



# Child Life Clinical Internship Curriculum

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## Supervisor's Supplement

CLC Internship Task Force  
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## Supervisor's Supplement

Developed by the Child Life Council Internship Task Force

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This document is an accompaniment to the Child Life Internship Curriculum Modules, written for those in a direct supervisory role of a child life intern. The supervisor's notes for each module mirror the assignment section in each of the Curriculum Modules and are intended to provide suggestions for the supervisor in her/his guidance of the intern's learning during the completion of each module. The right-hand (blank) column is intended for the supervisor's notes related to a specific intern.

**PLEASE NOTE:** *This document is also contained within the Supervisor's Manual in Appendix E. The Supervisor's Supplement is separated with the intent that it can be printed out and used for each intern.*

## Module 1-Development of the Child Life Profession

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
The child life intern will:	The supervising CCLS will:	
1. Investigate the background and reporting structure of the department/program where the internship is being served, and write a brief (no more than one page) history of this department.	1. Direct the intern to written and existing personnel resources that address the history of the child life profession and the history of the internship site.	
2. Interview two individuals from other disciplines who are part of the care team, write a brief summary of their roles and responsibilities, and describe ways in which this discipline interfaces with the child life specialist/program (no more than one page).	2. In order to expand the intern's knowledge base, encourage the intern to choose disciplines that are not as familiar. (The intern would learn less from disciplines that frequently interface with child life!)	
	3. After reviewing both written assignments, engage the intern in discussion of content, adding additional information as appropriate to enhance the intern's learning experience.	

## Module 2-Lifespan Development: Applying Theory into Practice

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The child life intern will:</p> <p>1. Observe a child at each developmental stage (infant/toddler, preschool, school-age and adolescent) in the playroom and/or at bedside. Write about the child's behavior focusing on his or her observed stage of development noting impact on language, cognitive, social/emotional and physical changes. In addition comment on safety precautions made related to the child's developmental needs in each setting.</p>	<p>The supervising CCLS will:</p> <p>1. Direct the intern to the assigned readings on development and query the intern following the shared observations on noted impact of the hospital setting on the child's behavior. Important to note are the differences at bedside vs. in the playroom. Guide the intern when necessary to consider how the child's developmental gains may be challenged with limitations on mobility and socialization in the hospital setting.</p>	
<p>2. Observe CCLS providing preparation and support to children through a medical procedure focusing on how the developmental stage impacts the language, materials and process of the session. Write a brief observational statement of what is observed about the CCLS interaction especially focusing on the developmental needs addressed in the session and acknowledging the child's understanding of illness and reactions to his or her health care experiences.</p>	<p>2. In order to expand the intern's knowledge base, encourage the intern to consider how the CCLS choice of materials and word choice is altered depending on the developmental stage of the child and what he or she would change if the preparation was for an older or younger child than the one observed. Ask the intern to identify specific reactions that could be based on developmental understanding of illness and health care experiences.</p>	
<p>3. Document the transitions required of a hospitalized patient from the admission through discharge and the challenges experienced based on each developmental level.</p>	<p>3. After reviewing written assignments, engage the intern in a discussion of content, adding additional information as appropriate to enhance the intern's learning experience about transitions and the developmental impact.</p>	

## Module 3- Patient- and Family-Centered Care

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<p>The child life intern will:</p> <p>1. Review and discuss the components of patient and family-centered care.</p>	<p>The supervising CCLS will:</p> <p>1. Review elements of patient and family-centered care, as defined by the Institute for Patient- and Family-Centered Care:</p> <ul style="list-style-type: none"> <li>○ <b>Respect and dignity.</b> Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.</li> <li>○ <b>Information Sharing.</b> Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.</li> <li>○ <b>Participation.</b> Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.</li> <li>○ <b>Collaboration.</b> Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.</li> </ul> <p>Discuss each component, using questions to elicit the intern’s understanding of each. How would he or she define each point? Does it differ from information listed? Refer to the Institute for Patient- and Family-Centered Care website – <a href="http://www.ipfcc.org">www.ipfcc.org</a>. Would this clarify the philosophy better? How so? What was</p>	

