Transdisciplinarity in Early Childhood Intervention (ECI) - Case Example

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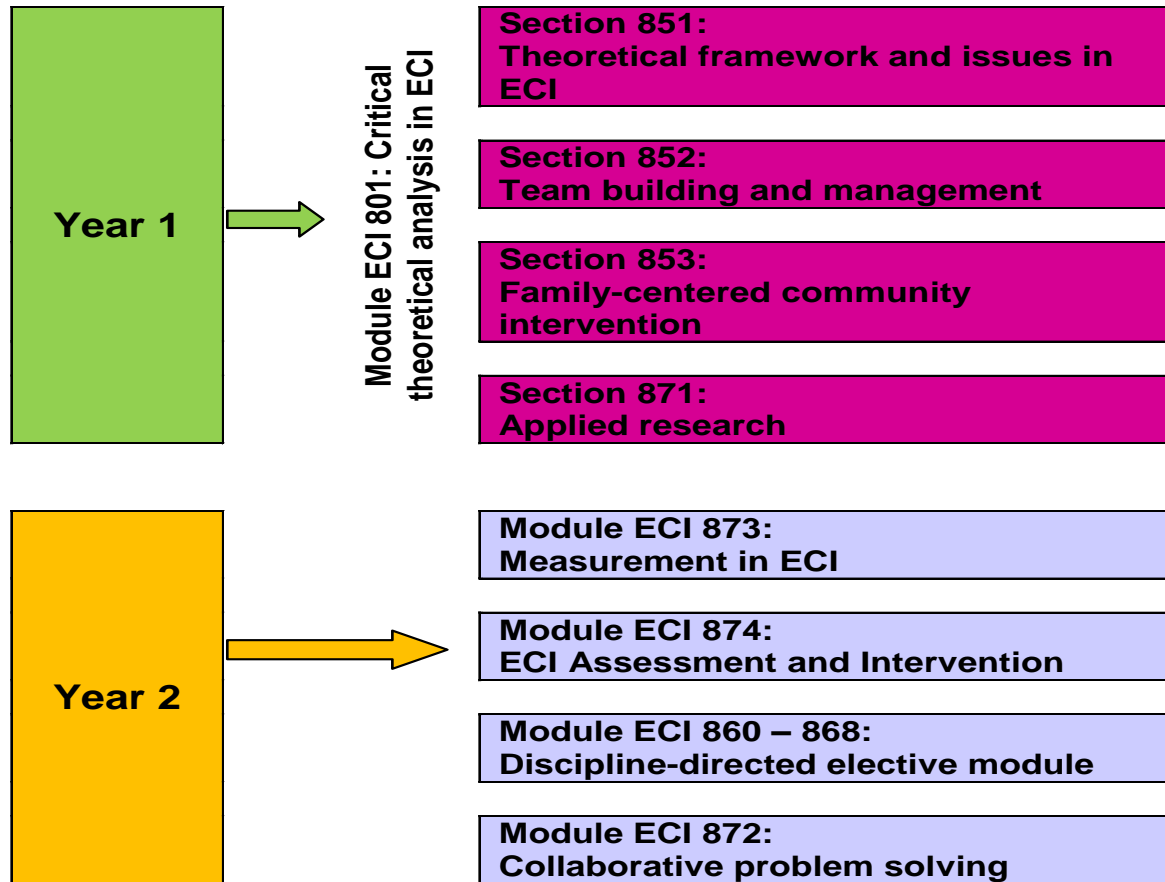2 December 2020

Masters in Early Childhood Intervention (

Background

- 2-year postgraduate blended learning, course work Masters programme

- Started in 2001 (Alant & Dada, 2005)
    - Critical need to train health care professionals in early childhood intervention (ECI)

- Aims: Develop critical thinkers who can use best practice principles from the field of ECI and apply them in their own specific work situations

- developed to address issues of service delivery for infants and children (0 to 6 years) with disability and those at risk of developmental delay.

- The programme is an outcome of a **collaborative process** involving disability stakeholders, government departments and various departments from the University of Pretoria (Faculties of Health Sciences, Humanities and Education).

