CHILD LIFE COUNCIL
Bulletin

VOLUME 29 • NUMBER 1 WINTER 2011

Child Life Council Soars to New Heights in Chicago

May 26 – 29, 2011

This year, the city of Chicago will host an anticipated 1,000 child life professionals, educators, and students during the Child Life Council's 29th Annual Conference on Professional Issues. With one of the world's tallest city skylines, Chicago is the ideal spot for members of the child life community to *Soar to New Heights* in their professional development. CLC invites you to join us for the largest annual gathering of child life specialists in the world, May 26 – 29, 2011, at the Sheraton Chicago Hotel & Towers.

Lawrence Gray, MD, a board-certified behavioral and developmental pediatrician, will deliver the Emma Plank Keynote address. Dr. Gray's clinical practice and research focuses on the behavioral and developmental issues of infants and young children, with a special emphasis on infant stress and self-regulation. He coordinates the University of Chicago's pediatric residency rotation in international health, and also partners with Erickson Institute, Comer Children's Hospital, and La Rabida Children's Hospital.

At the Closing General Session of the Annual Conference, developmental pediatrician Dr. Andrew Morgan will briefly discuss how The Penguin Project ® came to life, followed by a presentation of the Penguin Players.

At the closing general session, CLC will present a production performed by The Penguin Project®. Created by developmental pediatrician Dr. Andrew Morgan, The Penguin Project® gives children with disabilities an opportunity to participate in the performing arts as a means to enhance social interaction, communication

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The Child Life Alphabet

J is for Job Share: Is it for You?

Anne Luebering Mohl, PhD, CCLS

Kimberly Robison O'Leary, MS, CCLS, Hospice of the Valley, Decatur, AL

As child life specialists, we advocate for policies and actions that support families and enhance their functioning and coping, taking the time to identify needs of the "whole" patient and family. Sometimes, however, our own families suffer due to the struggles many of us have in maintaining work/life balance. A "personal needs assessment" may uncover areas where changes are needed to enhance a healthy balance among our personal needs, career choices, and life demands. As employers are more willing to address such issues in order to retain valuable personnel, creative solutions to providing needed child life coverage while still addressing team members' personal needs and preferences for convenient work schedules are becoming more common. One such solution is job sharing. There are numerous factors to consider, including time for thorough self-evaluation, extensive planning, and campaigning to gain the support of child life and unit staff. Job sharing requires specific personal characteristics that mean it may not be suitable for everyone looking to

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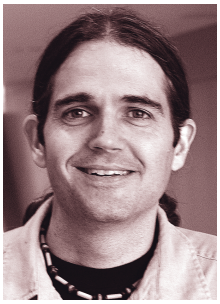
PRESIDENT'S PERSPECTIVE



The Beginning of a New Year

Eugene Johnson, MA, CCLS
Children's Medical Center, Dallas, TX

New Year's resolutions. Can you think back to the ones you made at the beginning of 2010? Many people will be determined to spend more time with family and friends, to stop bad habits, to be healthier, or to get out of debt. These are habits they are attempting to establish or extinguish, working toward being resolute in that goal or habit. The definition of resolute is to be firmly resolved or determined, set in purpose. Child Life Council is firmly resolved in several areas that I feel characterize a healthy organization. These resolutions are not ones begun in this new year, but established from the onset and woven into the very fabric of CLC. Three such purposes that we are resolved in not only maintaining, but raising the standard in, are below. Many other organizations, I believe, share the same resolutions that mark a healthy, thriving organization.

One resolution that Child Life Council continues to hold to the highest standard is that of being fiscally responsible and sound. Every year that I have been on the Board I have seen CLC implement improvements that prudently manage the fiduciary responsibility the Board has to the membership. This ranges from our accounting standards, to our investment strategies, accountability measures, and budgeting practices. We can be assured that every dollar that comes into our organization is protected for the purpose of serving the membership and the goals of CLC.

We shall not cease
from exploration
And the end of all
our exploring
Will be to arrive
where we started
And know the place
for the first time.

— Excerpt from Little Gidding, *by T. S. Elliot*

The second characteristic that Child Life Council continues to be resolved in maintaining is our ability to be responsive to the needs of the membership and profession in a timely and relevant manner. This is evident in all of the work our committees and task forces are accomplishing. The Child Life Certifying Committee is hard at work maintaining the integrity of our certification process, and has recently introduced computer-based testing that serves those around the world from Singapore to Australia to Oshkosh, Wisconsin. The Academic and Internship Task Forces are tackling major issues that will further raise the academic and clinical standards of our profession. These are but two examples of CLC's commitment to being responsive to the needs of the membership and pursuing those needs with excellence.

The third resolution that Child Life Council continues to make to its members is that we will be strategic in our planning and execution of our services and goals. In fact, CLC is currently involved in strategic planning that will take us beyond our 2008 – 2011 Strategic Plan. This process ensures that CLC is putting resources and time into the things that matter to the membership and profession, and is flexible enough to address unforeseen circumstances in a timely manner.

The Child Life Council is excited about the work already being accomplished in 2011, and is looking forward to the rest of this year and beyond. I, personally, am resolved to share my deep appreciation and gratitude to each and every child life professional who faithfully serves the needs of pediatric patients and families across the world. Your service is recognized and valued! What we accomplish together this year, and our resolve to continue in excellence, might strongly resemble the early years in developing the child life profession.

CORRECTIONS:

The *Bulletin* Editorial Team would like to apologize for two errors printed in the Fall 2010 issue of the *Bulletin*.

Jon Luongo, in his CLC Community Blog article, was incorrectly listed as working at Children's Hospital at Montefiore, when he should have been listed as working at Maimonides Infants and Children's Hospital of Brooklyn, NY.

Also, the CLC Calendar incorrectly identified the deadline for the Child Life Professional Certification maintenance fees to be October 31, when the correct deadline is January 31.

Again, we apologize for the errors.

Child Life Council *Bulletin/FOCUS*
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For information on how to place an ad in the *Bulletin*, please refer to the *Marketing Opportunities* section of the CLC Web site: http://www.childlife.org/Marketing Opportunities/

FROM THE EXECUTIVE EDITOR

Explaining Child Life

Anne Luebering Mohl, PhD, CCLS

I think I can say with confidence that all child life specialists have had to explain their profession to people who respond to the words 'child life' with blank stares. As practitioners in a field that much of the population has never even heard of, we are accustomed to explaining our role. I know I do this on a regular basis. I have an "elevator speech" that I can rattle off quickly when the situation warrants it, and I have a longer, more detailed, more specific, and more interactive introduction to child life that I go through with new patients and families. Maybe the most satisfying are the long conversations with people I meet away from the medical setting who are amazed that child life exists and can point to times in their own experience, either as a child or as a parent, when child life would have made a difference. These conversations are very affirming because the person usually mirrors my own excitement about the field. Even so, wouldn't it be wonderful to be able to tell someone your job title occasionally and have them just nod knowingly?

...Wouldn't it be wonderful to be able to tell someone your job title occasionally and have them just nod knowingly?

The other, darker side of explaining our role is when we need to justify ourselves in our work setting. Whether fighting for time to prepare a child before a procedure or fighting for funding, these encounters can be difficult, but they are necessary to continue advancing child life.

The articles in this issue of *Focus* and *Bulletin* bring us news of developments in the ongoing quest to make child life widespread, well-known, and well-utilized. It is exciting to hear about a program that educates upcoming physicians about child life, play, and child development. The *Focus* article describes a successful course. Wouldn't it be nice if more new doctors were exposed in depth to child life at pertinent points in their medical education and came to us excited about the perspective and skills we bring?

