches?
- As will be described in greater detail later in this presentation, we found very limited provision of detail regarding features of coaching approaches

# Need for Specification of Features

- This made it impossible to ask whether there is greater evidence of effects on quality or child outcomes when coaching approaches incorporate specific features
- We think that a key next step in the research on early childhood professional development will be to come up with an agreed-upon set of features that programs will regularly describe in both:
  - Manuals, to make possible the full implementation of models in further sites
  - Research methods sections, to make possible the identification of features associated with the strongest improvements in quality and child outcomes

# What Features Could be Specified?

## **Purpose of on-site quality improvement approach**

- Broad quality improvement
- Improvement in a specific domain, like language development
- Implementation of a curriculum with high fidelity

## **Whether there are both knowledge- and practice-focused**

- Practice-focused components only
- Both knowledge-focused and practice-focused components

## **Degree of alignment if both knowledge- and practice-focused components are present**

- Content of sessions is coordinated
- Iterative process with feedback from practice-focused to knowledge-focuses sessions and vice versa
- Same staff members or coordination between staff members

# What Features Could be Specified?

## **Dosage**

- How often on-site work occurs
- How long each session lasts
- Over what duration

## **Staff providing the on-site QI approach**

- Qualifications
- Preparation the staff received on specific model

## **Process for supervision and support**

- Whether supervisor observes on-site work
- Whether supervisor meets regularly with staff conducting on-site QI approach to review progress and discuss goals
- Whether coaches meet together for reflection and support

# What Features Could Be Specified?

## **Way in which goal(s) for each session are set**

- Goal(s) are predetermined or emerge during session
- Goal(s) are set jointly or set by provider of on-site QI approach

## **Documentation**

- Whether goal(s) of each session are recorded
- Whether activities engaged in (e.g., observation, modeling, discussion, sharing of resources) are recorded

## **Whether an observational measure is used to track progress**

- Broad quality measure
- Measure of quality focusing on a specific domain
- Fidelity checklist for implementation of a curriculum

# For Discussion

- During discussion, we would appreciate returning to this issue and asking what specific features of on-site QI approaches you think would be most important to document
- We would appreciate hearing whether you have encountered problems with the issue of limited description of the features of such approaches, and if so whether this has been the case in manuals, in research methods sections or both

## Challenge 2: Understanding quality improvement strategies at multiple levels

- Step 1 – Look to the literature on coaching and other individualized quality improvement (QI) models for guidance on features linked to effective practice
- Step 2 – Compare findings from the literature with findings from a case study of four QRIS



# Step 1: Looking at the Literature

# Overview of the Literature Review

- Over 135 articles were initially reviewed
- 48 articles (44 studies) were included in the final review
- Research design
  - 15 studies used experimental designs
- Research Questions
  - 26 studies examined the impact of individualized coaching or QI compared to the impact of training alone or “business as usual”

# Purpose and Outcomes of Coaching

- Purpose of coaching/consultation:
  - 16 studies intended to improve overall classroom/group quality
  - 11 studies intended to improve language/literacy outcomes
  - 11 intended to implement a particular curriculum
- Outcomes examined:
  - 31 studies examined teacher practices and/or classroom quality (Arnett CIS, ELLCO, ERS, CLASS, CHELLO)
  - 21 studies examined teachers' beliefs, satisfaction, and/or knowledge
  - 21 studies examined child outcomes (PLS, PPVT)

# Who is involved in coaching?

- **Coaches:**
  - Coaches had higher levels of education and more experience than the recipients of coaching.
  - Experience as a teacher, content knowledge, and experience working with adult learners were valued characteristics of coaches.
- **ECE Practitioners:**
  - Supports were sometimes targeted to teachers who were new to the field.
  - Supports were sometimes targeted to particular types of settings (Head Start and pre-kindergarten programs).
- **Children:**
  - Often targeted to children with low-incomes and children who are culturally and linguistically diverse.

# What does coaching look like?

- **Coaching activities:**

- Activities are tailored to support the goals of the coaching (which may be overall classroom quality improvement, curriculum implementation or specific practices to support children's development).
- Common activities: Relationship building, direct observation, reflection, and modeling of practices

- **Coaching context:**

- Coaching is usually combined with another professional development activity such as classroom training or workshops

- **Dosage and duration:**

- Little detailed information provided in the literature
- Most common dosage is weekly or bi-monthly
- Most common duration is under one year

# How effective is coaching?

- In general, coaching, consultation and other QI is associated with improved practices and observed classroom quality.
- In general, coaching is associated with improved language and literacy outcomes, particularly when language and literacy were a direct focus of the coaching approach.