- It is strongly rooted in the South African/African context and addresses the influence of issues such as poverty, violence, abuse, chronic disease and discrimination on child development. The students, all of them health-care professionals, are situated in every part of the country, rural and urban, as well as throughout the continent.

MECI Structure

- The MECI knowledge and skill experience across the 2 years.

Year 1

Module ECI 801: Critical theoretical analysis in ECI

Section 851: Theoretical framework and issues in ECI

Section 852: Team building and management

Section 853: Family-centered community intervention

Section 871: Applied research

Year 2

Module ECI 873: Measurement in ECI

Module ECI 874: ECI Assessment and Intervention

Module ECI 860 – 868: Discipline-directed elective module

Module ECI 872: Collaborative problem solving

Masters in Early Childhood Intervention
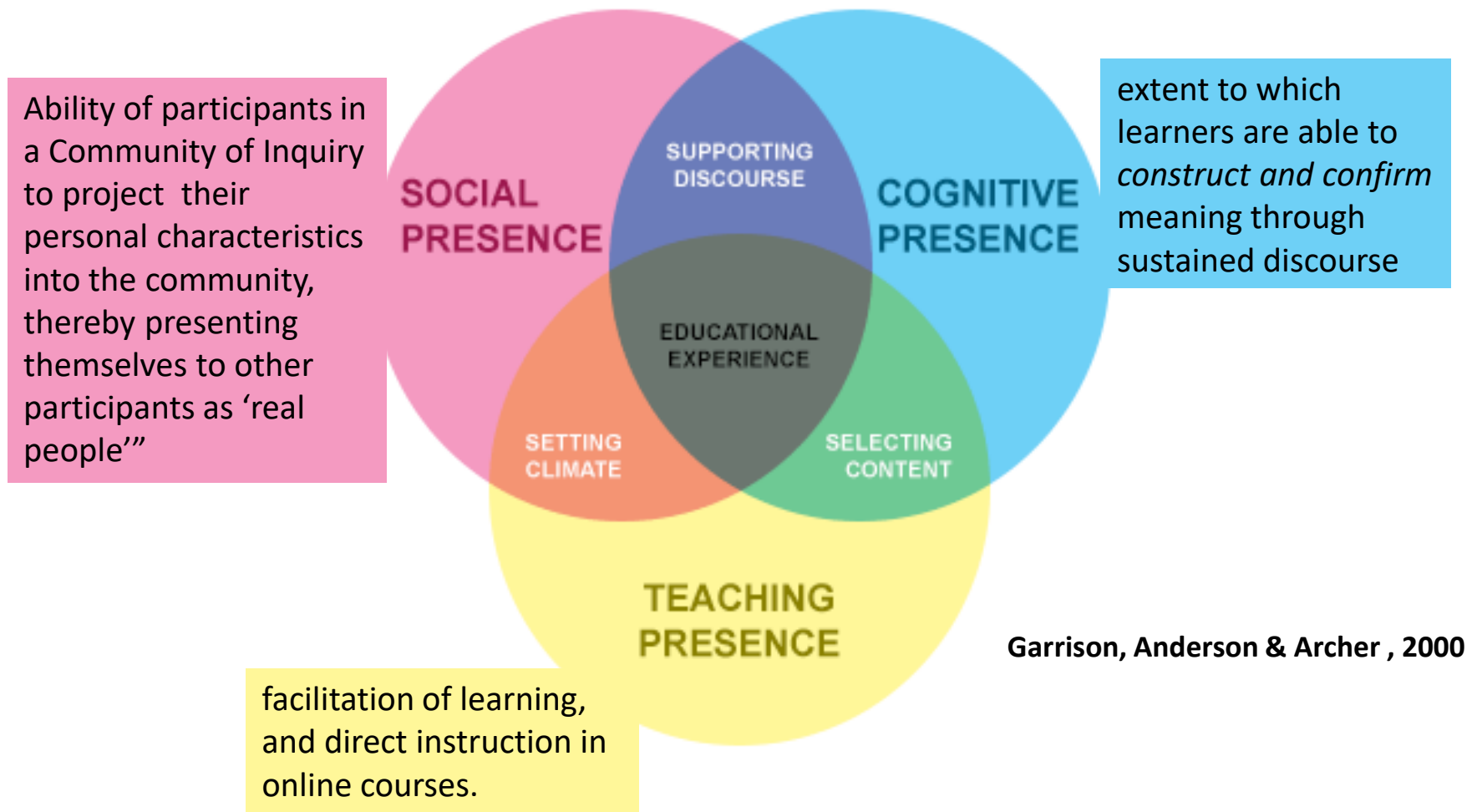
Blended Methodology