	learned?	
2. Recognize and describe examples of these in daily practice in given facility.	2. Have the intern reflect upon events and observations of the previous week. What stood out from the perspective of PFCC? Consider each component – listing specific examples. Who was involved? Were these examples clear? Where were there signs of positive PFCC? Where could improvements be made? How could this be done? Would patients and families be aware of both the presence of the practice and/or lack thereof? Why? How?	
3. Interview a family regarding their overall experience in the health care environment.	3. Based on the PFCC philosophy, have the intern develop interview questions to best identify these aspects of the family’s hospital experience. Discuss these, including clarification of reasons behind each question. Identify the intern’s interviewing experience. Consider having the intern “practice” interview skills with you – reminding him or her that essentially this is simply a dialogue. Upon completion of interview, meet with the intern to debrief. What was discovered? What was the comfort level of the family? Who participated and to what degree? Was there a focus or theme to the answers? What was the general tone? What would be the next “best step”?	
4. Develop and initiate a plan that incorporates support of and resources for sample family using patient- and family-centered care principles.	4. Have the intern investigate current resources available to patients and families in the facility and/or immediate community. Assess appropriate nature of identified resources – are they user-friendly, readable, easily accessible, etc. Consider the mechanism by which this would be presented? How would this be assessed? What would be the key factors? What would be the most important information to share and why?	
5. Observe CCLS provide parent education, such as typical reactions	5. Model personal interaction of education (either formal and/or informal)	

<p>to hospitalization.</p>	<p>of a parent(s). Upon completion of intervention, debrief with the intern on salient points of event: What was discussed? Why was it important? What techniques were utilized? Why do you think this was the case? Was it successful? How would you know? How do you think the parent (or family member) reacted? What observations did you make?</p>	
<p>6. Incorporate appropriate parent education opportunities into practice.</p>	<p>6. Have the intern identify a parent and educational need. Discuss assessment mechanism utilized to reach this conclusion. What are the educational needs? How were needs prioritized? Who is best qualified to meet these needs? After clarification that identified subject topic is within the child life scope of practice, with incorporation of information gleaned from required readings and experience/debriefing above, have the intern formally develop session for supervisor review. Encourage the intern to consider patient and family strengths, priorities and cultural beliefs.</p>	
<p>7. Observe a sibling interaction provided by a CCLS. Discuss observations and evaluation of outcomes with CCLS.</p>	<p>7. Model personal interaction with a sibling. Upon completion of intervention, debrief with the intern on salient points of event: What happened? What were the key points? What observations were made? Was it what you expected? Why/why not? What techniques were utilized? Why do you think this was the case? Was it successful? How would you know? How do you think the sibling reacted?</p>	

<p>8. Plan, organize, implement and evaluate sibling interaction.</p>	<p>8. Have the intern identify an opportunity for sibling interaction. Discuss assessment leading to the identification of the sibling. Have the intern articulate programmatic needs, and necessary materials. Consider timeframe/timeline necessary for successful intervention. Encourage the intern to process from a developmental framework. During interaction, what observations were made? What degree of support was necessary? What was communicated – verbalized, body language, play? What was the degree of engagement?</p>	
<p>9. Observe child life practice in an intensive care environment. Document a care plan for child life intervention in this environment.</p>	<p>9. Consider the most appropriate patient, situation and timing to best match with skills and comfort level of the individual intern (collaborating with ICU-based specialist if applicable). Discuss potential elements the intern may witness in preparation for the observation. Encourage the intern to consider clinical and psychosocial rationale for interventions carried out by the child life specialist. Have the intern reflect on impact on patient, family and staff. Continue with verbal debriefing, focusing on the intern’s self-inventory and personal impact of experience.</p> <p>Utilizing experience and/or observations above OR through developed sample scenarios, create outlined programmatic plans. Have the intern identify developmental issues/concerns/ strengths, patient/family stressors, identifying behavioral and emotional cues, clinical highlights, multidisciplinary feedback/ information/ collaboration and appropriate materials (if applicable). Discuss elements of prioritization, flexibility and teamwork. Reflect upon adaptation of child life skills in comparison to general health care environment, including a personal self-inventory.</p>	

