

Breathing Life Into Student Learning

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July 17th started like any other Sunday. A hurried rush to get to church on time, and then a quick “good luck on your lesson” before my husband Max went to his class and I went to mine. I was 10 minutes into teaching the adult lesson when the door opened and then closed, opened and closed again. Suddenly, two young 13 year old girls came hurrying to the front of the room and whispered anxiously “sorry to interrupt, your husband just passed out.” I ran from the room with every intention of returning to finish my lesson. I fully expected to go check on my husband, get him a snack to help his lightheadedness, and then return. Unfortunately, that is not what transpired.

Instead, I found my husband unconscious on the floor, with blood on his forehead and slight tremors shaking his body. There were men standing around who told me that he was breathing, but as I knelt next to him it was clear that he was in fact not breathing. My CPR training kicked in and I immediately checked his airway, checked to see if he was breathing, and then began compressions. Thankfully, a nurse in my church joined me and took over the compressions, while I continued to provide breath. EMS arrived and were able to shock him, then give him epinephrine in his veins to jump start his heart. We would find out later that he had gone into cardiac arrest with absolutely no symptoms or signs. There are many, many more details, but in the end, he survived and is doing remarkably well.

I have since learned that less than 10% of people who experience cardiac arrest outside of a hospital survive. This is because the majority of people do not know how to administer CPR. I have made it my personal mission to tell this story often so that others will understand the importance of learning CPR. However, the purpose for telling the story is two-fold and actually quite relevant to our work as administrators.

For the purposes of this article, I will be referring to the ABC's of CPR but looking at them through the lens of increasing student learning.

The first is **A: Airway**. Before you administer CPR, always check the airway for blockages.

This is similar to how we may assist our young friends to be successful at school. What is blocking them, or impeding their success? As the principal of a Title One school, I have experienced many issues that may impede our student's success. For example: have they eaten recently? Do they have adequate clothing for the day? Did they get sleep the night before? Do they need glasses? Are they feeling safe at home? Are they feeling safe at school? Do they have a learning disability? Do they need accommodations in class? Many of these may be out of our control, but some of them can be compensated for at school. As leaders, we must do all that we can to eliminate the blockages that may impede our students. If there are blockages, we take the extra time and energy to build relationships with students and families to help them overcome those obstacles and clear the airway for learning.

B: Breathing--Before you administer CPR always check for breathing.

This applies to traditional practices that we are doing, that don't actually provide any life to learning. I've had to take a careful look at programs that we run and decide if they are breathing life into learning or causing an unnecessary distraction. An enlightening experience I had last year was interviewing a handful of students regarding our PBIS, reading goals, end of year rewards, and overall school procedures. The students were very candid and had wonderful suggestions about what was motivating and rewarding and what wasn't. I was able to eliminate some fluff that wasn't providing life to learning, but rather just taking a lot of time and energy from staff. On the contrary, I solidified expectations for PBIS that were motivating to students, but had not been adopted school-wide. By analyzing individual programs, both academic and behavioral, my team and I have narrowed our focus to ensure programs are meaningful and provide air to the goals we have created.

C. Compressions-- Compressions need to be done at a rate of 30 compressions to 2 breaths and they need to be HARD. Much harder than I realized. The motto of Emergency Medical

Service is “If you’re not breaking ribs, you’re not doing it right”. My husband was so sore from the compressions he couldn’t move without pain for weeks.

Sometimes the changes needed for students to be successful is painful for the adults in the building who need to change, but this is where the impact is! We have implemented Instructional Rounds this year in conjunction with Observation Feedback Coaching Cycles. First, we identified an instructional problem that needed to be addressed. This was done with input from teachers, and also with data as the guide. The Problem of Practice (POP) we chose to identify and work on was “Students are not cognitively engaged in rigorous tasks that are on their level during small group reading instruction.” We were paired with another school in our district and three times during the year we were able to observe the instruction of our partner school and take data specific to our POPs. The first time we did this the teachers were stressed and nervous, as was I. The proverbial compressions started and we could feel the discomfort in the building. However, the data we gathered was not specific to individual teachers, rather to school wide systems that needed to be adjusted (such as PLC, Literacy Collaboration, Professional Learning, and Coaching Cycles).

After each Instructional Round, my Instructional Leadership Team analyzed the new patterns identified from the data and made plans for professional development and the support that needed to happen. This included changes to our Leveled Library so that more materials coincided with LETRS training, more lesson modeling, teacher training on diagnostics to use, curriculum changes for upper grades, and determining a standard understanding of what “cognitive engagement” looks like/sounds like at Cherry Creek Elementary. We chose 4 techniques from “Teach Like a Champion 2.0” that if used would deepen student engagement in the presence of the core. Let the compressions commence!

Each of these changes took a lot of time, training, modeling, some difficult conversations, and sometimes painful adjustments by teachers. The end results are totally worth it! Students are able to justify their thinking, use academic language when explaining why certain words are pronounced the way they are, and are more involved in their education. Teachers are more confident because they’ve added solid pedagogy to their everyday practice.

After my husband’s cardiac arrest, he started to attend cardiac rehab twice a week. This happens at the hospital, wearing an EKG, and under the close monitor of the specialists. My

husband has always been quite active, so it is not surprising that he is back to running 5-6 miles, while some of the patients are barely able to walk 10 minutes on the treadmill. Each patient is in a different place in their recovery and abilities. I see the similarities with teachers in their learning process. A one size fits all approach for PD doesn't always work. To mediate this, we have implemented a process called Observation Feedback Coaching Cycles (OFCC) based on Paul Bambrick-Santoyo in conjunction with our Instructional Rounds this year.

OFCCs are powerful feedback sessions with individual teachers, working on action steps that will benefit them specifically in their practice. My Instructional Leadership Team each has a list of teachers that we routinely drop in on for 10 minutes and take instructional observation data, then we meet for a scheduled feedback session. Based on the data gathered in the observation, together we (teacher/coach) choose an action step that is easy to implement, observable, and high leverage. Each teacher is implementing different action steps based on their needs, and all are aligned with our current POP. We just started doing it this year, but we are seeing powerful results in teacher pedagogy and implementation. We're continuing compressions as necessary.

Just as CPR done correctly can save lives, I believe that Instructional Rounds and Observation Feedback Coaching Cycles with teachers can highly impact student learning. By working together toward a common goal, with a clear understanding of what success looks like, we can address problems that exist in our schools which block student learning. In the words of Jenni Donohoo "amazing things happen when a school staff shares the belief that they are able to achieve collective goals and overcome challenges to impact student achievement."