In the *Bulletin*, don't miss the inspiring letters from the three international scholarship recipients about their experiences of attending the 2010 CLC Conference in Phoenix. They left the conference with the same renewed enthusiasm to spread child life practices in their own settings that many other attendees have expressed, but each of them faces unique challenges associated with taking what they gained back to their homes. Their words reminded me of the struggles faced by those who came before us, and make me grateful for those who have persisted in fighting the bigger battles so that my own are smaller.

Loss of Child Life Pioneer Joan Chan

Pat Azarnoff, MEd

In the early 1970's, the traditional focus by most medical and nursing staff was not on psychosocial care in pediatrics. Patients were kept in their beds for "safety." Parent visits were discouraged because children cried. Nurses who wanted to calm children with play and conversation were told that wasn't their job.

As a pioneer child life specialist at that time, Joan Chan, who died this past October, was able to persuade the administration and staff at the New York hospital where she worked that they needed to treat the whole child, not as just a physical entity with a disease, but as a hospitalized child with developmental and emotional needs. Bringing children out of their beds and into therapeutic playrooms, preparing them before treatment, including their parents and siblings in care, and training staff on child development, she was able to influence changes in psychosocial care. She received several professional awards and fellowships, and gained support from community groups as well as from nurses, doctors, parents, and the hospital administration.

Joan professionalized child life work by writing reports and publications, by making numerous presentations and demonstrations, by inviting student interns to work with her, and by encouraging nurses, doctors, parents, and the hospital administration to adopt psychosocial care as part of their practice. Even

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Child Life Council

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2010 Conference – An International Perspective

In 2010, CLC created a scholarship program for international members, to give them a chance to travel to conference and attend for the first time. Below, three of our winners, chosen from over 25 applications, share the stories of their experiences at conference.

Crissa Nacionales

Davao City, The Philippines

Blessed. Grateful. Privileged. These are the three words that filled my thoughts that night I received the email confirming my qualification to be one of the international scholars for the 28th Annual Child Life Conference.

For one who works on the other side of the globe where child life programs are known only by a handful of people, the chance to learn the best practices of countries that have incorporated child life into their hospital services is a big opportunity. Thus, when I was informed that a scholarship program was open to all interested international applicants, I immediately submitted all that was required.

Selecting the topics to register for and listen to excited me. All of them were very interesting and very useful, especially for us who do not immediately have on hand the opportunity to take child life classes in a college course. At the back of my mind, I wished I could attend all of them. If only it were possible to be at several places all at once! In the end, it had to be about choosing what was most applicable and most needed in our Philippine setting.

I was a first timer. Thus, seeing all of the participants, the numerous certification aspirants, and listening to the first group of speakers, overwhelmed me to the extent that I could put aside the fever and tonsillitis that started to weaken me. I had one goal. Learn. And when I get home, it's all about passing on and sharing all that I have learned from the conference.

Networking roundtables and the Global Child Life Networking Session with international child life/hospital play practitioners encouraged me to continue doing what we do for our patients. Listening to the challenges that others faced affirmed my conviction that financial/resource limitations are not hindrances to serve our kids and to work for them and with them. Knowing people who have the same heart for this cause is also one lesson that is worth passing on—that we can do it all together, that partnering with the community, both locally and globally, is what will make child life work even in a country that has yet to know the beauty and worth of a child life program.

From left to right: CLC President Eugene Johnson; CLC President-Elect Toni Millar; scholarship winners Rachel Jacobson, Crissa Nacionales (front), Dragana Nikolic, and Carlo Moretti; CLC Past President Ellen Good; CLC Executive Director Dennis Reynolds.

For fellow health workers, for hospital administrations, and for the community to know more about child life, the session on evidence-based practice clearly conveyed the importance of research in this field. This poses a challenge for me as well as for all of us here in the Philippines. We do have research, and I believe that there is a need for more. Most importantly, we need to take action based on the findings of studies and to disseminate the results to our colleagues and partners in the field of patient care.

The presentation on creating a multi-disciplinary comfort team was an affirmation that we are making the right moves and plan of action in making care for the kids holistic. Bottom line: dedication and compassion in each team member's heart and mind. It is all about concerted efforts.

The lectures I listened to have inspired me to keep at it and have renewed my spirit of service and love for kids. It is true that our challenges, and the way they make us feel helpless, cause us to feel exhausted. It has at times even caused me to draw away from work. But this break, this chance for learning and opportunity I have had, has rejuvenated me. It is all about being there for the kids and their parents.

Now that I am back renewed and inspired, I am preparing for the next training I will be able to attend. I am working so that another hospital can have their own child life program, and I take with me all that I learned at the conference. I will share with all of my fellow child life workers all that you have given me. And I give it all back to the kids; the reason why I found myself loving what I do… loving the fact that I am one of the many who proudly walk the hospital premises with toys, books, a wide grin and a big heart.

To start with, here are some of the things I will be doing:

- I will be relaying the information to Fatima Garcia-Lorenzo, CCLS, Executive Director of our organization, Kythe Foundation, on the importance of research to strengthen our advocacy for the implementation and incorporation of child life in hospitals.
- I will be reviewing the module on the basic training in getting the child life program started. I will be incorporating the things I've learned into the lecture.
- I conducted a training in September, and, in line with the plans to have satellite sites

for the pediatric oncology service, I have also been delegated to train future child life staff in those areas. Currently, the project director has identified two hospitals where satellite pediatric oncology services will be given. That's an additional two trainings to conduct!

- I am also currently working with our pediatric oncology nurses on conducting seminars on the services our multi-disciplinary team has for our kids. We aim to spread the knowledge on multi-disciplinary care and to raise funds to help augment finances of our patients since not all of our chemotherapy medicines and laboratories are provided for free.
- I will continue sharing the lecture notes and files with all my child life counterparts working in other hospitals nationwide so that all of us will grow in learning.

On a personal note, the honor to have met and talked with the Board was very encouraging. It has shed much light and direction in the career path of child life. The next step for me is to start an internship. I do hope to find one that can also be available through scholarship. Then, of course, I need to do some studying as well so that when I am ready, I would find myself as one of the many who would take the certification exam. And in the future, be one of two or three in the Philippines to become a Certified Child Life Specialist. Yay!!!

I have been blessed. I am most grateful.

More power to all of you!

Daghang Salamat! (Thank you very much!)

Dragana Nikolic
Belgrade, Serbia

The Child Life Council announced the availability of a special international scholarship for attending the conference. With the help of my friends and partners on this project, I sent the scholarship application form and won the scholarship. So the main purpose of my trip to USA was attendance at the conference.

Before going to the Conference I spent three days in Johns Hopkins Children's Centre, in Baltimore, Maryland. This was the first part of my insight into the exact role and importance of child life specialists. The other part of my insight happened during the conference.

Around 1000 people participated in the conference. It was a wonderful feeling to be a part of such a professional meeting. I attended a lot of different sessions: medical play, coping with trauma, radiology, pain control, end-of-life, sedation, ONE VOICE, clinical supervision, global child life networking, as well as other activities. During these sessions I established contacts with lots of people, and again, I became aware that child life is a real science where people have devoted their professional lives in order to make hospitals more child friendly and—what is most important—they have succeeded in that effort. Their success gives me a strength, energy and belief that something like that is really possible and feasible. I used each opportunity to introduce myself and to explain to people the current situation in Serbia and my plans for Serbian children's hospitals. After my explanation about Serbia—that it is a small country; it is difficult to engage additional non-medical staff in hospitals; and that what I want is to adapt child-friendly programs for Serbian circumstances and to initiate it in hospitals—I was encouraged by every person to move on with my plans and not to lose strength for achieving this goal.