## Module 4-Communication

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The child life intern will:</p> <p>1. Observe and discuss with supervisor how to adapt approaches to introducing self and child life services to children, families, and staff according to relevant contextual factors.</p>	<p>The supervising CCLS will:</p> <p>1. Model and process with the intern choices/approaches that are helpful in meeting patients/families where they are:</p> <ul style="list-style-type: none"> <li>• emotionally</li> <li>• in relation to what aspect of our service is most relevant to their current needs</li> </ul> <p>Set aside time in supervision to generate ideas and role play with the intern for adapting explanations of child life services to families/staff based on what's most relevant to the situation (e.g. preparation, assessment of and support for coping, play and developmental support, etc.)</p>	
<p>2. Discuss with supervisor and demonstrate diverse techniques to establish rapport with children and families.</p>	<p>2. Articulate the decisions made in establishing rapport and building relationships with children and families. What factors help you decide where to start? Call attention to the variety of approaches you use – from engaging the child and family in a general “getting to know you” conversation, to a conversation that gets right to the heart of the matter (e.g., responding to visible distress), to using play techniques to ease into interaction with children, to starting with a brief initial interaction before building on that by returning for a longer or more intimate interaction. Ask the intern to share his or her observations of how the children and families responded to different approaches in a range of situations.</p> <p>Reflect with the intern on awareness of self in relation to others. What are we bringing with us as we enter into communication and relationship with children and families? How do our</p>	

	<p>thoughts and feelings, our assumptions and intentions get communicated in our interactions – our tone of voice, the pacing of our communication, our body language? How can that help or hinder our efforts to establish rapport?</p>	
<p>3. Observe supervisor, and then demonstrate skill, in learning from children and families regarding their perspectives and experiences.</p>	<p>3. Model and talk through your own approaches in learning from different children and families and in various circumstances:</p> <ul style="list-style-type: none"> <li>• the continuum of informal to more formal “interviewing” approaches</li> <li>• learning through play observation</li> </ul>	
<p>4. Articulate observations and interpretations regarding identification of:</p> <ul style="list-style-type: none"> <li>• Communication styles and preferences</li> <li>• Factors that contribute to successful communication, as well as those that contribute to confusion or ineffective communication</li> <li>• Unique communication needs (including use of interpreter services and respect of cultural norms).</li> </ul>	<p>4. Review Chapter 5 in The Handbook of Child Life in order to identify and articulate instances in practice of the various factors influencing effective communication with children, families, and staff.</p> <p>With the intern, review materials available within the organization related to interpreter services and cultural competence. Have the intern interview an interpreter to learn more about the role and how best to partner with interpreters.</p>	
<p>5. Complete at least three journal entries that focus on the intern’s own experience of and reflection on:</p> <ul style="list-style-type: none"> <li>• The need to adapt his or her communication approach within an interaction</li> <li>• Communicating with sensitivity and empathy in a challenging situation</li> <li>• How building awareness of his or her own communication style and behaviors has influenced his or her communication interactions</li> </ul>	<p>5. Review journal entries and provide feedback that:</p> <ul style="list-style-type: none"> <li>• acknowledges the value of experience and struggle in the learning process</li> <li>• recognizes progress</li> <li>• encourages the intern to think with increasing depth (i.e., “what did you notice about what the child or family member was communicating non-verbally, in actions or in body language?”, “I wonder how the child might have responded if given the chance to stay with the emotional aspects of their experience before moving back to the cognitive</li> </ul>	

<p>with others (children, families, and staff).</p>	<p>understanding”, etc.).</p> <p>Ask the intern to complete a process recording as one of his or her journal entries to more deeply explore the communication process within one specific interaction.</p>	
<p>6. Demonstrate skill in developmentally-appropriate communication and language by:</p> <ul style="list-style-type: none"> <li>• Effectively establishing rapport with children within each age group (infant/toddler, preschool, school-age, adolescent, young adult)</li> <li>• Choosing three diagnoses or procedures relevant to current patient population and articulate or write what and how to communicate an explanation of the condition/procedure with children of different ages (preschool, school-age, adolescent).</li> </ul>	<p>6. Observe the intern during interactions in which he or she takes the lead. Encourage the intern to reflect on the factors that guided him or her to initiate or adjust his or her approach within interactions with specific children and families.</p> <p>Articulate and model your own approach to adapting explanations of diagnoses or procedures to children of different developmental levels.</p> <p>Ask the intern to write or talk through ways he or she would explain common diagnoses or procedures from the simplest explanation through to explanations with increasing detail.</p>	
<p>7. Observe, then demonstrate, effective and caring communication with children and families:</p> <ul style="list-style-type: none"> <li>• Experiencing different emotional states, including but not limited to: <ul style="list-style-type: none"> <li>○ high stress/anxiety</li> <li>○ sadness</li> <li>○ happiness/ excitement</li> <li>○ anger</li> </ul> </li> <li>• With differing abilities</li> <li>• Whose primary language is different than the intern’s – with and without utilization of interpreter services.</li> </ul>	<p>7. Model and discuss your interactions with children and families in these varying situations. Call attention to what actions you’ve taken to adapt to the needs of the child and family.</p> <p>Process with the intern his or her own interactions with children and families, taking time to help him or her reflect on:</p> <ul style="list-style-type: none"> <li>• Where he or she feels most comfortable and most challenged</li> <li>• Factors that influenced his or her decisions to stay with the emotion or to validate then move forward</li> </ul>	
<p>8. Observe and discuss with supervisor, then demonstrate, skills in effectively communicating</p>	<p>8. Articulate your own thought processes regarding the who, when and how of your own choices in relation to team</p>	