# Summary

- Overall evidence that coaching is promising for bringing about improvements **at the classroom or group level**, though effects are not universal
- Study designs do not permit isolation of features underlying effects.
- Lack of a research base on the effectiveness of coaching or quality improvement strategies **at the program or system level**



# Step 2: Studying Coaching in QRIS

# Multi-Case Study of Coaching in QRIS

- 4 sites selected.
- All were either pilot QRIS or county-level QRIS, in operation for at least 2 years.
- 4 QRIS directors completed a written questionnaire and a phone interview
- 9 supervisors completed a written questionnaire and a phone interview
- 6 groups of coaches/QI staff completed a phone interview  
(2 to 5 staff in each interview)

# Coaching in a QRIS context

- In QRIS context, coaching and on-site QI occur within a larger, pre-existing, and evolving system
  - Often limited time for preparation
  - Changes had to be made mid-stream to meet changing circumstances
  - Staff are distributed across regions, agencies, supervisors, and projects
  - Multiples forms of coaching and QI (for varying purposes) are occurring simultaneously

# Purposes and goals of on-site QI in QRIS

- QI can be intended to address three purposes:
  - preparing providers for the rating
  - facilitating the rating process
  - improving the rating
- The goal of QRIS coaching or QI is to improve quality broadly rather than targeting a particular content area, skill set, or curriculum.
  - The quality standards of the QRIS are generally global rather than specific.

# Coaching models used in QRIS

- Use of a particular coaching/QI model:
  - All 4 sites have trained at least some of the coaches on a particular model of QI
  - Yet 3 of the 4 did not have a formal manual or set of materials to guide coaching/QI practices
  - Coaches perceive freedom and flexibility to interpret and adapt the model
- Certain elements appear to be common to all models/sites
  - Relationship-building
  - Assessment of initial quality (formally or informally)
  - Quality improvement plans
  - Beginning with quick technical fixes and then working on more complicated or challenging improvements

# Assessing needs for QRIS coaching

- The assessment tools used for the QRIS rating are often also used by coaches to assess program needs.
  - QRIS standards define quality
  - Therefore, coaches/QI staff use the same observational tools that are used in the official rating (and only these tools)
  - Yet coaches report wanting to extend the goal of quality improvement to reach beyond attaining a higher score in the QRIS to creating positive effects on practitioners and children.

# Characteristics of QRIS coaching

- Recipients of coaching/QI:
  - In centers, coaches/QI staff can work with family child care providers, center directors and/or lead teachers.
  - Meetings may happen during operating hours or after-hours.
- Intensity and dosage of coaching/QI:
  - Varies depending on the caseload of coaches, the needs of providers, and the stage of the rating cycle.
  - Could last a few months or indefinitely.
  - As little as 4 hours total or as much as 5-7 hours per week

# Support, supervision, monitoring and evaluation

- Coaches and supervisors report wanting to improve processes for support, supervision, and monitoring.
  - Coaches appreciate opportunities for peer reflection and supervisory support
  - In 2 sites, supervisors observe coaches/provision of QI supports
  - All 4 sites document coaching/provision of QI supports, formally or informally
  - Only 1 of the 4 sites has a formal process for tracking fidelity of coaching/QI implementation
- Studying the effectiveness of coaching
  - 2 of the sites have conducted some evaluation of the QI process
  - None of the sites have conducted a study that could measure specific features of QI and their impact on program-level outcomes or child outcomes

# Coaching in QRIS compared to coaching reviewed in the literature

- Working with a program as a whole
  - Broader definition of quality
  - Dealing with the program as a whole rather than only focusing on a single classroom
- Longer duration, on average
  - Recognizing that change takes time and is ongoing
- Part of a larger system that is continually evolving

# Challenges of implementing coaching/QI across multiple levels

- Classroom/group level
  - Dealing with staff turnover
  - Achieving buy-in of staff and assessing readiness to change
  - Aligning the approach with the particular needs of a classroom, and focusing on what is important.
  - Building a long-term relationship
  - Tracking improvement over time