I was especially honored by having the chance to talk with women who actually initiated child life programs in U.S. hospitals, like Jerriann Myers Wilson, director of the child life department in Johns Hopkins Children's Center from 1972-2005. All of them also encouraged me to move on, although it won't be easy at all; they know that since they were in my position many, many years ago, and that it was a long way to be where they are now in child-friendly programs, but despite all, the success is feasible. That made me stronger in my beliefs that this is also feasible in Serbia. I would like to thank the ladies who offered me a chance to give a video interview for the Child Life Council Archives and speak about my country, my organization and my plans related to a child-friendly approach in Serbian children's hospitals. I was really honored to do that.

One situation that impressed me was the exhibition of toys and all the other different materials and tools. I was delighted when I realized that a whole industry was developed to serve child life specialists and make their job easier and more successful. That was also a great source of ideas about what toys and tools can be developed and used. All these things helped me to develop a plan how to implement all these things with respect to Serbia.

What was also very important to me is the fact that the conference attendees opened up to help me on my way to establish a child life program in Serbia. I'll definitely need help on my way to success and I definitely won't hesitate to contact all the people I met in the U.S., especially now that the conference brought me one new idea—that I definitely should gain my certification as a child life specialist.

Carlo Moretti, MD, PhD,
Padova, Italy

I had an outstanding experience at the 2010 CLC Annual conference for the following reasons:

1. I had the chance to get to know your profession; how many child life specialists there are and how defined the professional profile of the child life specialist is in the U.S.
2. I confirmed what I have been believing for many years: topics about child life and promotion of health and wellness in pediatric hospitals are "real things" that can gather hundreds of health professionals for days, discussing, studying, sharing ideas, experiences, and scientific issues.
3. As a hospital pediatrician, I did particularly appreciate the remarkable role that a child life specialist can play in the care process of the hospitalised child. In a vision of global care of the ill child, we are not only supposed to cure his/her "broken body" but also to support the healthy parts of the child, so that he/she can always feel himself a child, despite his/her illness. This aspect is very important to preserve his/her developmental process until the adult age and to help him/her to cope with the trauma of the illness and hospital admission. I can really say that, in this area, the presence of a child life specialist can make the difference!
4. I found very stimulating the time, during the conference, dedicated to research topics, such as sharing of results, works

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Academic Pathways: Kind of a Crazy Path

Joan Turner, PhD, CCLS, Mount Saint Vincent University, Research and Scholarship Task Force Chair
Nicole Rosburg, MS, CCLS, Texas Children's Hospital, Research and Scholarship Task Force Member

Where did your journey begin? With over 4000 members, almost a third of them students, the Child Life Council is made up of diverse individuals, each with specific starting points and visions for the future. One unique segment of the membership, although small, consists of people who have pursued higher education at the doctoral level. These individuals strive to position themselves to both maintain a connection with the profession and progress in their chosen field. Sharing a passion for child life, we found that the associated scholars and researchers have found support along the way to establishing their niche but face some common challenges. One person described her journey as, "*kind of a crazy path.*"

Educational Pathways

The intersection of child life and graduate studies occurred at different stages of career development for the dozen or so doctoral students and academics that we contacted during the initial charge of the Research and Scholarship Task Force. Approximately half were active in child life practice for a minimum of five years before moving toward doctoral studies. Others interrupted their studies or career in order to move into the field. Many individuals merged their interests in creative ways, usually at the stage of Masters level study, which was a marker for the 'discovery' of child life as a career pathway; "*You could say that I used graduate school as an opportunity to break into the field.*" Educational backgrounds, not surprisingly, were diverse, with undergraduate degrees including music, fine arts, religious studies, nursing, biology, education, psychology, sociology, and combinations of human development and child, adolescent, or family studies. Opportunities at the Masters level offered greater specialization: child life, early intervention, early childhood education, and recreation to name a few.

The educational and career pathways of our academicians have taken many twists and turns, with some individuals making U-turns and others building bridges in order to pursue their passion for child life. For some, the pursuit of higher education resulted from the reality of limited opportunity for advancement in clinical practice, "*I thought that was the only real opportunity to advance.*" Others described themselves as "*a keen student,*" "*committed to scholarship,*" or "*wanting to pursue research and teaching.*" Due to limited availability of faculty with a child life background, individuals found support from advisors who did not have child life experience but were flexible and knowledgeable in ways that promoted the achievement of student goals, "*I have been able to take concepts... and analyze them through the lens of clinical practice and use clinical practice to help myself understand the concepts.*" The role of the mentor was invaluable to many who were allowed to incorporate child life into coursework, theses, and dissertation research, and thus maintain their commitment to child life. As a result, individuals have achieved PhDs in areas such as education, educational psychology, applied psychology, clinical pastoral education, human development and child, adolescent or family studies, and therapeutic recreation. Of note is the affirmation of the foundations, goals, and ideals of child life at the core of their scholarship.

Balancing Child Life Interests and Academic Demands

Child life academicians have established their place in academic and clinical programs, yet most mention their struggle to maintain a balance between their commitment to the child life profession and the requirements of academia. Academic programs demand varying levels of teaching, scholarship, and research and collaboration with child life practitioners; just as clinicians strive to meet the needs of children and families in their daily practice, so too do academicians strive to meet the advising and learning needs of students. However, in adjusting to academic structures, particularly in tenure track positions, faculty members are pressured to establish a record of funded research and publication while being pulled by their teaching, advising, service, and other duties. Additional realities of limited funding opportunities, challenges of clinical research, and narrow avenues for publishing child life-specific research abound. Academicians agreed that child life research is very important and needed, yet suggested that it can be "*especially challenging to do. It can take a long time, has unique IRB (Institutional Research Board) issues, and does not have existing funding mechanisms that others kinds of research might.*" Therefore, in order to survive in academia, new researchers need to consider how closely they focus on child life-related research; "*I strongly believe we have a place in child development, child care, and child and youth fields and can maybe take greater advantage of those fields in promotion of our work.*"

Early childhood, child development, family studies, early intervention, education, and complementary therapies (art, music, and therapeutic recreation) speak to the humanistic care provided in practice. In an attempt to understand the tendency to choose aspects of humanistic care as scholarship and research topics we may want to take a closer look at our educational foundations. Child life work resides within the medical model of practice and research but the roots of our training are often nurtured within social sciences and professional programs. Whatever basic exposure the typical undergraduate receives to scientific methods of inquiry, the topics and approaches to working with children and families essentially prepare us to work in a helping profession. Of no surprise is the reality that few child life specialists are prepared early for a program of study that includes promotion of research as a component of professional practice. Further, it comes as no surprise that child life academicians shift toward academic research and scholarship closely related to the disciplines in which they have been trained in order to achieve success in the realm of research and scholarship. "*I do other child development research but I always return to child life topics*;" "*A lot of the topics we research will be more developmental and family-centered in focus...it is up to the researcher to provide conclusions that lend support to direct patient care*;" A few people noted the urge to abandon child life for other professional interests, "*only to keep coming back to the realization that although there are numerous other directions I like to pursue, child life continues to be where a big part of my heart is.*"