<p>child and family perspectives to others on the health care team, in individual and group contexts (e.g., care conferences, team meetings, in-service presentations).</p>	<p>communication and advocacy.</p> <p>Plan for the intern's attendance at care conferences and team meetings as appropriate, reviewing expectations regarding participation during the meeting and for follow-up after the meeting.</p> <p>Assist the intern with selecting a case or topic for presentation to others (i.e., child life staff, fellow students, child life volunteers, interdisciplinary team members). Provide feedback to the intern related to key presentation skills (pace and content of presentation, pace and volume of voice, etc.)</p>	
<p>9. Articulate, establish, and maintain behaviors that reflect a professional presentation of self.</p>	<p>9. During orientation, review the organization's dress code and professional code of conduct. Articulate and model the level of professionalism expected of others in your own interactions.</p> <p>Reflect with the intern on the ways in which others' perceptions may be influenced by specific behaviors, calling attention to positive examples as well.</p>	

## Module 5-Assessment: Developing a Plan of Care

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The child life intern will:</p> <p>1. Select a minimum of three children of different ages to complete the following:</p> <ul style="list-style-type: none"> <li>• Observe in play, daily activities, and/or potentially stressful situations and identify specific psychosocial needs, strengths, and methods of coping.</li> </ul>	<p>The supervising CCLS will:</p> <p>1. Ask questions intended to elicit what the intern has observed, but may find hard to articulate. What did you notice in terms of the child’s strengths or interests? How did the child cope with the initial child life visit? What did you learn from and about the parents? Was there anything that stressed the child? When the child was stressed, did he or she seek comfort? From whom? Could the child self-comfort? Did the child engage with others? Is that what we would expect for a child his or her age? What else might you expect? What supports does the child have? How does he or she use this support? Does the child <i>need</i> our help and in what way? Ask the intern to think about Maslow’s Hierarchy of Needs, and explain where this child’s needs fit?</p>	
<p>2. Review information provided with census/report and identify key points for assessment.</p>	<p>2. Ensure that the intern is able to access and understand census. Review together, gradually giving more responsibility to the intern to lead the review. Identify key points and back with theory, gradually encouraging the intern to lead the discussion. What information is missing from the census? What might a broader picture of the child and family include? Does the intern have questions about what he or she has read or seen?</p>	
<p>3. Interview and collaborate with family members in order to best understand their perspectives and priorities (including cultural perspectives).</p>	<p>3. Demonstrate and debrief family interviewing/questioning. Consider the ecological system and its impact. Ask the intern to identify salient data. Model identification of cultural perspectives, and relevance to planning. Encourage the intern to practice questioning, clarifying information and perspectives. What family priorities were heard or seen?</p>	

