

LINDA SEEBACH

Japanese television has sent a crew to Denver; French television will be here this week. What is luring them? An ambitious experiment in the Denver public schools to test whether rewarding teachers for improved student performance actually improves student performance.

If the answer at the end of the two-year pilot program is an unambiguous "yes," the rigid framework of teachers' contracts across the nation will turn wobbly at the joints. Most teachers' pay is set by their position on a grid of "steps and lanes," with each additional year of teaching putting them one step higher and a newly earned credential shifting them into a higher lane.

Once midcareer teachers have climbed to the top of the grid, their salaries stagnate unless they leave the classroom for an administrator's desk.

Nothing in this scheme acknowledges the fact that individual teachers have tremendous influence on how well children learn. The truly effective and the barely marginal march together in lockstep. And

A test for teachers

since the pay is the same anyway, teachers in a district often prefer to transfer out of problem-plagued, low-achieving schools as soon as they have enough seniority to claim a job in a less troubled neighborhood.

That's not a recipe for success in big-city districts anywhere, and so it's no wonder that interest is high in Denver's effort to cook up something better. But the test will come at the end of the pilot program, when teachers vote either to scrap the program or to extend it to every school in the district.

Certainly there's not much yet for the television cameras to focus on. The core of the pilot program is a four-member design team, two people selected by the teachers' association and two by the administration. The two union representatives, Becky Wissink and Brad Jupp, started work at the beginning of the school year; the two administrators, Shirley Scott and Pat San-

dos, have come on board more recently.

The contract calls for a minimum of 12 elementary schools and three middle schools to participate in the pilot plan. Teachers in those schools are to get a \$500 bonus for participating, and \$500 each for meeting two performance goals agreed on between the teacher and the principal. In the second year, two high schools may be added, and the amount paid for meeting each goal will be \$750.

These are extra costs for the district during the pilot program, but if it is adopted districtwide in two years, the payments for meeting performance goals will replace the increases that now come automatically from years of service.

The threshold for joining the pilot was deliberately set high, requiring approval from at least 85 percent of the teachers in a school. Perhaps that was too high. The district announced Thursday that exactly 12

(of 82) elementary schools, and no middle schools, had qualified to participate.

Still, 12 schools is the number the plan was designed for. They'll be divided into three groups of four, each testing a different approach, with similar nonparticipating schools serving as controls.

The four schools using the first approach will set performance goals based on standardized tests. The contract specifies the Iowa Test of Basic Skills, but the design team has interpreted the language more flexibly to allow Terra Nova, La Prueba (for Spanish-speaking children), or "another externally scored multiple choice test appropriate to the teacher's discipline."

In the grades and subjects where it exists, the Colorado State Assessment Program might be used.

Critics worry that it would not be fair to judge teachers by children's scores on standardized tests because schools serve very different populations.

And it would not be fair, but that's not what will happen. Performance bonuses will be granted, or not,

based on how much progress children make between one test and the next, and the goals that are chosen will be appropriate to the schools' circumstances.

Obviously the setting of goals is the key to success, and there's plenty of room for devilment in those details. The toughest problem may arise at schools that are already successful. One of the four schools in this group is Traylor Academy, a fundamental school that had 77 percent of its fourth-graders scoring proficient or advanced on the state's fourth-grade reading tests last year. How much more should be expected of Traylor so that its goals are no more and no less difficult to achieve than elsewhere?

In this approach, schools may also decide to adopt schoolwide rather than individual goals. A possible problem: subdividing an already small sample. If two schools have good results, it may be no more than chance, just as it is unremarkable when two flipped coins both come up heads.

The second group of four schools will use assessments developed or chosen by teachers, based on class-

room content and tied to standards. The peril along this road is ensuring the assessments are genuine measures of student achievement and, again, of comparable difficulty from one school to another.

The third group of four schools will focus on staff development, testing whether increases in teachers' knowledge and skills will improve students' knowledge and behavior.

Individual teachers will get their bonuses based on how they demonstrate their newly acquired skills in the classroom, rather than any specific impact on student achievement, but the success of the approach as a whole will be judged by student results.

These approaches derive from three very different theories of how to make schools more effective. All of them may work, or some, or none!

