Pediatrics & Health Research
ISSN: 2574-2817

Open Access Short Communication

Commentary on: Child Development Assessment: Practitioner Input in the Revision for Griffiths III

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INTRODUCTION

The input from practitioners in developmental assessment test revision is a crucial and leading component of the project. This paper highlights six key phases of the griffiths III revision process and the value of having a guiding plan that includes test practitioner input.

The revision of the griffiths III consisted of six separate phases which were supported by practitioner and user input and feedback. These six phases and practitioner views ensured that the necessary core constructs and new areas for item development were included in the revised version. These processes also underscored the construct development and task review, item design, piloting and standardization of the revised version, as well as its production, release and subsequent training methods.

The six guiding phases provided a methodologically robust frame to the revision process. Practitioners valued an overall developmental measure with discrete data about and within the 'avenues of learning' allowing them to analyse a child's strengths and weaknesses. Communication with practitioners across the world demonstrated the wide disparity of culture and environments that the Griffiths Scales are deployed in. It is not possible to design a revised scale which is appropriate for all areas of use so in this revision process it was decided to design the scales as culturally fair as possible and support practitioners in other countries to translate and validate the scales for use.

The revision of the griffiths III found test users to be valuable sources of information based on their experiences with the test and professional knowledge. Creating a continuous feedback mechanism within a phased process provided opportunities for the revision team to engage meaningfully with the data being obtained as well as test users to advance the scope and quality of the test. Revision teams are encouraged to consider the process and engagement methods explored in this study during their projects.

DESCRIPTION

Griffiths III [1] has five 'avenues of learning': Foundations of learning; language and communication; eye and hand coordination; personal, social and emotional; and gross motor. Best practice in child development currently recommends consideration of the true balance of influences, including the child's environment. Likely to play a part in the development of a young child. Practitioners work in a wide variety of contexts and carry out assessments for diverse reasons; these need consideration when the test is revised.

The phased approach of the revision is shown in **Figure 1**. Setting the landscape summarizes the six phases of the revision. A major strength of the phased development process of the griffiths III was the time spent in phase one to clarify what practitioners thought the griffiths scales should include in the 21st century. The exploratory qualitative descriptive approach provided effective analysis of the non-quantified opinions and attitudes of child development specialists and was an excellent basis for the subsequent phases.

Received:	22-March-2024	**Manuscript No:**	IPPHR-24-19657
Editor assigned:	27-March-2024	**PreQC No:**	IPPHR-24-19657 (PQ)
Reviewed:	10-April-2024	**QC No:**	IPPHR-24-19657
Revised:	11-April-2024	**Manuscript No:**	IPPHR-24-19657 (R)
Published:	02-May-2024	**DOI:**	10.21767/2572-5394-24.9.33

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Citation: Green EM (2024) Commentary on: Child Development Assessment: Practitioner Input in the Revision for Griffiths III. J Paediatr Child Health. 9:33.

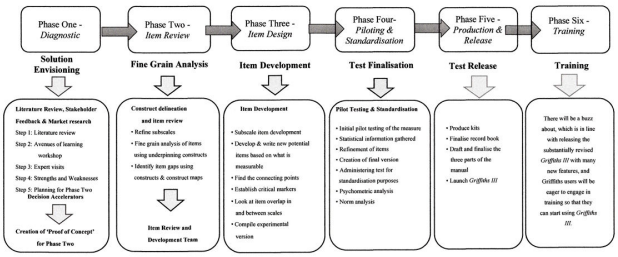

Figure 1: Setting the landscape summarizes the six phases of the revision.

An important reason for including practitioner input in the revision process is that the highest level of coverage of a test construct is likely to be offered by practitioners and experts working in the field of the test. Test scales are manifestations of latent constructs used to capture a behavior, feeling or action that cannot be captured in a single variable or item [2]. Practitioners offered valuable input on the sensitivity and specificity to identify where development deviates from the norm. It is important to recognize that once developmental tasks have been identified and established and once sensitive specificity has been built into the griffiths scales, a balance between these two variables had to be achieved. This ensures that the developmental nature of the Griffiths scales is retained.

Research studies since 2010 confirm the use of the griffiths scales in special populations such as children affected by infectious disease [3-5], aboriginal children, measuring the effects of surgical procedures, treatments such as for infectious disease [6] or noxious environments, genetic groups and multiple births. The developmental level of some of these children falls below the level where quantitative comparison data from typically developing children can be used. The revision processes bridged qualitative and quantitative methodologies with data from both. The appropriate interpretation of the data obtained in the assessment of children is vital, especially as child development is known to be a dynamic process [7]. Both qualitative and quantitative data can be regarded as 'thin' data [8] which the practitioner can turn into a 'thick' description of child development. It is probably this aspect of Griffiths III together with the ability to analyze disaggregated data in the Griffiths III quartile charts which makes it such a useful developmental test for children in special populations.

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