- Compulsory face-to-face sessions
  - 2 week-long contact sessions at the University of Pretoria per academic year
  - Online component – Class and Team asynchronous discussions
- It is geared towards students in rehabilitation
- Multi-professional study teams which simulates the functioning of early intervention team
- Has a strong transdisciplinary focus with graduates taught to work and research across disciplinary boundaries
- Group work is compulsory
- Team assignment accounts for 40% of module mark

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TEAM ASSIGNMENT RUBRIC

Area of assessment	1	2	3	4	5
A. Content of team assignment					
1 Theoretical sophistication of the assignment					
2 Application of knowledge, concepts and skills gained in the module.					
3 Evidence of critical thinking and debate within the assignment.					
4 Coherence and logical organisation of the assignment with smooth transitions between postings which help to maintain the flow of thought.					
5 Attainment of assignment goals and ability to resolve issues raised in the discussion.					
6 Logical conclusions and recommendations drawn from the discussion.					
7 Technical care of the assignment with regard to language, spelling punctuation and referencing.					
A. TEAM Processes **(each of the following is scored out of /5)**	Student 1	Student 2	Student 3	Student 4	Student 5
8 Team member's input in the planning of the team assignment i.e. volunteers suggestions and evaluated ideas fairly with sound arguments and evidence.					
9 Consistency of participation and quality of team member's individual postings in the discussion with respect to content.					
10 Ability of team member to work successfully within a team i.e. listens to, shares ideas and supports the efforts of others.					

Community of Inquiry

The CoI framework views meaningful online learning as occurring at the intersection of three supporting presences

Ability of participants in a Community of Inquiry to project their personal characteristics into the community, thereby presenting themselves to other participants as 'real people'"

extent to which learners are able to *construct and confirm* meaning through sustained discourse

SOCIAL PRESENCE

SUPPORTING DISCOURSE

COGNITIVE PRESENCE

EDUCATIONAL EXPERIENCE

SETTING CLIMATE

SELECTING CONTENT

TEACHING PRESENCE

facilitation of learning, and direct instruction in online courses.

Garrison, Anderson & Archer , 2000

Learning communities

- Not sufficient to just put a programme online
- Learning community is necessary to sustain the learning process and move to higher levels of thinking.
- Social interaction and connection has significant influence over student engagement.
- Learning must include various combinations of interaction among i) student and instructor, ii) student and content and iii) student and student.

Why TD teams in ECI?

- Coordination of resources (people, time etc)
- Family focused shift in ECI requires increased collaboration amongst professionals
- Children with disability and/or developmental delay may require the combined expertise of a range of practitioners
- There has got to be a better way of doing intervention that makes better use of time and resources

Insanity is doing the same thing over
and over again and
expecting
different results!
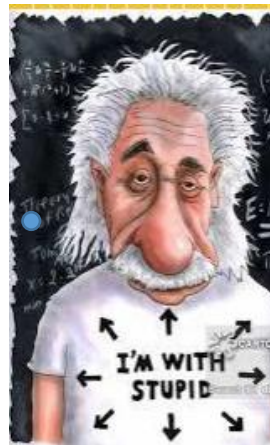
Thinking differently about intervention

- Is more therapy better?