Given the stakes, we can only hope that the television crews can come back in two years to show a success story.

Linda Seebach is an editorial writer for the Denver Rocky Mountain News.

*Doc -
Pay for
Performance*

ROBERT SOLLOD

Priorities organ transplants

What do the rise of the Reform Party, the proliferation of gas-guzzling sport utility vehicles and the increasing number of homeless have in common? They are all unintended effects of well-meaning federal legislation and regulations.

The Reform Party thrives on the prospect of obtaining matching funds, SUVs are counted as trucks and thus escape the stringent energy-efficiency guidelines for automobiles, the proliferation of homelessness is in part a consequence of partially implemented legislation from the Johnson administration. This legislation closed down large mental hospitals but did not adequately fund alternative community mental health centers.

It looks as if the federal government is at it again with its intent to implement new regulations for organ transplants.

Sad to say, as an end-stage renal disease patient on dialysis, my chances of survival will probably be reduced by the consequences of the new regulations. I am not the

only one who will suffer. The deleterious (and hopefully) unintended effects of the new policies will spread far and wide.

One major change will be to replace the current model, which relies on waiting-list time as a major criterion for receiving a rare cadaveric organ transplant. The criterion to be quickly phased in will be some type of rating of how sick the patient is, with preference going to the sickest. This sounds, at first blush, well conceived and eminently fair. After all, saving lives should be our first priority. Perhaps the life of football great Walter Payton would have been saved if this policy had been already implemented.

But the situation is not so simple. Many patients on dialysis are very sick and close to death not because of their kidney failure per se but as a result of heart or circulatory disorders. Many of these are diabetes-related. Some have dialysis-related

heart disease. Such a patient who receives a transplant may already be frail or very weakened. In short, the transplant is not likely to lengthen the prospective life span.

In comparison, consider the case of a 10-year-old girl with end-stage renal disease (ESRD). A timely transplant may enable her to experience normal growth during adolescence and have a normal social life and academic or vocational achievement. She would not be given priority status in the future.

The priorities that Secretary of Health and Human Services Donna E. Shalala says she will put into effect will result in absurdly poor use of vital organs in many cases.

It seems that a better approach would be to switch to a policy based on an appraisal of how much improvement a patient might expect from a given transplant. Those who would benefit the most would receive priority. Some very

sick people, particularly those with heart failure, would end up in this high priority group.

But we should not be too quick to abandon the present policy. The present system assumes that we are not in a position ethically to make such life or death judgments. The current policy allots the scarce resource of organs to people based on how long they have been in line and how much immunological compatibility exists between a patient and a potential donor. It attempts to be evenhanded.

Another problematic aspect of the proposed policies is the abandonment of the emphasis on small regions, such as specific metropolitan areas, to define pools of donors and recipients. Instead, larger regional pools will go into effect.

The unintended effect here is that fewer organs will be harvested. There will be almost no incentive for a specific hospital to

encourage organ donations from dying patients or their relatives. As part of a regional or perhaps a national pool, their efforts will provide little benefit for them.

This is the old Paradox of the Commons dilemma: If everyone can graze their sheep on the commons, why would anyone bother to contribute to its upkeep? Under the current organ-donation system, hospitals and agencies that have an active organ-transplant program can themselves benefit by helping their own patients or get some reciprocity for the donation.

A final unintended consequence is the deflection of attention from the real problem, which is a dearth of organ donations.

The use of living non-related donors is an increasingly viable alternative procedure, which is only gradually becoming advocated by nephrologists or promoted by the federal government. A promising procedure in this regard is the use of minimally-invasive surgery to remove the kidneys of living donors. Surgical trauma and post-surgical recovery times are much reduced

by the use of this procedure.

The University Of Maryland School of Medicine is the pioneer in this area. It has completed more than 300 operations and reported excellent results.

In all the government's policy pronouncements on organ transplantation, however, there is not one word in support of training surgeons in this method. There is too much fixation on inadvisable reforms.

In the meantime, I have been waiting for a cadaveric kidney for more than two years. I am working and active in my professions of university professor and psychologist. My case is in no way critical, so I assume I will be passed over again and again until I will have deteriorated a great deal.

And then, voila! A kidney will appear.

Will it come too late to be of much benefit?

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