# Challenges of implementing coaching/QI across multiple levels

- Program level
  - Assessing readiness to change at a program level
  - Working with directors on a whole program approach
  - Coordinating multiple coaches/QI and technical assistance provision
  - Allocating planning time and resources to address changes that are needed

# Challenges of implementing coaching/QI across multiple levels

- Systems level
  - Reaching out to and recruiting high need programs
  - Providing incentives for enrollment (particularly for reluctant programs)
  - Connecting quality improvement in QRIS with the professional development system
  - Supporting data collection and documentation
  - Adjusting to change within the system (e.g., funding, staffing, standards)

# For discussion

- How has your coaching or on-site quality improvement program dealt with the issue of levels and supporting QI at the classroom/group, program and system level?
- What promising approaches do you see to address the challenges of multi-level QI?

## Challenge 3: Tailoring coaching to meet practitioners' needs

- Conduct “person-centered” analyses to understand how characteristics vary among practitioners seeking professional development

# Profiles of Quality among Early Childhood Practitioners: Implications for Targeting Professional Development

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UNC

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- Funding for this project has been generously provided by the Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

# Current State of the Field: Quality in Home-Based Care Settings

- Provider sensitivity, engagement, affection, and responsiveness (Arnett):
  - On average, home-based providers are high quality
  - No significant difference between the sensitivity of home-based (both FCC and FFN) and center-based providers
- Global quality (FDCRS, FCCERS-R):
  - On average, between “minimal” and “good” in home-based settings
  - On average, home-based rated lower than center-based settings
- Learning supports (QUEST, C-COS, CCAT-R)
  - Home-based providers offer lower quality than centers on academic/pre-academic-based activities and language stimulation

# Purpose of Study

- Identify quality profiles and characteristics associated with different profiles that can be used to:
  - Help us understand the constellation of skills that providers seeking professional development may have
  - Help us think about how professional development interventions can be targeted to heterogeneous groups of providers (content, intensity, dosage)

# Step 1: Identifying Patterns of Quality Offered by Subgroups of Home-based Providers and Center Teachers across Multiple Dimensions of Quality

- Global Quality Factor Scores (FDCRS/ECERS)

Home-Based Providers (FDCRS)	Center Providers (ECERS)
<ul style="list-style-type: none"><li>- Teaching and Interaction</li><li>- Tone and Discipline</li><li>- Provisions for Health</li></ul>	<ul style="list-style-type: none"><li>- Teaching Interactions</li><li>- Provisions for Learning</li></ul>

- Provider Sensitivity (Arnett)
- Provision of Instructional Supports for Literacy (ECERS-E)

# Using a Person-Centered Approach to Simultaneously Consider Multiple Domains of Quality

Provider Sensitivity  
(Arnett)

Instructional  
Supports for Literacy  
(ECERS-E)

Global Quality:

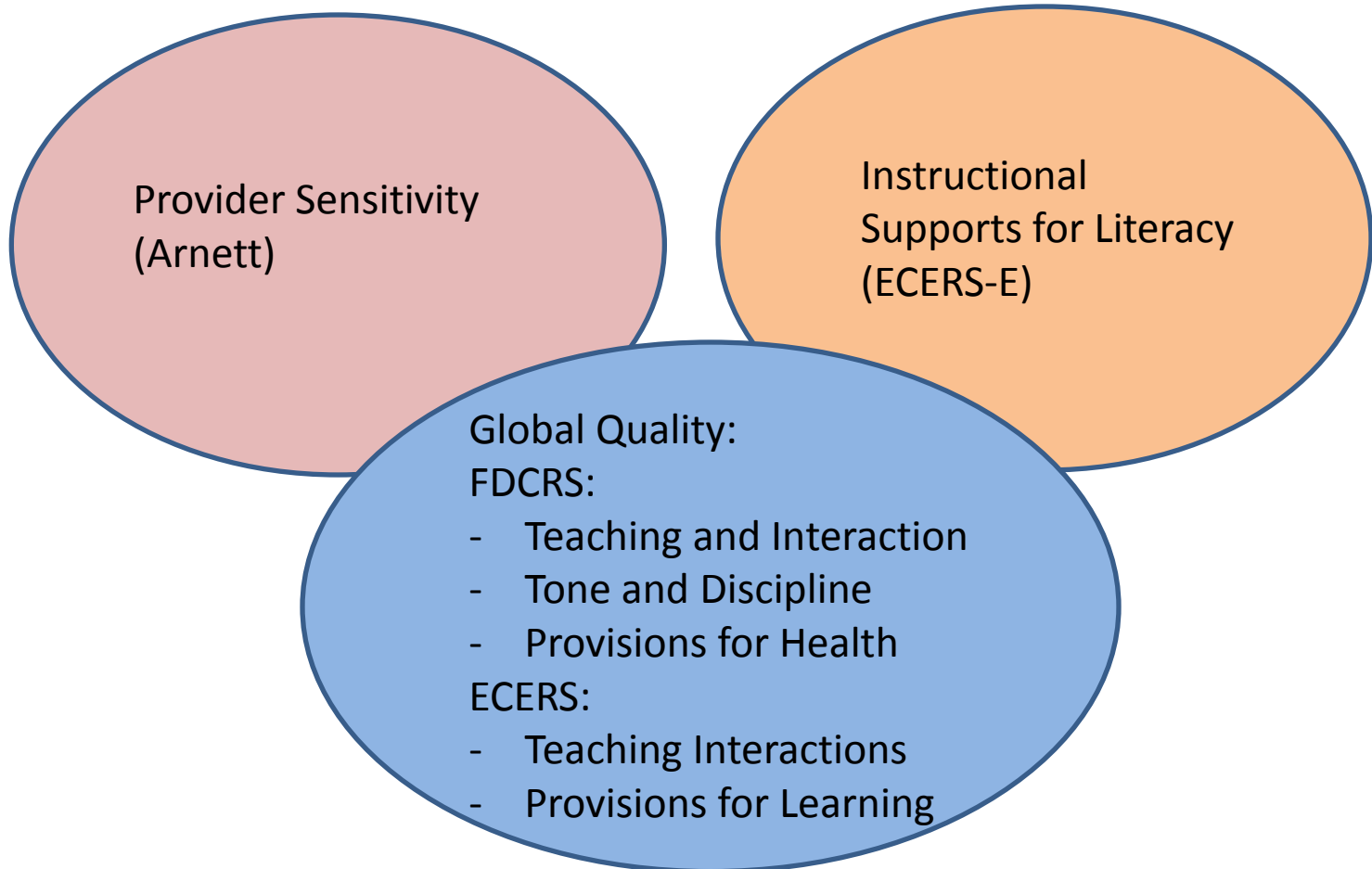
FDCRS:

- Teaching and Interaction
- Tone and Discipline
- Provisions for Health

ECERS:

- Teaching Interactions
- Provisions for Learning

# Using a Person-Centered Approach to Simultaneously Consider Multiple Domains of Quality



# Step 2: Comparing Providers Who Offer Different Patterns of Quality

## Characteristics of Providers:

- Age
- Years of education
- Number of training hours
- Years of experience
- Symptoms of depression
- Family income-to-needs ratio (H)

## Characteristics of the Care Setting:

- Number of children regularly in care
- Proportion of subsidized children
- Proportion of children with a special need
- Presence of a residential child in care (H)
- Presence of a paid assistant
- Profit status (C)
- Accreditation
- Center Type (C)