Visions of Research and Scholarship

As the child life profession continues to

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CHILD LIFE FOCUS

VOLUME 29 • NUMBER 1 WINTER 2011

Playing with Child Life:

An Interdisciplinary Elective to Increase Second-Year Medical Students' Exposure, Knowledge, and Skills

Jocelyn Huang Schiller, MD, Pediatric Hospitalist, Associate Director of Pediatric Medical Student Education, Director of Normal Newborn Services, University of Michigan Medical School

Jennifer Christner, MD, Assistant Professor, Director of Medical Student Education, Department of Pediatrics and Communicable Diseases, University of Michigan Medical School

Hilary Haftel, MD, Assistant Professor, Director and Associate Chair for Education, Department of Pediatrics and Communicable Diseases, University of Michigan Medical School

Introduction

Children from all cultures play. Even in cultures where young children are expected to work, anthropologists cite examples of how children manage to integrate play into their daily tasks (Schwartzman, 1978). For children who are ill and require medical care, play helps make the health care experience less intimidating and more comfortable (Brewer, Gleditsch, Syblik, Tietjens, & Vacik, 2006; Favara-Scacco, Smirne, Schiliro, & Di Cataldo, 2001; Thompson, 1995). Most hospitals specializing in pediatric care have child life programs which consist of staff holding degrees and certifications in a variety of disciplines, including child development, therapeutic recreation, art therapy, music therapy, and education (Thompson & Stanford, 1981). According to the American Academy of Pediatrics Committee on Hospital Care, child life services are an essential component of quality pediatric health care and are integral to family-centered care and best-practice models of health care delivery for children (2006). In addition, multiple medical educational organizations emphasize the importance of teaching communication skills and encouraging interdisciplinary collaboration. The Liaison Committee on Medical Education (LCME) Accreditation Standards specifies that medical students must receive specific instruction in communication with patients, families, and other health professionals. The LCME also stresses the need for medical students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their patients' health. In its 1998 report entitled *Learning Objectives for Medical Student Education*, the Association of American Medical Colleges (AAMC) states, "For its part, the medical school must ensure that before graduation, a student will have demonstrated … an understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations." The Academic Pediatric Association (APA)/Council of Medical Student Education in Pediatrics (COMSEP) General Pediatric Clerkship Curriculum for third year medical students includes competencies in areas of communication, child development and child behavior (2005). It is clear that communication and collaboration must be in all medical school curricula.

Because of the importance of play in the overall well-being of children, the pediatric clerkship directors at the University of Michigan Medical School (authors Schiller and Christner) felt that a medical student experience in therapeutic play, co-taught by pediatric faculty and experts in child life, would be an excellent manner in which to deliver this curriculum. In fact, the AAP Child Life Services Policy Statement states that "the therapeutic interventions of child life staff are most effective when delivered in collaboration with the attending physician, primary care physician, and other members of the health care team" (2006). A review of the literature, however, did not reveal any articles addressing medical education collaboration between physicians and child life staff.

The authors hypothesized that 1) a medical student experience in child life therapies would increase medical students' knowledge, skills and comfort in interacting with children, and 2) this elective would serve as an engaging way to introduce pediatrics to preclinical students. Using qualitative methods, we sought to explore students' reasons for choosing such an elective and what students gained from the experience.

Methods

Subjects and Setting

A multidisciplinary elective comprised of three two-hour sessions was developed and taught by pediatric faculty and child life staff for second-year medical students at the University of Michigan Medical School in October, 2008. The course was taught by two pediatricians, two Certified Child Life Specialists and one board certified music therapist. Overall objectives for the course were for the students to:

- understand personal/social developmental stages of children,
- understand how children interpret sickness and how chronic illness impacts normal childhood development,
- improve communication skills with children, and

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continued from Focus page 1

- demonstrate techniques utilized to comfort children undergoing painful procedures.

In order to address these objectives, a variety of topics were covered in the sessions as detailed in Table 1. Each two-hour session utilized both didactic pieces as well as active participation. For example, after students were introduced to the concept of music therapy by a board certified music therapist and given examples of the settings where it is used in a children's hospital, they then participated in a drum circle with pediatric patients.

Data Collection and Analysis

To determine students' goals for this elective, an anonymous pre-course survey was distributed which queried students on the reasons they registered for the course, what they hoped to learn, and in which specialties they were interested. Following the course, an anonymous post-course survey was distributed to determine what knowledge, skills, and attitudes the students may have gained. All questions on the surveys were open-ended to allow students to express themselves in their own terms. To best portray the richness of the survey responses, a qualitative data analysis methodology was used to explore the entire set of responses. All survey responses were transcribed and collated. Three research team members individually reviewed the responses and coded them for emerging themes. The team members then met and agreed on four themes: 1) skills with children and parents, 2) content knowledge, 3) career exploration, and 4) fun.

Students also filled out an anonymous course evaluation as part of the standard medical student evaluation process.

The University of Michigan Medical School Institutional Review Board reviewed and exempted the research protocol for this study. Informed consent was obtained from the students.

Table 1: Detailed Outline of the Three Sessions, 2008

Session One Activity	Time in minutes
Introduction to the course and child life	10
A reading of actual comments from pediatric patients (e.g.."I felt scared when…" or "I want my bear") and discussion	10
Discussion of use of medical terminology/word choices with patients (e.g."One time a patient thought he was going to be shot with a bow and arrow as they misunderstood when the doctor said 'bone marrow;'" avoid using analogies of "going to sleep" when talking about death with children because this may make them think that if they go to sleep, they might die.)	15
Expressive Activity: Imagine self as pediatric patient, draw how you feel, then discuss your drawing with the group	15
Medical play using dolls and casting material	30
Discussion of tools for pain relief and comfort	15
Introduction to relaxation techniques, guided imagery experience[1]	15
Session Two **Activity**	**Time in minutes**
Discussion of various pediatric scenarios (see Table 2) and how the child might feel	20
Didactic lecture and video on child development	10
Didactic lecture on how children view illness and death	10
Drum circle with music therapist - Students actively participate in alongside patients from the inpatient floors	60
Observation of music therapy in the Pediatric ICU	20

1 Guided imagery is a program of directed thoughts and suggestions that guide the imagination toward a relaxed, focused state. In this session, a child life specialist used her voice and relaxing CD to guide the students.

2 "Bone marrow cookies" are made with graham crackers, Red Hots candy, white chocolate chips, caramels, and pink frosting to represent bone, red blood cells, white blood cells, platelets and bone marrow, respectively.

Results

Nineteen out of 19 students (100%) responded to the pre-course survey. Eighteen out of 19 students (95%) responded to the post-course survey. The following summarizes the four themes that emerged from the qualitative analysis of the student survey answers.

Skills with Children and Parents

Students reported seeking skills with children as an important factor for choosing this course. In the post-course survey, students consistently reported learning skills to interact with pediatric patients. The most common skill reported was in comforting children in a medical setting. Students described their participation in child life activities as being useful in understanding how to comfort children:

> *"I really think participating in the 'kids' activities was a great way to better understand how the activities help kids cope."*

Increased communication skill was another domain that was frequently reported in the post-course survey. Students reported learning models and analogies to teach children about anatomy and illness, as well as word choices that would be less frightening to children.