	Does the family require assistance from another discipline? What effective advocacy skills were identified?	
4. Identify patient behaviors that indicate typical and atypical developmental norms and milestones, include cultural considerations, and discuss the potential impact for expectations in terms of learning and coping.	4. Name initial data as you gather and develop your plan. Ask the intern to help you flesh out your assessment. What did he or she notice? How does he or she see that as relevant? Ask the intern to gather data that may be missing. Does the diagnosis indicate any developmental differences? How might that affect care and planning? Collaborate to write your assessments together and compare. Integrate the intern's observations into your assessment and vice versa.	
5. Follow up with the child and/or family regarding the accuracy of initial and ongoing assessment.	5. Model collaboration in developing a plan of care. Ask the family and child to clarify strengths, hopes and needs. Ask the intern what he or she learned most through follow up. Encourage the intern to do this independently and review with you.	
6. Demonstrate and communicate with CCLS how assessment is incorporated into daily activities through formal and informal routines and interactions with children and families.	6. Ensure that the intern observes both the plan in action, and changes to the plan over time, based on daily interactions. Ask the intern to track daily interactions and activities and focus on identifying changes in needs.	
7. Identify data related to the most important factors in assessment (development, temperament, coping style, family variables, and child's health care experiences).	7. Initially, identify the data that forms the basis of your assessment, and identify the theory upon which you work. Ask the intern to tell you about data he or she gathers related to the five main factors. What did he or she see? What did he or she notice about behavior in each situation? Does the intern have some ideas about the child's coping style? What temperament traits were observed? Why is it important to note them? Are there missing pieces? How can the intern find that information? What is important to the family? How does he or she know?	

<p>8. Develop written materials such as written assessments, statements of need, case notes, log notes, chart notes, progress notes, case presentations that reflect effective assessment skills.</p>	<p>8. Ask the intern to take notes about things he or she sees, or questions. Demonstrate charting as required by the organization. Ensure the intern has access to the materials he or she needs. Develop written assessment or chart notes together, working toward intern independence. Give feedback. Present a case yourself, and ask the intern to evaluate your work. Encourage the intern to question your conversion of data into needs, and your plan for intervention. Ask for elaborations to your assessment. Ask the intern if he or she can imagine a different approach or alternate goals to your assessments or to his or her own. Acknowledge lens, perspective, theory, and style differences. What if we looked at this from another perspective?</p>	
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## Module 6-Play

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The child life intern will:</p> <p>1. Observe a CCLS providing play sessions. Discuss observations and outcomes with CCLS.</p>	<p>The supervising CCLS will:</p> <p>1. Model basic rapport building techniques for the intern, get on the child's level, identify child's interests in order to make a quick connection, etc.</p> <p>As the intern initially observes your play interactions with children, articulate your own assessment, goals, and decision-making, then move on to asking questions that elicit the intern's assessment related to what was observed:</p> <ul style="list-style-type: none"> <li>• What goal(s) appeared to be met during the interaction? (developmental, normalizing the environment, diversion, therapeutic).</li> <li>• How did the child engage with the activities provided? How was that similar to or different from what he or she would have expected for a child this age?</li> <li>• What did the intern notice in how the CCLS adapted the play to the child's strengths and needs?</li> <li>• What goals would he or she have for the next play session?</li> <li>• What did the CCLS provide to focus on "normal" growth and development opportunities for the child?</li> <li>• How did the CCLS involve the family and/or siblings in the interaction?</li> </ul>	
<p>2. Research and become familiar with the paradigms of play.</p>	<p>2. As the intern observes your play interactions with children, discuss paradigms of play with the intern, beginning with articulating your own assessment then moving to asking questions that assess knowledge and ability to put theory into practice.</p> <p>Ask the intern to incorporate observed play characteristics into weekly journals.</p>	

	Provide written and oral feedback to the intern.	
<p>3. Observe children at play and identify in which types of play children are engaging (e.g. solitary, parallel, etc.). Discuss value of play with supervisor.</p>	<p>3. Observe children at play and ask the intern to identify the concepts of play and developmental theory he or she observed in the interaction. Ask questions that probe for deeper awareness and understanding:</p> <ul style="list-style-type: none"> <li>• How does he or she think Piaget would describe that child’s play?</li> <li>• What aspects of the child’s play does he or she think Erikson would have been sure to note?</li> <li>• How would Parten describe the social aspect of how this child engaged in play?</li> <li>• In what ways was this play opportunity of value to the child(ren) involved?</li> <li>• Ask the intern to identify the child’s developmental stage according to Piaget and Erikson. If the child’s chronological age does not “fit” the theorist’s stage, what impact, if any, does hospitalization or chronic illness play?</li> <li>• Assess whether the intern is able to identify age appropriate play materials for children of various age groups.</li> </ul>	
<p>4. Plan and supervise play activities for groups of children that focus on developmentally supportive play, play as a normalization activity, and child directed play.</p>	<p>4. Model and describe your own process for planning group play opportunities.</p> <p>After the intern has observed and assisted with a minimum of three group sessions, ask the intern to create an activity plan for a group playroom activity. Review the plan with the intern and ask the intern to facilitate the activity, including:</p> <ul style="list-style-type: none"> <li>• gathering supplies, inviting patients and families to the activity, and monitoring the group process while attending to individual patient needs.</li> </ul> <p>If applicable, ask the intern to provide direction and support to the volunteer assisting with the group session. After</p>	