## Provider Attitudes:

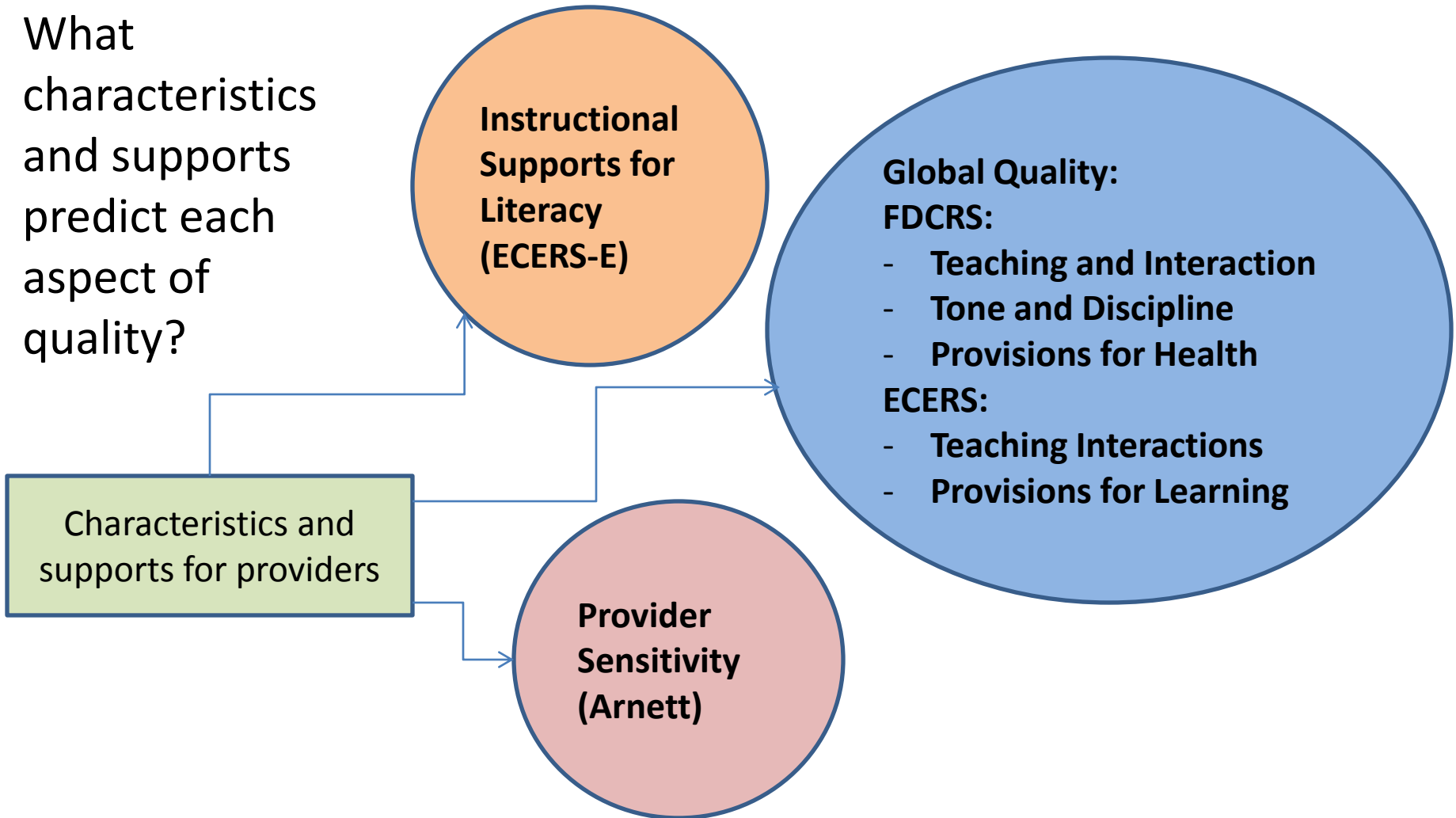
- Child-centered beliefs
- Perceived abilities in teaching practices, professional knowledge, and classroom management
- Intrinsic motivation
- Intention to stay in the field
- Perception of job demands

## Provider Supports:

- Receives encouragement
- Talks with other providers (H)
- Member of a professional organization