Content Knowledge

Students reported gains in knowledge about child development, how children cope with illness, and children's perspectives. The students especially valued what they learned about children's perspectives. One student reported learning:

> *"…how important it is to try and think from a child's perspective. If I was in this kid's shoes, what would make me feel better?"*

Another student reported learning:

> *"…to think from the kid's perspective, to play with the kids to help them learn. Peds is much more complicated than I thought, so many aspects to consider, beyond the 'science'."*

Students realized they needed to understand a pediatric patient's sense of control before they could best help the patient; for example allowing the child to have some control about his or her medical care (e.g. choosing to have an IV placed in the right hand or left hand or allowing the child to count to three before the procedure is started).

Students also expressed a better understanding of interdisciplinary care. One student wrote that the course:

> *"…gave me a better idea that taking care of kids is a team effort and the child life specialists are a great resource."*

Some students felt that they learned more about developmental stages and felt that having children at the course helped solidify that knowledge. Other students, however, expressed interest in learning even more about child development.

Career Exploration

Many students reported a desire to learn more about a career in pediatrics as one of their primary reasons for choosing this course. In the pre-course survey, 68% of students listed pediatrics or a pediatric subspecialty as one of their career interests. Based on the post-course survey, 39% of respondents expressed an increased interest in pediatrics following the course, and 56% expressed no change in their career interests (17% specifically expressed that they had the same interest in pediatrics; 39% did not specify their career interests). Only one student expressed a decreased interest in pediatrics as a career, stating:

> *"I wish there was more talk about what the pediatricians' practice is like. I am not sure if this is for me. I don't know if I have the skills to deal with kids."*

Table 2: Pediatric scenarios. Each student given one age and one scenario to think about and share.

Think about how you handle stress. What helps you cope? What makes you feel worse? Now, imagine that you are:
A 3-, 6-, 8-, or 12-year-old who has never been to the hospital. Now you have to go to the hospital for a blood test. How do you feel? What are you scared of? What would help you relax?
A 2-year-old who has never been sick, but now you are in the hospital and need an IV. How do you feel? What are you scared of? What would help you relax?
A 4-year-old who got in trouble this morning for hitting your brother. Now your stomach hurts and you have to stay in the hospital overnight. How do you feel? What are you scared of? What would help you relax?
A 10-year-old whose grandfather was ill for the last three years with cancer. Now you have to stay in the hospital for a skin infection. How do you feel? What are you scared of? What would help you relax?
A 3-, 5-, 7-, 11-, or 14-year-old who needs surgery to remove your tonsils. Your doctor says it's a "minor procedure" but you have never had surgery before. How do you feel? What are you scared of? What would help you relax?
A 4-, 8-, or 14-year-old who has been in the hospital at least three or four times a year and had several painful procedures. Now you have to go to the hospital again for another surgery.

Fun

Many students expressed that the course was fun. One student wrote:

> *"I enjoyed it a lot. It was informative AND a lot of fun. It's been great to take a break from school and make dolls, do drum circle, etc…"*

Another student wrote:

> *"It was awesome and a much needed break from the rigors of med school."*

Course Evaluation

Eleven out of 19 students (58%) filled out the medical school course evaluation. Results from the course evaluation showed that overall, nine out of 11 students felt that the course was very good or excellent. Of the students who completed this evaluation, nine (82%) felt that the course increased their interest in the pediatrics/child life services. Eleven (100%) strongly agreed that students were invited to be active participants during this course. Ten (91%) agreed that time devoted to participation in these course sessions was well spent. Ten (91%) agreed that they had a broader understanding of this topic after taking this course. Six out of eight students (75%) found the application of new skills to be valuable.

Discussion

This is the first study of an interdisciplinary child life/pediatrics course for medical students. This study showed that such a course can improve students' skills in interacting with children and improve content knowledge about children and child life services. Courses such as this can meet LCME, AAMC and APA/COMSEP objectives.

All students reported learning at least one new skill or piece of knowledge that they could use in the future, showing that students gained knowledge and skills in this course. One strength of this study is that the use of open-ended questions allowed exploration of what the students learned and how they learned it, instead of presupposing too much of what the students might learn.

This course has been offered for two subsequent years since this study was done. Based on student feedback, students have felt that some of the time spent on medical play and music therapy were redundant. Those portions of the course have been shortened. The session on injury prevention, though pertinent to child development, did not seem to fit in well with the rest of the sessions when the authors reflected on the overall course, so this portion was removed. Various materials have been added based on feedback (see Table 3).

continued on Focus page 4

continued from Focus page 3

One limitation to this study is that the students were a self-selected population that may have been already predisposed towards pediatrics. This is also a single year/single institution study and is not necessarily able to be generalized to other institutions. However, given the construction of this elective, any institution with access to child life staff could implement a similar experience.

In addition, a limited number of course spots were available, resulting in a small sample size. Although this study was not continued and further qualitative analysis has not been done, course evaluations have remained quite high and actually improved after the changes highlighted in Table 3 were implemented.

Finally, gains in knowledge and skills were self-reported. An area for future research includes looking to see if the self-reported gains in knowledge and skills translate into improved patient care skills, communication skills, and comfort working with children and families in the clinical and post-graduate years.

While this elective was designed for students, the Accreditation Council on Graduate Medical Education (ACGME) also mandates that post-graduate learners achieve competency in six core competencies (1999). Three of these competencies relate to our course content: patient care; interpersonal and communication skills; and systems-based practice. This course encourages patient care that is compassionate and that promotes the overall health of the pediatric patient. Communication and interpersonal skills with children are strongly emphasized. The course also demonstrates how various departments such as pediatrics and child life services work together within the health care system to assist in the care of patients. It may be beneficial for residency program directors to consider formally engaging child life faculty as part of the curricula to help fulfill ACGME requirements. Based on the positive feedback from the students, this institution's pediatric residency program has begun to incorporate child life sessions with the residents.

Traditionally, pediatric curricula focus on the medical management of pediatric diseases. This new course emphasizes the other important needs of pediatric patients and their families in an engaging and novel way. It is critical to the development of future physicians that they embrace multidisciplinary care and a comprehensive approach to their patients. Exposure to child life programs early in the curriculum can help medical students incorporate and appreciate inter-professional collaboration as an integral part of patient care.

Acknowledgements

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Table 3: Material added to course.

Activity	Rationale	Time in minutes
Didactic lecture on chronic illness and vulnerable child syndrome	To provide additional background	10
Guest speaker- teenager with chronic illness	Feedback that students wanted more interaction with patients	30
Pictures on central lines	Background for medical play with dolls and central lines	5
Didactic lecture on examining pediatric patients and demonstration of exam using pediatric volunteer	Student Request	15
Question and answer time regarding	Common request	15

About the Views Expressed in *Focus*

It is the expressed intention of *Focus* to provide a venue for professional sharing on clinical issues, programs, and interventions. The views presented in any article are those of the author. All submissions are reviewed for content, relevance, and accuracy prior to publication.

Review Board

International Perspective

Continued from page 5

in progress, new trends and so on. I think we need lots of research in this area and, at the same time, we need these results to be shared with physicians and nurses to create a common culture in this field and to achieve more consideration and respect for the work in this area.

5. I found very stimulating the international session because I had the chance to meet other colleagues from all over the world, to create connections with some of them and to realize that, despite obvious differences due to culture, health system organization, availability of resources, etc., ill children do have the *same needs*, and the *same rights* everywhere and it is mandatory for us to provide them all the best they deserve.
6. And last but not least, I really enjoyed the CLC hospitality and the consideration you demonstrated. You made us really feel like V.I.G. (Very Important Guests….) I did appreciate it very, very much!!