	<p>observing the activity, discuss with the intern:</p> <ul style="list-style-type: none"> <li>• how well the children engaged in the planned activity; what adaptations needed to be made; what documentation needs to be completed; what the intern would do differently the next time; what did he or she do to utilize play to promote normalization; and how did the intern let the child lead or direct his or her play throughout the play session.</li> </ul>	
<p>5. Implement bedside play sessions, considering environmental components of the patient room, assisting child with individualizing hospital room, etc.</p>	<p>5. Model and describe your own process for planning bedside play opportunities. After the intern has observed and assisted with a minimum of three bedside activities, ask the intern to create a plan to implement bedside play opportunities.</p> <p>Ask the intern to focus on specific patient stressors (e.g., a child in traction who might be stressed due to the immobilization of the traction, loss of control, etc.). What activities might the intern facilitate to counter act some of these stressors?</p> <p>Following the activity, have a discussion with the intern regarding how things went. Ask the intern to journal regarding the intervention in order to promote self-reflection. Ask the intern to provide a bedside activity for a child in isolation. Have the intern identify three activities to engage the child in gross motor play within his/her room.</p> <p>Ask the intern to provide a bedside activity for a child with developmental or behavioral differences. What modifications if any, did the intern provide to assist the child with engaging in the activity? Ask the intern to think about the environment as well as the activity were any modifications necessary within the environment?</p> <p>Ask the intern to identify a patient who</p>	

	<p>might benefit from decorating his/her room. How did the intern identify this particular child? What will the intern do to assist the child with engaging in this type of activity? How will the intern introduce this activity to the child?</p>	
<p>6. Adapt a game or other play material for a child with differing abilities.</p>	<p>6. Model and describe your own process for adapting play opportunities and/or materials for children.          If applicable, familiarize the intern with adapted toys such as switch toys, available in the Child Life or Physical Therapy department.</p> <p>Demonstrate for the intern how you would complete a task analysis for a simple activity such as playing cards. When completing a task analysis, time is spent breaking down each component of the activity and what parts of the body are commonly used to perform the skill. Then think about how the skill might be accomplished in a different way (e.g. using a card holder to hold cards rather than holding cards with hands).</p> <p>Ask the intern to identify one patient who might benefit from a task analysis in order to be more successful with his or her play. Ask the intern to write out all of the steps and the modified plan and review the analysis with his or her supervisor.</p> <p>As the intern gains experience adapting play and utilizing the task analysis method, ask the intern to put this technique into practice with children of various ages and abilities.</p> <p>What components of the task analysis were helpful? What did the intern notice about how the child was able to engage in the activity after the steps were modified for the child?</p>	

	What, if anything, would the intern do differently the next time in order to engage the child in play?	
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## Module 7-Medical/Health Care Play

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<p>The child life intern will:</p> <p>1. Observe a CCLS providing a minimum of three bedside or playroom medical play sessions. Discuss observations and outcomes with CCLS.</p>	<p>The supervising CCLS will:</p> <p>1. <b>At bedside:</b> model and discuss rapport building techniques for the intern:</p> <ul style="list-style-type: none"> <li>• approaches to get on the child’s level; an explanation related to medical play so the child is aware at the beginning of the medical play session; reassurance to the child who the patient is during the medical play session. For example, only the bear will be “poked.”</li> </ul> <p>Have the intern verbalize the way the CCLS individualized the intervention plan for the child, which includes parent’s input on the child’s history and possible reaction to medical play.</p> <p>Invite the intern to describe signs of how to recognize when a child is no longer engaged or is receiving too much information. Also, discuss how to recognize when a child wants more information.</p> <p>Debrief: Were the interventions successful, why or why not? Was the child hesitant to touch the medical supplies? How did the child get past his or her fears? How did the CCLS tailor the intervention to the child’s age and developmental level? According to Piaget or Erikson, the child is in which stage of development? Any other child development/play theories observed during medical play? (e.g. Parten’s onlooker play or parallel play? Bandura’s social cognitive learning theory?)</p> <p>Discuss which ages/developmental level work best for use of an inanimate object (teaching doll, bear, etc.) as the patient. How did the CCLS involve the family and/or siblings in the interaction?</p>	

