



Training early childhood professionals using an interprofessional practice field experience

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ABSTRACT

The preparation of early childhood professionals to work with children with disabilities and their families traditionally has taken place in the classroom setting. However, changes in legal requirements (i.e. Individuals with Disabilities Education and Improvement Act) and student demographics have required personnel preparation programs to redesign the field experiences that students partake in to connect content, pedagogy, and disposition. Given the complexity of working with children with disabilities and their families, preparing early childhood professionals to work with these children and families within an interdisciplinary context is needed. Partnering with a medical clinic that specifically serves children with disabilities and their families is one way to provide a valuable field experience for preservice early childhood professionals. This article presents the Comprehensive Multidisciplinary Service (CMS) clinic experience in which preservice early childhood educators participated. Findings indicate that preservice teachers participating in this field experience gain a broader understanding of partnering with families and professionals across disciplines, and a deeper understanding of disability from a family's perspective. Thus, the article demonstrates the need for preservice professionals to receive training in nontraditional field experiences to better serve children with disabilities and their families.

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1. Literature review

The changing demographics of the population have required teacher preparation programs to reconfigure their training.^{1–4} According to the U.S. Department of Education National Center for Education Statistics U.S. Department of Education National Center for Education Statistics⁵ report, 6.7 million children aged 3–21 are receiving special education services in public schools. The increase of children with disabilities in general education classrooms has led to changes in both general education and special education personnel preparation programs. General education preservice teacher programs are “increasing content on students with disabilities as well as exposure to working with students with disabilities and providing instruction to meet those needs”,⁶ p. 307).

An innovative approach to providing preservice teachers with

field experiences that offer a different perspective would be placing them in environments—such as developmental centers, hospitals, and rehabilitative clinics—that also serve children with special needs and their families. This approach lends itself to interprofessional education and practice. Interprofessional education is defined as “occasions when two or more professions learn with, from, and about each other to improve collaboration and quality of care”,⁷ p. 24). According to the World Health Organization World Health Organization,⁸ when a team of professionals work together dedicated to a mutual goal, interprofessional practice is in place. In addition, the medical field offers a unique perspective for teachers working with children and families from the onset of diagnosis, rehabilitation, and developmental medical checkups. Hence, extending the early childhood field experience to include medical facilities that treat a plethora of disabilities will be eye-opening and will broaden the perspectives of future teachers. Partnerships between medical professionals and families of children with disabilities are ongoing endeavors that few educators are exposed to and take into consideration. Interprofessional skills will be developed by observing this partnership and learning how to collaborate with medical professionals will comprehensively support children with disabilities and their families.

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2. Format

As part of course requirements for students seeking early childhood education certification and early childhood special education endorsement, students attending a university in the rust-belt of the United States, are required to take the course “Introduction to Young Children with Special Needs” (EDC 414). This course is offered at both the undergraduate and graduate level students during the fall and winter semesters. One of the key course objectives was for these students to understand the critical role of collaboration in serving children with disabilities and their families. In order to meet this goal, *all* students are required to attend a Comprehensive Multidisciplinary Service (CMS) clinic held at the collaborative medical site. The CMS clinic was held approximately twice a month on a Friday and is similar to an annual check-up with a pediatrician. The families schedule this annual check-up which is approximately 6–7 h (8:30 a.m.–2:30 p.m.). For each CMS clinic 5–6 families were scheduled to meet with the multidisciplinary team from the medical clinic including an education specialist from the university's early childhood education center. Five students from the Introduction to Young Children with Special Needs class (EDC 414) attended the meeting, in conjunction with students from various medical disciplines including medical interns, nursing students, speech/language pathology interns, occupational therapist interns, physical therapy interns, social work interns, etc.

3. Target audience

The participants in this study consisted of 68 preservice early childhood teachers who were enrolled in EDC 414 during the fall and winter semesters of 2012 and 2013. Ninety-six percent of the students enrolled were undergraduates and the other four percent were graduates. The course was the first special education course of their program and required for elementary education students majoring in early childhood. Programs preparing professionals to work with families and children with disabilities would find this innovative approach appealing.

4. Objectives

The overall goals of this experience were to introduce students to the concept of transdisciplinary teaming and observe various professionals as they conduct an individual evaluation and then collaborate as an interprofessional team bringing together their individual assessments for team discussion and reflection. The observation will include the team's' pre-conference, assessment and summary conference meeting. The objectives were for students to:

- a) Describe the range of educational programs and services commonly made available to young children with special needs.
- b) Identify support services available to young children with special needs and/or to their families.
- c) Understand the critical role of interprofessional collaboration in serving children with special needs and their families.
- d) Describe professional roles and ethics common to the field of EI/ECSE.

5. Activity description

The CMS clinic followed a schedule that began with a pre-team meeting, which included all clinicians (medical and educational)

and students. Professions students were exposed to included, nurse practitioners, dietician, orthotist, psychologist, social worker, speech language pathologists, occupational therapists, and physical therapists. This meeting was led by the Medical Director sharing the history of the children and families. Each team member shared notes and findings based on therapy meetings and interactions with families expected to attend that day. Families spend the day meeting with professional teams (i.e. speech/occupational therapist team, dietician/physician team, and educator/social worker/psychologist team) for approximately 30 min with each team. Preservice students (both education and medical) were paired with a family and they become a student/family team. Preservice teachers experienced collaboration in action as they participated in the interactions between student/family teams and the various professional teams. Student participation varied depending on the comfort level of the student (i.e. observing, asking questions, translating). At the end of the clinical visit, a debriefing meeting was conducted with all professionals and students. During this interprofessional debriefing, professional team members shared goals and directions designed for each child and family including, updated therapy goals, prescriptions, educational, transportation, insurance, and nutritional supports. In addition, follow-up appointments were determined based on the needs of the child and family.

During traditional educational training, education students have field placements in classrooms. During these field placements, they are paired with general education teachers that share their knowledge in curriculum, classroom management, lesson planning, and teaching strategies. Students may be placed in classrooms that are inclusive and have the opportunity to work with students with disabilities. With the support of the general education teachers, education students learn how to create learning environments to support the diverse needs of the children in the classroom. Education students may have the opportunity to participate in a parent-teacher conference, therapy session, and/or attend an Individualized Education Plan (IEP) meeting. However, the needs of some children with disabilities go beyond educational needs and understanding the comprehensive services that families and children with disabilities may need is an important component of their lives and can impact their educational outcomes. The CMS experience is a way to enhance the knowledge and understanding of educational students as they develop the skills to support families and children with disabilities.

Throughout the course (EDC 414) preservice early childhood teachers were provided content on early intervention and early childhood special education including strategies to incorporate best practices when working with children and families with disabilities. Preservice early childhood teachers were exposed to a comprehensive approach to family-centered practice, empowerment of families, Interprofessional collaboration across team members (including parent(s)/guardians), communication approaches, and working across disciplines to meet a common goal. In addition, professionals from the CMS clinic spoke as guest speakers for the course and answered questions regarding their practice for students.

6. Assessment

Forty-eight hours after the CMS experience, students were required to write a summary reflection about their observations in order to determine the extent to which students' translated observations to content learned throughout course lectures, readings, activities, and discussions. The CMS reflection paper consisted of four sections covering reflections on partnering with families, the collaborative process in action, disability from a family's

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