# Traditional Research: Examine each aspect of quality separately

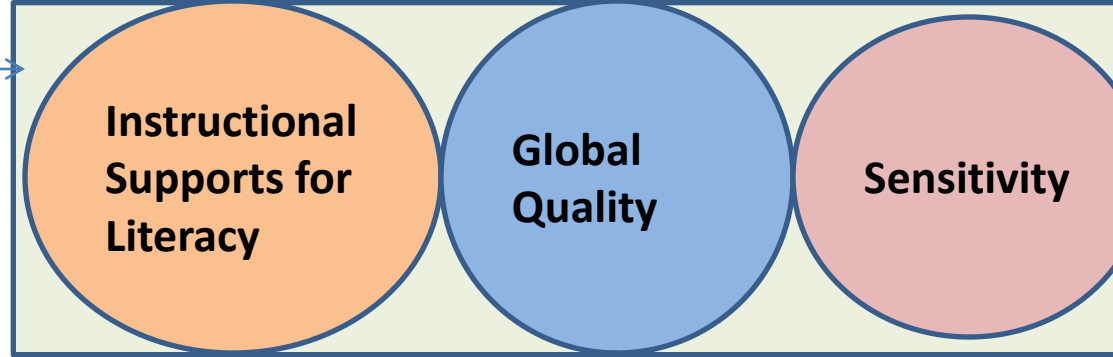
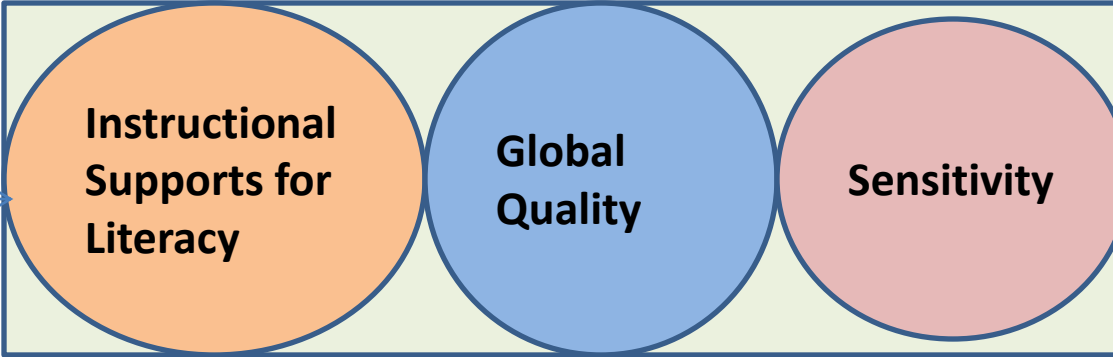
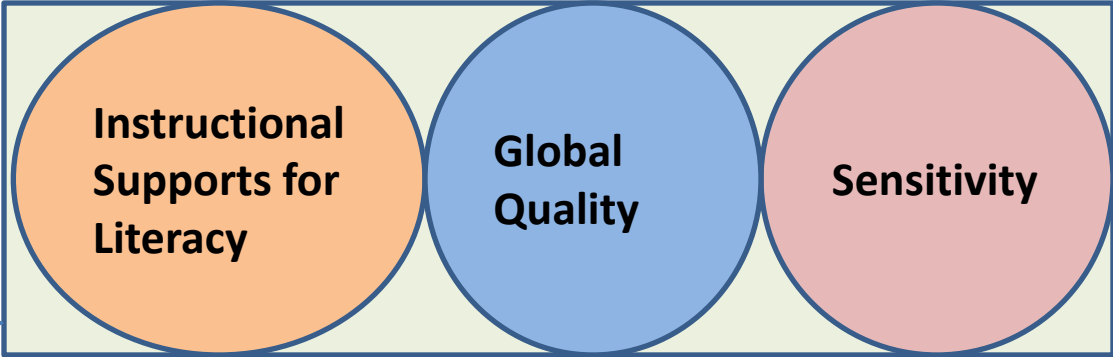
What characteristics and supports predict each aspect of quality?



# Person-Centered Research: Examine quality domains simultaneously by identifying a quality profile for each provider

What characteristics predict each quality profile?

Characteristics and supports for providers



# Sample Description

- Center and home-based providers from the baseline wave of the QUINCE study.

	Home-Based Providers (341 providers)	Center Providers (121 providers)
Age	38 years (20-69 years)	36 years (19-63 years)
Race/Ethnicity	75% White, 11% Latino, 11% African American, 3% Other	45% White, 11% Latino, 41% African American, 3% Other
Years of Experience	9 years (< 1 year -37 years)	10 years (< 1 year – 35 years)
Education	20% high school, 63% some college, 17% college degree	8% high school, 83% some college, 9% college

# Identified Subgroups of Providers (Based on Quality Scores)

	Low Quality		Moderate Quality		Above Moderate Quality	
	Home (38%)	Center (16%)	Home (50%)	Center (39%)	Home (12%)	Center (45%)
<b>Teaching and Interaction</b>	2.4	2.3	3.4	4.1	4.7	5.5
<b>Provisions for Learning</b>		2.4		3.3		4.5
<b>Tone and Discipline</b>	2.8		4.1		5.2	
<b>Provisions for Health</b>	2.2		2.9		3.7	
<b>Sensitivity</b>	2.4	1.9	3.1	2.7	3.4	3.4
<b>Instructional Supports for Literacy</b>	1.7	2.1	2.4	2.6	3.6	3.4

FDCRS/ECERS/ECERS-E Scale: 1=Inadequate, 3= Minimal, 5= Good, 7= Excellent  
 Arnett Scale: 1=Not at all, 2=Somewhat, 3=Quite a bit, 4=Very much