	<p><b>In the playroom:</b> same strategies as above but on a broader scale, when multiple children are present. Medical play sessions will typically be more general in nature and more applicable to all.</p>	
<p>2. Practice commonly used medical play techniques with supervising CCLS, including safe use of needle play.</p>	<p>2. Elicit feedback from the intern regarding the importance of individualizing the intervention plan, parent’s input, setting up supplies prior to session, using a hard surface, and knowledge of sharps container location in room.</p> <p>Review departmental guidelines regarding safe needle play. Help the intern rehearse the specific steps of the safe handling of needles and the need for the child to see that the needle is placed into sharps container after procedure. What other ways can we ensure the medical play session is following the same protocols as real procedures to add to authenticity and learning?</p>	
<p>3. Plan and implement a minimum of two health care play activities in the playroom. Provide a written plan and state the goals of the activity.</p> <p>A list of supplies to carry out the activity will be given to the CCLS two weeks prior to implementation. Supervision and feedback will be given by the CCLS after the activity.</p>	<p>3. Have a dialogue with the intern to help reflect on some of the medical equipment/supplies in the hospital that children seem to be most anxious about. Encourage a play activity that uses one of those items in a different way. Have the intern come up with creative examples for medical play based on assessment. For example, if the intern states that the needle seems to be anxiety provoking, suggest syringe painting, syringe butterflies, or syringe glitter wands.</p> <p>Provide honest and helpful feedback after medical play session and have the intern reflect on the session: Was the medical play session successful? Did any children more so than others seem to disengage at some point? At what point did the children seem the most engaged? What would you do the same next time? What would you do differently?</p>	

<p>4. Plan and facilitate a minimum of two individualized medical play sessions with supervision and feedback by CCLS.</p>	<p>4. Have a dialogue with the intern about how to decide and prioritize which two children may benefit the most from an individual medical play session. For each medical play session, why did the intern choose that patient? What factors do we consider?</p> <ul style="list-style-type: none"><li>• For example: length of stay? Extensive hospital visit history or lack thereof? Age? Diagnosis? Coping? Procedures? Encourage the intern to develop an intervention plan that includes parental input, age, developmental level, etc. and to talk it through with CCLS beforehand.</li></ul> <p>After the medical play session, invite the intern to describe: What were the outcomes of the medical play session? What is the evidence of those outcomes? In what way does this session meet the needs of the child? What would he or she do the same? What would be done differently? How did the two medical play sessions differ? What are the plans for follow-up with each patient?</p>	
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## Module 8-Therapeutic Play

<b>Intern Required Activities</b>	<b>Supervisor techniques</b>	<b>Specific strategies for intern</b>
<p>The child life intern will:</p> <p>1. Observe a CCLS facilitate therapeutic play opportunities with individual children and in groups. Discuss observations and questions with CCLS.</p>	<p>The supervising CCLS will:</p> <p>1. Model how therapeutic play opportunities are incorporated into patient care. Articulate for the intern why specific activities are chosen for particular children – share with the intern the factors that have been assessed for that patient or group, what facets of the activity may help the child in addressing the identified psychosocial issue/goal. Share your own evaluation of the effectiveness of the interaction, identify the moments in the interaction in which the initial plan was adapted to adjust to the response of the child(ren).</p> <p>Ensure that the intern has the opportunity to observe therapeutic play activities with a range of goals:</p> <ul style="list-style-type: none"> <li>• encouraging emotional expression</li> <li>• processing/communicating patient's internal experience</li> <li>• providing relief for strong emotions such as anger</li> <li>• building self-esteem</li> <li>• experiencing sense of control, of being “in charge” when health care situation provides child with little opportunity for control</li> </ul>	
<p>2. Identify a minimum of three therapeutic play activities that could be used as interventions for the support of coping within EACH of the following psychosocial concerns:</p> <ul style="list-style-type: none"> <li>• Separation (from primary caregiver, family, peers, community)</li> <li>• Anger/frustration</li> <li>• Loss (e.g. of sense of control, of self-esteem, of sense of self, of</li> </ul>	<p>2. Demonstrate brainstorming techniques (e.g., webbing, mind-mapping) and/or places you find inspiration (e.g., online, exploring the toy or storage closets) to encourage the intern to think creatively and broadly of possibilities.</p>	