Regarding current developments after our arrival back in Italy, I can summarize the following points:

1. In June we had a plenary session at our Department of Pediatrics of Padova where one of my colleagues, who also attended the CLC conference with me, presented a summary of the experience at the conference. Participants included psychologists, educators (the other members of our child life team that didn't come to the conference), volunteers, nurses, students (doing their internship in the child life service) for a total of 50 individuals, more or less.
2. In July, we had two other meetings for the child life staff (7 members), where specific topics of the conference were presented and discussed. We focused particularly on the professional profile and the specific training to become certified, which raised a great, great interest!
3. Since my staff found very interesting and stimulating the new book the *Handbook of Child Life*, but experienced difficulties due to the English version, I invited them to translate it. It will take time… but in the meanwhile I'm looking for an editor that will print it in Italian, so that this useful resource can be made available for professionals of our country.

And to finish, the future prospects:

1. We are now involved in the last steps of a research project named "Curare con il Sorriso" (a sort of "Caring with Smile") which is aimed to study a model of child life suitable for pediatric wards or hospitals of our region. The project, which was in fact founded by the regional government, will be completed in the next few months.
2. The last action of the project will be a two day conference where the results of the project will be presented, and conference attendees will discuss new methods of research and present several Italian experiences in this field. After my experience at CLC conference, I would like to offer others the chance to hear lectures from international speakers and to share Italian experiences with them. I think it could be a great opportunity to promote in Italy "the child life philosophy." For this reason, I will include lectures about:
   - Sixty years of history and development of child life in the U.S.
   - Why child life is relevant in the care of ill children and what child life specialist can do for them
   - What are the operative tools that a child life specialist can use in his everyday work with children and how they work
   - What specific training is necessary to become certified in child life
   - What are current trends in research in child life and which perspective of collaborative studies can be expected
3. Another interesting prospect for the next year is an academic project. The Director of the Department of Pediatrics where I work has found very interesting my proposal to start a post graduate training program in child life dedicated to Italian and foreign educators, psychologists, and registered nurses. We are now preparing the program to be presented to the board of our University for approval. Hopefully it will start in January 2012. Teachers of the program will be enrolled on an *international basis* and attendees, during their training program, could have the chance to prepare themselves for the U.S. CCLS certification. It has no legal value in Italy but could be a relevant "added value" to the master degree obtained at the end of the training program.

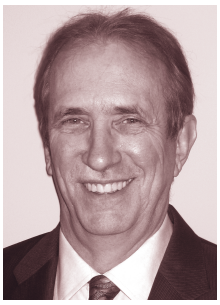
The last future prospect from Italy is not a good one!

Due to cuts in funding and lack of resources from our public and private sponsors and also to the little attention to the ill children's needs from our administrators, the future of my little "child life service" (the "Servizio Gioco e Benessere") is very uncertain. Our Hospital and our University will not sustain the project because it is not their priority; the local government allocates resources in other areas; and private sponsors don't seem very interested in it. The Association that sustains the "Servizio Gioco and Benessere" can afford expenses for salary of our educators and psychologists until the end of 2010, then... who knows??? I spend a lot of time in fund raising but probably it is not enough. The situation is a little bit better in other pediatric hospitals in Italy but everywhere shortage of resources and a low understanding in this area make child life less important compared with other topics of medicine!!!

I close my report to the CLC with my most sincere gratitude for the great chance you offered to me. The days spent in Phoenix allow me to feel less alone and to continue my personal fight to make child life a reality here in Italy. I do believe we need it, because ill children deserve it.

Thank you so much again.

CLC will be offering international scholarships again in 2011. If you come to conference, be sure to say hello to our scholarship winners! For more information about the scholarships, including application information, please visit the CLC website.



2010: A Banner Year

Child Life Council Annual Report to Membership

Dennis Reynolds, MA, CAE, Executive Director

2010 was an eventful year for the Child Life Council. Many new products and programs were launched, and there were important enhancements in existing services and programs. CLC committees and task forces and the CLC Board carried through a series of initiatives that promise to be landmarks in the evolution of the child life profession.

New Programs: Translating Technology into Member Services

In the past two decades, technology has evolved dramatically, changing the way we conduct all aspects of our lives ranging from business to entertainment, and the way services are delivered to us in our homes and at work. CLC made a number of advances in how we are applying the latest developments in technology to offer new and more sophisticated programs and services to members. CLC implemented no fewer than five new online services and tools over the past 15 months that offer improved ways of organizing and delivering information:

- ***Webinars*** – After hosting a debut webinar in late 2009, CLC offered six webinars in 2010 that addressed topics ranging from play to ethics to clinical ladders. We will be continuing this successful program—offering six webinars and potentially more— in 2011.
- ***Child Life News Monthly*** – The first issue of the e-newsletter *Child Life News Monthly* was distributed to all members in December 2009, and it continued as a monthly publication throughout 2010. More than 100 research and news articles relevant to the child life community were abstracted over the course of the year.
- ***The Child Life Marketplace*** – In February 2010, CLC launched this online directory of organizations providing products and services of interest to child life professionals. There are currently more than 40 listed providers, offering distraction toys, arts and crafts supplies, playroom equipment and design services, educational opportunities for child life specialists, and much more.
- ***Professional Networking*** – In early June 2010, we launched *CLC Community*, a professional networking platform based on a simple premise: that the greatest power and value of a professional association rests in the expertise of its members. Facilitating the exchange of ideas, experiences, and knowledge among members is among the most important member services that an association can provide. This is what *CLC Community* is designed to do.
- ***The Directory of Child Life Programs*** – 2010 also saw the introduction of an online Directory of Child Life Programs. Previous editions of the Directory had been print only. More than 350 programs responded to a request to input new and detailed information into the online database during the months of August and September, and the new Directory was publicly launched in October and is available at no charge to members.

While these are new, concrete programs and services that we saw come to full fruition in 2010, I need to add one more thing here about how CLC has been using technology – and the wonderful collaboration of our members – to solicit direct member input to help the association make informed decisions on program priorities and service delivery. At one time, the process of manually surveying members—making copies, stuffing envelopes, waiting for the return of completed surveys, coding and then tabulating responses—could be costly, and took literally weeks of labor-intensive activity. But developments in online technology have changed all of that. While we try not to "oversurvey" our members, we now have the ability to develop, distribute, and begin analyzing member feedback in a matter of days, or even hours. We greatly appreciate your ongoing responsiveness and participation in this important process, which leads to better decisions, more informed priority-setting, and more timely provision of services than has ever before been possible.

Committees and Task Forces: A Year of Accomplishment in Advancing the Profession

CLC currently has 12 committees, two management groups, and six task forces. Each now reports at least twice annually on CLC Community with blogs about what they have recently accomplished and what is coming down the road.

These CLC volunteer groups, comprised of nearly 200 individual CLC members, have accomplished an impressive amount of work in the past year, helping to move CLC forward and, more directly, advancing the profession of child life. Their achievements are too numerous to recount here in their entirety, but one need only look at the special report outlining recent Board decisions ("CLC Board of Directors Approves Far-Reaching Initiatives & Policy Changes at November Meeting," emailed Dec. 9, 2010) to appreciate the sheer number and scope of many of those accomplishments and recommendations.

Because their work is so important and because we have so many members willing and eager to contribute, CLC makes special efforts for these groups to be inclusive, welcoming professional members at all levels of experience to volunteer. We issue an open call for participation each year in January, and try to offer the opportunity to serve to as many who express an interest as possible.

