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# Reflections on Transdisciplinary Practices amid the COVID-19 Pandemic

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## Reflections on Transdisciplinary Practices amid the COVID-19 Pandemic

As a group of speech-language pathology (SLP) and occupational therapy (OT) students and clinical educators, we jointly reflect on the impact of COVID-19 and its implications for our work with marginalised communities. We were challenged to re-evaluate our traditional ways of working and its relevance to the emerging context. Our questioning led us to exploring our work beyond our individual professions as a response to the needs of the community. In the reflection, we speak as a collective about how transcending disciplinary boundaries opened spaces for knowledge sharing and active engagement. We draw on our work developing a breaktime activity to reflect on our joint learning.

## Setting the scene

Final year OT and SLP students have completed their community development practice placements in collaboration with the Schools Improvement Initiative (SII) since 2014. The SII is one of the University of Cape Town's key strategic initiatives which draws on the university's resources to support educational outcomes (Silbert et al., 2018). The students are placed at two schools in Khayelitsha, one of the largest townships in Cape Town, South Africa, where they worked through the Occupation-based Community Development framework (Galvaan & Peters, 2018). The long-lasting effects of apartheid (i.e., a government-forced segregation) are still felt today, as many communities, including Khayelitsha, have limited access to basic infrastructure, resources, and health care.

COVID-19 has amplified the gross inequity in our society and in particular has had a devastating impact on marginalised communities. In South Africa, the rise of the COVID-19 pandemic in March 2020 resulted in strict safety protocols being implemented country wide. Schools were required to close for an extended period. There was a phased approach to return, with limited numbers of learners allowed in

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schools. As a result, there were major implications for educational outcomes and social interactions in the school context.

We were challenged to critically evaluate our traditional practices, question its relevance and to re-imagine ways of practicing and educating which aligned with the needs of the community. The pandemic necessitated a coming together of disciplines to think through how we may work differently in and with communities to contribute to social justice and health equity. Thus, working as a collective became primordial for the success of both the community and our clinical learning amid COVID-19.

## Searching for a new way of working together

We felt a renewed sentiment of injustice which rose amongst our group when confronted by the blatant disparity in the distribution of resources, health care, and access to educational opportunities in marginalised communities. In an already unequal society, the added burden of COVID-19 shone yet another light on the pressing need for social justice. Though one-on-one therapy was ethical according to our scope of practice and respective professional bodies, we asked ourselves, was it appropriate in the face of mass demand for our services? We felt a moral obligation to search for ways in which we could contribute to community development through our professional work.

To make a lasting impact and address the needs identified by the community members (including teachers, learners and COVID-19 community volunteers), we had to be acutely aware of the pertinent contextual issues. We needed to consider how the socio-political, socio-cultural, socio-historical, economic and physical factors impacted occupational engagement (Galvaan, 2017). We engaged with literature that guided us to confront our own assumptions about the world, our practice, and our work in marginalised communities. We made time to reflect on our own positionality and intersectional identities and how they influence our work in communities. At times, confronting our own assumptions, biases and knowledge was an uncomfortable but necessary process to open spaces where we could transgress the boundaries of our professional and personal identities (Sonday et al., 2019). Themes particularly relevant to South Africa's history such as race, gender and equality deeply resonated within us. Such learning assisted us to develop a joint understanding of our work as grounded in social justice and social inclusion through occupation and communication. We soon realised the inextricable link between occupation and communication – that our work could not be done without the other.

Using this learning as a basis, we engaged with stakeholders at the school. They indicated that due to COVID-19 policies and difficulties with ensuring social distancing, children were spending break times in the classroom. As health professionals, we understood the need for social distancing, but we also knew that opportunities for play were necessary for development and learning and thus well-being of children (Clark et al., 2019). This provided us with the opportunity to address occupational imbalance. The idea of breaktime activities emerged as a potential joint project.

We needed to negotiate practicalities of developing the activities with the relevant stakeholders to ensure that we were adhering to the necessary protocols. A daily slot was allocated for the activities with the learners. We had to ask ourselves: how do we make break time meaningful for the learners? Initially we had our ideas about how the time could be utilised and were consumed by our own disciplinary knowledge and how we could contribute from within our scope of practice. We were struggling to understand how to integrate our knowledges and experiences into the project. We soon realised that to stay committed to forging partnerships, we needed to hear from the learners themselves. Some of the activities surfaced organically, such as the #JerusalemaChallenge movement where people all over the world challenged each other to dance along to the song. On other occasions, learners wanted to engage in indigenous games. The main challenge was thinking together to come to an understanding of how the activities could become a possibility whilst adhering to social distancing protocols.

While engaging with the project, we constantly challenged the traditional ways of practicing within our disciplines as our individual goals needed to be shifted to more population-based approaches (Pillay & Kathard, 2018). In order for transdisciplinarity to become a reality, we had to learn to appreciate the perspectives, knowledges and expertise of the other. We created spaces to actively listen to each other's professional and personal stories and learn from these experiences. We discussed several topics, including our scope of practice, the inequity in different communities, positionality, the systemic power dynamics, and intersectionality. Story telling became an integral part of our learning as it solidified a strong sense

that even though individuals in the community are separate entities, when we learn from each other, we are stronger together. We could see that we needed to draw on SLP and OT theory and practice to explore ways in which we could jointly work towards contextually relevant practices. As such, we developed activities which incorporated communication development and play including sensory, physical and cultural aspects to promote holistic development.

## Reflections from our positionalities as students and educators

We learned to work together differently. We could see that our model of transdisciplinary work transcended the basic tenets of teamwork. While the concepts of multidisciplinary and interdisciplinary practices are common within our professions, we opened up spaces for developing a shared meaning of transdisciplinary practices which sought ways of co-creating knowledge and practices beyond one discipline's ways of knowing.

As clinical educators, it required us to jointly think and plan learning outcomes, to facilitate joint learning opportunities and to draw the links between our work. We needed to resituate ourselves as learners alongside the students – acknowledging that we too did not have all the answers and that we were all learning together.

As students, the new rules and regulations at the schools due to COVID-19 only permitted four members of our team to be present on site at a time, requiring us to rotate every day. This rotation which at first was forced upon us, matured into a smooth relay, a well-oiled gear. This experience was an eye-opener to a different model of transdisciplinary work, one where trust and partnership across disciplines reached new heights and meaning. Moreover, the absence of clinical educators on site heightened the sense of independence and responsibility that lay on our shoulders. We were free to explore our transdisciplinary partnership in ways we would not have imagined possible. The depth of sharing of theoretical and clinical knowledge as well as personal experiences pathed a route we had not taken before. Ultimately, our collective morphed the initial goals of the clinical block into more meaningful and functional ones for the community.

## Conclusion

The COVID-19 pandemic has provided many challenges to our traditional ways of practicing as health professionals. In many other ways, it has laid the foundation for exploring alternative ways of working with communities. For us, transdisciplinary practice emerged out of contextual necessity, but it ultimately became fundamental to developing contextually relevant practices that may one day lead us to more meaningful teaching, learning and community engagement.

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