- Basic misunderstanding between parents and professionals

- Research does not support the popular belief that more therapy is better (McWilliam, & Casey, 2004)

- Children learn throughout the day, **not** in lessons or sessions

- Progress is as a result of supportive caregivers

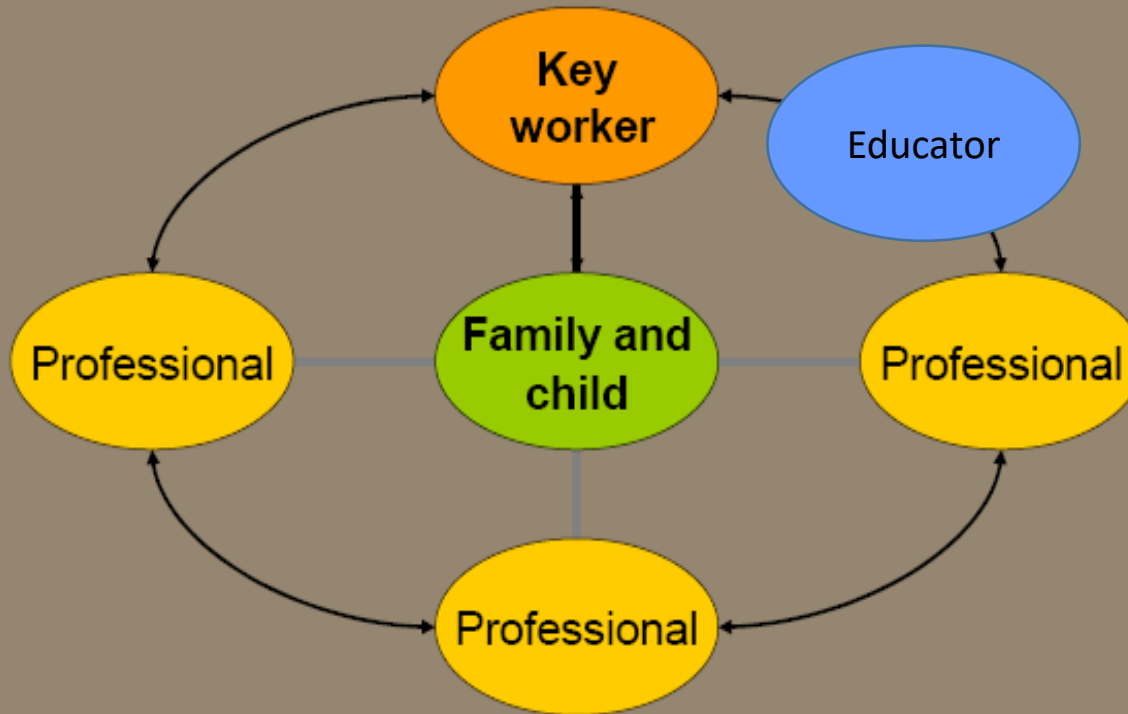- Need to focus on more opportunities for **intervention** rather than more **therapy/services**.

Intervention = learning opportunities
Maximal **intervention vs.** maximal **therapies/services**

Different types of teams

The Transdisciplinary team

Interdependence between professionals and the family

Key worker

Educator

Professional

Family and child

Professional

Professional

Members cross professional discipline boundaries to achieve service integration by consulting… with one another. They do not abandon their discipline, but blend specific skills with other team members to focus on and achieve integrated outcomes (Pletcher & Younggren, 2011)

Transdisciplinary teams and role release

ROLE EXTENSION
Staff development efforts designed to increase discipline-specific theoretical knowledge and clinical skill

ROLE EXCHANGE
Occurs when team members have learned theories, methods and procedures of other disciplines

ROLE RELEASE
Occurs when an individual begins to utilize strategies and techniques from other disciplines

ROLE ENRICHMENT
Development of general awareness/ understanding of different disciplines through sharing information on terminology and best practices

ROLE EXPANSION
Team members' pooling of ideas and exchange of information to learn how to make observations, judgments and recommendations from different disciplinary perspectives

ROLE SUPPORT
Continual advice and support provided by other team members; useful when interventions are complicated or beyond the skills of the primary service provider

Figure 1. Aspects of the role release process.

Becoming more collaborative

- TD model not an easy model to implement.
- Requires a high degree of trust between the professionals involved
- Works best with a stable team of experienced practitioners.
- New practitioners must first develop competence in their own skill areas, and then expand their knowledge to include some basic interventions from outside their own discipline.
- Use a model that works best for your team but realize the disadvantages of being less collaborative.
- It's a journey

References

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Thank you

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