Conference, *Bulletin*, and Certification

While we are very proud of the new programs and services that have been unveiled this past year and with the enormous strides made by CLC committees and task forces, we have also been pleased with the progress in some of our most longstanding and still the most visible programs, such as the Annual Conference, the *Bulletin*, and the Certification program.

Annual Conference in Phoenix

Nearly 1,000 child life specialists attended the 28th Annual Conference on Professional Issues in Phoenix, Arizona in June. Attendees had a total of 52 professional

development workshops to select from during the main part of the conference, along with 9 pre- and post-conference intensives. Nearly 100 attendees went on a pre-conference tour of Phoenix Children's Hospital.

The Conference opened with an extremely well-received keynote address, "Integrative Pediatric Pain Management and Palliative Care" by Stefan Friedrichsdorf, MD, from the Children's Hospitals and Clinics of Minnesota. It ended with a rousing closing session that invited audience participation, "Introducing Rhythm to Your Practice" led by Frank Thompson, MBA, founder of Arizona Rhythm Connection. CLC presented several awards during the opening and closing sessions: the Distinguished Service Award was given to Missi Hicks, MS, CCLS, LPC, RPT-S; the inaugural Mary Barkey Clinical Excellence Award went to Bindy Sweett, CCLS; and the Spirit of Giving Awards were presented to the Starlight Children's Foundation and Chuck Rumbarger, CAE. When the educational sessions were not in full swing, there were networking sessions, informative poster presentations, receptions and lunches, and opportunities to browse an exhibit hall featuring nearly 50 exhibitors.

Congratulations go to Kristin Maier, CCLS, who was the chair of the 2010 Annual Conference, and her committee for making such an outstanding event, and the Local Host Committee Co-Chairs Lori Takeuchi, MPA, CCLS, and Jenni Rogers, MS, CCLS, CTRS, and the Local Host Committee for making CLC attendees feel so at home in Phoenix. And a very special thanks to our 20 sponsors who collectively contributed just over $75,000. Sponsor contributions are vital to the success of the conference each year; they allow us to put on the quality conference programs and events that members have come to expect, but still keep registration fees below the actual cost of putting on the event. This year's Gold level sponsors ($10,000) were Texas Children's Hospital and Children's Hospital Boston.

The *Bulletin*

According to feedback collected in the recent member survey, the quarterly *Bulletin* remains one of the most highly valued benefits of CLC membership. Articles in the *Bulletin* report in part on CLC news and events, but as we become more reliant on electronic media to convey time-sensitive updates from the organization, the content of the *Bulletin* is concentrated more on research and practice-related articles. In 2010, the popular "Child Life Alphabet" series included articles entitled "F is for Fear," "G is for Gender Roles," "H is for Healthcare Educators," and "I is for Institutional Review Board." The *Focus* section of each issue contains one or two conceptual or scholarly research articles, and this year included explorations of such diverse topics as problem solving deficit disorder, effectiveness of a virtual community in augmenting the hopefulness of pediatric camping, teaching how to think like a child life specialist, and applying learning theories to teaching school-age oncology patients. We also saw the transition of editors in 2010, with Anne Luebering Mohl, PhD, CCLS taking on the executive editor role upon the completion of an outstanding two-year term by Joan Turner, PhD, CCLS.

With a banner year behind us, we are eager to move forward with even more vigor in 2011. Our committees and task forces continue to boldly take on the most important issues facing the evolution of the child life profession.

Certification

Certification is a cornerstone of CLC and the child life profession, and the program experienced some major changes in 2010. Early in 2010, CLC members approved a change to the bylaws that allowed the structure of the three-person core Child Life Certifying Committee (CLCC) to be replaced with a seven-member committee, in order to alleviate the large amount of work and responsibility that formerly was shouldered by the first, second and third year chairs alone.

There were also structural changes in the administration of the Child Life Certification Exam. We changed testing agencies in early 2010, and for the first time, CLC offered computer-based testing during the fall administration of the exam. Whereas previous pen-and-pencil administrations were offered in 4 to 6 cities in the fall, that administration is now offered in more than 300 cities worldwide. The spring administration, at least for the foreseeable future, will remain a paper-and-pencil administration offered only at the beginning of the CLC Annual Conference. More than 500 individuals took the Child Life Certification Exam in 2010 with almost 96% becoming certified.

Staying Strong and Looking Ahead

Despite uncertain economic times, CLC has been fortunate to maintain strong membership numbers. At the end of 2010, CLC had 4,373 members, which represents a 7.6% growth in membership for the year, and a two-year growth in membership of 13.2%.

Likewise, we have had financially stable years, with our revenues exceeding our expenses in both 2009 and 2010. There were a number of positive factors contributing to this, but very central among them was CLC controlling its expenses tightly, with expenses in 2010 only 3.3% higher than even two years before in 2008. This, combined with solid membership, certification, and conference numbers, plus new programs and services and good returns on our investments, resulted in CLC being able to operate in the black in 2010 as it also had in 2009.

With a banner year behind us, we are eager to move forward with even more vigor in 2011. Our committees and task forces continue to boldly take on the most important issues facing the evolution of the child life profession. I am predicting that we will have more attendees at the 2011 Annual Conference than in any previous year (2007 and 2008 had about 1,050 attendees). I hope you will all join us in Chicago and help prove me right! We will also continue developing and refining our newer programs and services. In the meantime, the CLC Board will be engaged in a strategic planning process during the year, identifying the biggest issues, needs, and opportunities for CLC and the child life profession, and beginning to chart a course for the years ahead. It's going to be a very good year.

Soaring to New Heights!

Continued from page 1

skills, assertiveness, and self-esteem.

Attendees will have the opportunity to choose from three plenary sessions taking place on Saturday, May 28:

- **What Matters Most: Honoring Relationship through the Co-Creation of Ritual**
  Kathie Kobler, MS, APN, PCNS-BC
  Advocate Lutheran General Hospital
- **Cultivating Self-Care Practice to Avoid Compassion Fatigue**
  Susan "Boon" Murray, EdD, CCLS, CTRS
  Professor, University of Wisconsin La Crosse
- **Breathe, Relax, Imagine**
  Nancy Klein, MA
  Co-Founder, InnerCoaching

Thursday pre-conference offerings will include two full-day intensives:

- *A Live Clinical Supervision Group*
- *Writing & Research: Practice for the Practitioner*

and six half-day intensives:

- *Play is the Work of the Child AND of the Child Life Specialist: Making Play a Vital Part of Your Day and Theirs*
- *Student Supervision: Maximizing Potential Through Coaching and Effective Feedback*
- *Learning to SOAR™: A Strengths-Based Approach to Strategic Planning*
- *Looking at Children with New Eyes: The Influence of Sensory Processing on Child Life*
- *Supporting the Healing Community with Closed-Circuit, Interactive Television*
- *How to Grow Your Precepting Garden*

For more information about these and other conference events, please refer to the full conference program, which was mailed in early January. Online registration opened on Wednesday, January 6th. To download an electronic version of the program, or to make hotel reservations at the special CLC conference rate—$159 per night (single/double), plus tax—please visit the Annual Conference section of the CLC website at www.childlife.org. To ensure room availability at The Sheraton Chicago Hotel & Towers, be sure to make your hotel reservations early!