# Provider Characteristics that Differed by Quality Subgroup

	Low vs. Moderate	Low vs. Above Moderate	Moderate vs. Above Moderate
<b>Provider Characteristics</b>			
Age		H**	H*
Years of education			
Number of training hours		H***	H**
Years of experience	H**	H***	H**
Symptoms of depression			
Family income-to-needs ratio			

\*  $p \leq .05$ ; \*\*  $p \leq .01$ ; \*\*\*  $p \leq .001$

# Characteristics of the Care Setting that Differed by Quality Subgroup

	Low vs. Moderate	Low vs. Above Moderate	Moderate vs. Above Moderate
<b>Characteristics of the Care Setting</b>			
Number of children regularly in care			
Proportion of subsidized children	H*		
Proportion of children with a special need			
Presence of a residential child in care			
Presence of a paid assistant			
Profit status			
Accreditation status			
Provider type			

\*  $p \leq .05$ ; \*\*  $p \leq .01$ ; \*\*\*  $p \leq .001$

# Provider Attitudes that Differed by Quality Subgroup

	Low vs. Moderate	Low vs. Above Moderate	Moderate vs. Above Moderate
<b>Provider Attitudes</b>			
Child-centered beliefs	H***, C**	H*, C***	
Perceived abilities		H***	H***
Intrinsic motivation		H**	H**
Intention to stay in the field			
Perception of job demands			

\*  $p \leq .05$ ; \*\*  $p \leq .01$ ; \*\*\*  $p \leq .001$

# Provider Supports that Differed by Quality Subgroup

	Low vs. Moderate	Low vs. Above Moderate	Moderate vs. Above Moderate
<b>Provider Supports</b>			
Receives encouragement			
Talks with other providers			
Member of a professional organization	H**	H***, C**	H**, C*

\*  $p \leq .05$ ; \*\*  $p \leq .01$ ; \*\*\*  $p \leq .001$

**Change in Quality Dimensions  
Among Home-Based Providers  
Receiving Professional  
Development**

# Methodology

- 86 home-based providers from the QUINCE sample who:
  - Received the QUINCE PFI intervention between the baseline and follow-up quality assessment
- Threshold for “quality improvement”:

Quality Measure	½ of a Standard Deviation Improvement
FDCR: Teaching and Interaction	.44
FDCR: Tone and Discipline	.51
FDCR: Provisions for Health	.50
Arnett Sensitivity	.24
ECERS-E: Instructional Supports for Literacy	.47

# Patterns of Improvement in Response to Professional Development

- More than three-quarters (77%) of home-based providers improved on at least one of the quality measures
  - Among these providers, almost one quarter (23%) improved on four or five of the measures
    - Among the 15% of providers who improved on four out of five quality measures, the most common patterns of improvement were:
      - 54% (7 providers) improved on the ECERS-E and FDCRS, but not the Arnett
      - 23% (3 providers) improved on Arnett and FDCRS, but not the ECERS-E
      - 23% (3 providers) improved on all but one of the FDCRS factors

# Characteristics Associated with Improvement in Quality in Response to Professional Development

- Providers who improved on **4-5 quality measures** were not statistically different from providers who did not improve on any of the characteristics we examined.

