

## Tips for Writing a Successful Mary Barkey Clinical Excellence Award Nomination

1. Make sure to review your final nomination for spelling and grammatical errors. Ask a colleague to review the materials with a fresh set of eyes.
2. Write out the full name of an organization or title before using abbreviations. For example: Association of Child Life Professionals (ACLP)
3. Remember that the terms “child life” and “child life specialist” are not capitalized unless they are used in a title or at the beginning of a sentence. As an established credential, the title “Certified Child Life Specialist” (CCLS) *is* capitalized. For example:
  - “According to the Association of Child Life Professionals website, child life is an established profession that traces its roots back to the early 1900s.”
  - “The child life specialist began her quest for research topics with a review of the established literature.”
  - “After completing her child life internship and spending hours and hours studying for her exam, Jane had finally achieved her dream of becoming a Certified Child Life Specialist.”
4. For more helpful writing tips, please refer to the Association of Child Life Professionals "Writing for the Bulletin" at [http://www.childlife.org/docs/default-source/membership/bulletin/bulletinfoocuswritingtips\\_aclp.pdf?sfvrsn=6](http://www.childlife.org/docs/default-source/membership/bulletin/bulletinfoocuswritingtips_aclp.pdf?sfvrsn=6) .
5. Be sure to clearly state how the nominee spends his or her work hours on the first page of the nomination form. It needs to be clear that at least 75% of the nominee’s time is spent working in a direct clinical role. Examples of functions that are not considered clinical in nature include attending meetings, supervising staff, preparing reports, etc. If you have questions or are uncertain if your nominee meets this criteria, please contact [awards@childlife.org](mailto:awards@childlife.org).
6. Remember, the Awards Committee rates a candidate for the Mary Barkey Clinical Excellence Award based SOLELY on the information you provide in the nomination packet. Please do not simply restate the question/criteria or site job description.
7. When responding to the questions on the endorsement form, please provide detailed examples of the nominee’s work. Clear and thoughtful examples help the Awards Committee to visualize the candidate in her/his work environment, highlighting skills such as decision making, leadership, initiative, innovation communication and collaboration. Case examples with specific behavioral descriptions are best. These examples should outline the issue or situation that was presented, the specific way the nominee dealt with that situation, and how his or her action influenced the outcome.

## SAMPLE RESPONSES

The following are examples adapted from actual nomination submissions over the past two years, shared with the permission of the nominees. They were selected by the Awards Committee based on the high quality and clarity of the content, and are intended as a general model of a successful response to one of the criteria outlined in the Mary Barkey Clinical Excellence Award Endorsement Forms.

- A. Demonstrates the ability to work collaboratively with other health care team disciplines in the delivery of patient care which results in positive outcomes for patients.** Please provide a minimum of two behavioral examples of how the nominee works collaboratively with other health care team disciplines in the delivery of patient care, explain how this behavior results in positive outcomes for patients and describe those outcomes.

*Working as a team and making a difference are two values that accurately describe Sue Smith. Ms. Smith is a great collaborator. She always strives to get input from key players and multiple disciplines when working with a patient or spearheading a change. One great example of her ability to collaborate is when she worked with Occupational Therapy and Dental to change the outcome for a patient. The patient was a 9-year-old girl with autism spectrum disorder. This patient had not been to the dentist in 7 years because her first several visits were so traumatic that her parents could not bear to put her through it again. Her developmental pediatrician strongly urged the parents to make a dental appointment for the patient and put the parents in touch with Sue to work with them to support their daughter through her dental experience.*

*Ms. Smith spoke with the parents to create a plan. Ms. Smith learned about the patient's past health care experiences, sensory issues, communication issues, stressors, reactive behaviors, and interests to develop recommendations on how to best prepare and support the patient. She provided the parents with a photo preparation book about visiting the dentist and practice homework that provided the parents with suggestions on how they could familiarize their daughter with the steps of the dentist visit. Ms. Smith also provided the patient's occupational therapist with these materials so she could work on desensitizing the patient to the dental equipment and sensations associated with the cleaning and exam in their weekly therapy sessions. A week before the patient's actual visit to the dentist, Ms. Smith arranged for her to have a play session in the dental clinic where they practiced and rehearsed the steps of the visit. Ms. Smith communicated information about the patient including her special needs, triggers, and interests to the dental staff that would be working with her the day of her visit and provided them with helpful strategies on how to interact with and approach the patient. The day of the visit everything went smoothly. The patient was able to get her first successful dental exam and cleaning without distress.*

*Another good example of how well Ms. Smith collaborates with other health care team disciplines is when she worked with psychology, patient care attendants, and nursing to improve staff and patient safety. Ms. Smith received a referral from the Clinical Director of our Complex Airway Unit to help with a patient who was having a lot of aggressive episodes and was becoming increasingly more challenging to manage. This patient was a 19-year-old boy with autism, respiratory issues, seizures, and limited vision. He came regularly to the hospital for help managing his complex respiratory issues. Ms. Smith met with the patient's mother to learn more about the patient and develop a care plan for the patient. From talking with the patient's mother, Ms. Smith learned that there were certain patterns to the patient's aggressive outbursts and that they were most often targeted towards the patient care attendants. A big issue was consistency of care for the patient. The patient's aggressive behavior varied depending if Mom*

was present and which patient care attendant was watching him. Ms. Smith collaborated with the patient's mother to identify triggers for the patient's aggressive outbursts and develop strategies to help prevent the patient's behavior from escalating. Ms. Smith discussed what she had learned from Mom with the medical unit's psychologist. Together they worked with the unit's nursing staff and patient care attendants assigned to the patient to train staff on interaction strategies to avoid his triggers and on de-escalation strategies for when the patient became agitated. Ms. Smith helped coach the staff on how to engage the patient in developmentally appropriate activities to help reduce the frequency of negative attention-seeking behavior exhibited by the patient. A consistent schedule was created for the patient and tips for positively interacting with the patient were posted to be reviewed by staff. She also provided the patient with large visual supports and a kit of items of preferred interest that the patient attendants could use to engage and interact more effectively with the patient. By collaborating and working with staff, the patient's rate of injury decreased from 40 aggressive episodes in one week to just one. The parent and patient's satisfaction also improved as Mom felt much more confident and at ease when taking breaks and the patient was provided with more attention and activities that were calming and soothing to him. He was also allowed to leave his room when medically able to go on wheel chair rides or visit the playroom, activities that were both prohibited previously because of his challenging behavior.

**B. Models exemplary practice of child life through critical thinking, inquiry, evaluation, and a commitment to continuous improvement.** Please provide a minimum of two behavioral examples of how the nominee models critical thinking, inquiry, evaluation and commitment to continuous improvement.

Sue researches all topics related to her clinical practice through empirical sources. She devotes incremental time to development of possible theses. She is dedicated to research, adaptation, refinement and evolution of clinical practice. Her chosen topics include the comfort measures model, placement for pediatric patients of EEG diagnostic sensors, and pediatric sleep monitoring unit design and function. This is evidenced through numerous research based papers and publications as well as presentations, to multidisciplinary staff internally and nationally. As advances are made in surgical procedures, treatment plans, and medication protocols, Sue observes in surgery. Most recently she critically reviewed a new procedure during which the patients are awake in order to be responsive. She believes that these are unique opportunities in understanding from the perspective of the patient.