Early Registration Fees

(Deadline of March 18, 2011)

Professionals:
CLC Members $335
Non-Members $425

Full-time Students and Retired Professionals:
CLC Members $250
Non-Members $350

Academic Pathways

Continued from page 6

grow and develop, it is clear that its vision for the future will need to include research and scholarship. Each individual academic or clinical practitioner may be called upon to participate in and contribute to that vision in some way. "*...the profession is going to continue to be 'stuck' unless we move ahead with some credible evidence-based research, and the membership needs to be made aware of the connection between the need to invest in this research and their future career stability.*" This work has begun with the education efforts made by both the Evidence-Based Practice and the Professional Resources Committees, and the publication of the Child Life Council Evidence-Based Practice Statements. This work is extended by the Academic Task Force as that group examines the education and training most necessary to achieve success in this profession. Ultimately, however, it will be the collaboration of individuals that will likely have the most impact on the development of evidence that supports the child life role.

A common suggestion from those with advanced degrees is that collaboration is necessary in order to build an evidence-based practice in the child life community. Of course, collaboration can take many forms. First, the sharing of stories of the various pathways and experiences leading to scholarship and research can inspire others. As people begin to share their stories and exchange information, consensus on research training and priorities may be illustrated. Second, partnerships among clinicians, academics, and allied professionals may be developed as shared interests and priorities are discussed and acted upon. "*Academic faculty can support clinical research interests and work collaboratively to design research projects and analyze data that offer evidence for continued practice.*" Third, interdisciplinary partnerships resulting in published research can position child life practice well in the realm of a legitimate field of research. A final suggestion reflects a need for the Child Life Council to also collaborate: "*…perhaps our organization can partner with another organization to have some [publication] opportunities available?*" In sum, "*Child life practitioners and researchers alike probably need to establish networks with like-minded professions around topics that are central to both disciplines.*"

The clear consensus that emerged from our discussion is that "*the child life profession needs to articulate meaningful outcomes to justify continuation as a service.*" Those with advanced degrees who participated in this discussion add a unique perspective to the conversations in the child life community around research and scholarship. Regardless of your current pathway, possibilities to advance child life research and scholarship are available – but the range of possibilities is sometimes hard to envision unless those on the "*kind of crazy path*" share their stories. Whether you opt to pursue a higher degree, explore an interest in research, search for partners to study an intriguing question, or pine for a Child Life Journal to support your clinical practice, you can play a role in the advancement of the field of child life. Just reading this article to the end reveals that you have at least a spark of interest – one aim of the Research and Scholarship Task Force is to take that spark and use it to build collaborative efforts across the child life community and inspire greater research and scholarship activity that supports child life practice.

J is for Job Share

Continued from page 1

reduce working hours, and it is essential to evaluate whether you are suited for job sharing before working on the logistics of setting up the arrangement. The authors successfully shared one full-time position in a busy outpatient oncology clinic for two years, and have identified some personal traits and considerations that are essential for creating and maintaining a successful job share relationship.

- ***Both you and your partner will need to be team players.*** You must both recognize that you will be sharing, not splitting, one position. This means that you will need to consider yourselves as interchangeable when it comes to working with unit staff and patients, as well as making decisions about playroom space, budgeting, and organization. You and your partner must be willing to share control, yet each must have an exceptionally high level of commitment to your shared work area.
- ***Both you and your partner will need to be flexible.*** Although you will both have the same ultimate goal of greater patient support and coping, you will need to recognize and validate the value of differing styles of interaction that each partner may have with patients, families, and staff. Depending on the position you are sharing, you may need to be flexible about such things as scheduling work hours and coming in on off hours for special events or meetings.
- ***Both you and your partner will need to be diligent about communication.*** You will need to commit to an ongoing exchange of information in various forms (verbal, charting, emails, phone calls), and to be willing to be contacted during your time off as questions and issues arise. This is an essential aspect of presenting yourselves as interchangeable; each partner should have as much of the same job- and patient-related information as possible.
- ***Both you and your partner must consider the financial implications of part-time hours and the possibility of reduced employee benefits.*** Plan ahead and expect the unexpected. Would you be able to continue the arrangement with shifts in the economy or job loss within the family?
- ***Both you and your partner must be willing to work harder and take on a greater workload than if you were working a typical part-time job.*** Each of you is responsible for knowing the ins and outs of the full-time position: patient status and needs, staff preferences and personalities, departmental obligations. Organization and time management are necessary to keep the work from becoming overwhelming.

Evaluating whether you are suited to the unique demands of job sharing is only the first step as you think about whether this can be a feasible arrangement for you and your workplace. Done well, job sharing can be a fulfilling way to move toward achieving enhanced work/life balance.

Joan Chan

Continued from page 3

in her last days in hospice, she was still making notes and compiling papers and books towards her continuing contributions to the Child Life Council Archives, making her work available to students and others.

Joan was active in the Association for the Care of Children's Health, the organization which helped found the Child Life Council. With CLC, she served on the Board, helped write the Program Review Guidelines, and worked on committees. She was active in New York child life networking, then in California as well, when she retired there.

Joan served on the Board at Pediatric Projects Inc., and helped develop medical toys and books, publications, bibliographies, and presentations. Her international contacts were important too, from her master's in Social Work in Australia, to her professional and personal visits to Sweden, China, and other countries where she promoted psychosocial care.

You can read more about Joan Chan on the Child Life Council website section on recipients of the CLC Distinguished Service Award. The legacies of our early child life specialists are the building blocks to our current and future child life work.

Milestones

Brenda Gordley, CCLS, of the Research and Scholarship Task Force, presented a research poster at the 8th International Symposium on Pediatric Pain in Acapulco, Mexico, March, 2010. The title was "Coaching the Distraction Coach: The Development of a New Tool"

Jessika Morris, CCLS, will be a co-presenter on a Poster Presentation to be given at the Society for Research in Child Development 2011 Biennial Meeting in Montreal, Canada: Audley-Piotrowski, S. R., Hsueh, Y., Morris, J.C., Kibe, G., & Drabowicz, J.A. (2011). *Are respect behaviors moral? Using social domain theory to examine pro-social behaviors in young children.*

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CLC Calendar

January 2011

31 Child Life Professional Certification Exam applications due for those educated outside of the U.S. or Canada
31 Certification maintenance payments due for Child Life Professional Certification

February

18 CLC Committee volunteer application deadline
18 CLC Worldwide Outreach Scholarship Applications Due

March

1-31 Celebrate Child Life Month!
18 Early bird deadline for lowest CLC Annual Conference registration fee
31 Child Life Professional Certification Exam applications due for those educated in the U.S. or Canada
31 End of certification maintenance fee grace period (deadline to pay with a late fee)

April

15 Deadline for submissions for the summer issue of Bulletin/Focus
18 CLC Annual Conference regular registration rate deadline

May

1 Deadline for written requests to withdraw from the May Child Life Professional Certification Exam
26 Child Life Professional Certification Exam Administration, Chicago, Illinois
26-29 CLC 29th Annual Conference on Professional Issues, Chicago, Illinois

June

30 Deadline to apply to recertify through Professional Development Hours (PDHs)

CLC Online Elections

The 2011 elections for the CLC Board of Directors will take place this spring. CLC now holds its elections online and an electronic ballot will be emailed to each member with voting privileges. As per the election procedures adopted by the membership last year, the CLC Nominating Committee will present a slate of recommended candidates for approval. In constituting a slate, the Nominating Committee considers all names put forward and each qualified candidate participates in an assessment and interview process to identify their interests and strengths in serving the Child Life Council.

To learn more about the nominations process, the primary duties of a Board member, and the attributes and qualifications sought in CLC leaders, please visit the Nominations & Voting section of the CLC website at http://www.childlife.org/Membership/NominationsandVoting.cfm.