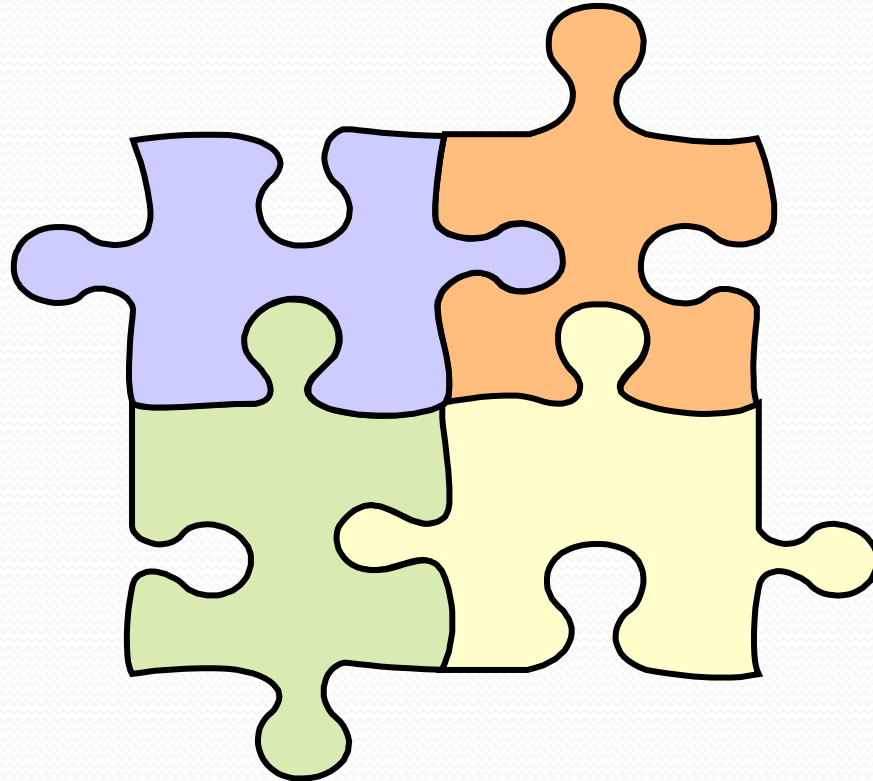
# Key Findings and Implications (1)

- Patterns of low, moderate, and above moderate quality across the domains of quality examined was found in analyses of both center teachers and home-based providers.
  - Is it that “good things go together”, or are we not truly tapping into unique aspects of quality?
- Some of the examined provider characteristics, attitudes, and supports varied among providers in each of the three identified subgroups.
  - Identifying differences through a person-centered approach to analyzing quality highlights the importance of individualizing professional development.

# Key Findings and Implications (2)

- Provider attitudes appear to play a key role in distinguishing among providers with different patterns of quality.
  - Are provider attitudes changeable?
  - Professional development interventions that have shown success in changing attitudes warrant attention.
  - Measurement of provider attitudes could be used to inform individualized professional development interventions.
  - Hands-on approaches to professional development, such as coaching and mentoring, may be more successful at shaping provider's attitudes.

Putting it all together to create an effective coaching/QI system



# Summary of promising directions

- As the evidence accumulates, continue to clarify the underlying conceptualizations of professional development
- Specify features of on-site quality improvement approaches in manuals and research methods
- Recognize the multi-level nature of quality improvement
- Identify approaches to on-site quality improvement at the classroom/group, program and system level
- Work to ensure that on-site quality improvement approaches address home-based care and the critical role of practitioner attitudes and beliefs

# Consider how lessons from implementation science can inform our QI efforts.

- Implementation will be supported by:
  - Clear staff recruitment and selection strategies
  - Pre-service training and ongoing supervision
  - Data collection and performance management
- For further information, see the National Implementation Research Network at FPG
  - <http://www.fpg.unc.edu/~nirn/>



# DISCUSSION

# Discussion

- We identified three challenges for coaching/consultation work:
  - Specifying purposes and aligned features
  - Focusing on multiple levels – system, program and classroom/group
  - Tailoring approaches to practitioners
- From where you sit...
  - Are these the right set of challenges? Are there others that should be included?
  - Which challenges are affecting your work? How?
  - What promising approaches have you tried or would you like to try?

# For Discussion

- We are still at an early stage of reviewing and revising the conceptualizations of ECPD
- During discussion for this session:
  - Would welcome your sense of which underlying conceptualization seems most promising.
  - Would also welcome your thoughts on whether we need to aim for a single underlying conceptualization, or if perhaps multiple conceptualizations, all of which change the position of knowledge-focused PD, seem appropriate

# For Discussion

- What specific features of on-site QI approaches you think would be most important to document?
- We would appreciate hearing whether you have encountered problems with the issue of limited description of the features of such approaches, and if so whether this has been the case in manuals, in research methods sections or both

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# Relevant Publications:

[http://www.childtrends.org/Files//Child Trends-2011\\_04\\_27\\_FR\\_CoachingQuality.pdf](http://www.childtrends.org/Files//Child_Trends-2011_04_27_FR_CoachingQuality.pdf)

[http://www.childtrends.org/Files//Child Trends-2011\\_04\\_27\\_FR\\_CoachingEarlyCare.pdf](http://www.childtrends.org/Files//Child_Trends-2011_04_27_FR_CoachingEarlyCare.pdf)