body part, of loved one)		
3. Plan and implement a minimum of five therapeutic play activities for children of different developmental levels, articulating (verbally or in writing):	<p>3. Guide the intern in choosing situations that provide a richness and depth for therapeutic play opportunities valuable both to patients' benefit and to the intern's own learning.</p> <p>Encourage the intern to challenge him or herself to go deeper and broader. What might be holding the intern back?</p>	
3a. Psychosocial issue to be addressed	<p>3a. Ensure that the intern</p> <ul style="list-style-type: none"> <li>• identifies the key psychosocial issue(s) to address through play from the patient/family's perspective</li> <li>• is able to describe the rationale behind how the activity addresses the issue identified</li> </ul>	
3b. Goals and objectives of activity	<p>3b. Encourage the intern in thinking through and articulating the specific goals (desired outcomes) and objectives [actions/steps involved in reaching the goal(s)].</p>	
3c. Materials required	<p>3c. Support the intern in listing all materials, encouraging the intern to consider readily available materials, what items may need to be created/developed/purchased or whether alternatives can be substituted, etc.</p>	
3d. Adaptations for children of different abilities and developmental levels	<p>3d. Ask the intern to consider what adaptations could be made to enable children different in age and ability to participate.</p>	
3e. Evaluation of implementation	<p>3e. Encourage the intern to share his or her own perceptions regarding own responsiveness to child's direction in play, the effectiveness of activity in meeting intended goal, identification of any additional or secondary goals as play continued.</p> <p>Questions for the intern:</p>	

	<p>What surprised you in how the child interacted with the materials, during the interaction? In what ways did you find yourself adjusting your goals, your approach, given how the child responded during the activity? How did your assessment change during the interaction? What future goals and/or activity ideas do you have for this patient/group? How will it feel to try that?</p>	
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## Module 9-Coping with Pain and Distress

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The child life intern will:</p> <p>1. Articulate and demonstrate an understanding of the pain assessment tools and protocols utilized at internship site.</p>	<p>The supervising CCLS will:</p> <p>1. Review pain materials and resources pertinent to setting. These may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• hospital policies, family and/or patient education material, and pain assessment tools (Faces, FLACC, NRS, PIPP, etc.).</li> </ul> <p>Have the intern reflect upon definition of pain and emotional suffering. What does it mean to the patient? To the family? Physical? Emotional?</p> <p>Question the intern on the introduction of the materials to the patient and family. Discuss use of language, timing, support systems, previous experiences, etc. Clarify the role of child life within area of pain.</p> <p>Consider having the intern discuss topic with members of the multidisciplinary team for a more global perspective. How are these similar? Different?</p>	
<p>2. Observe an IV insertion and/or blood draw as performed by a phlebotomist and/or nurse. Reflect upon use of language, distraction and general support used by staff and family members present.</p>	<p>2. As a supervisor, consider the most appropriate patient, family, situation and timing to best match with skills and comfort level of individual intern. Encourage the intern to consider personal preparatory needs prior to observation. Clarify with the intern basic understanding of procedure(s) – what one may typically expect.</p> <p>Debrief with the intern. What was his or her assessment of observations of patient, family, and staff? Consider impact of development, timing, preparation (or lack thereof), environmental factors, temperament, and previous experiences.</p>	

	<p>Encourage the intern to consider staff and their behavior(s) and the subsequent impact on the intervention? Was the procedure and/or coping mechanisms successful? How would one assess this?</p>	
<p>3. Observe CCLS facilitate coping interventions during potentially painful and/or distressing procedures. Discuss observations and questions with CCLS.</p>	<p>3. Model basic coping intervention for the intern, incorporating patient, family and staff collaboration. Have the intern identify key points before, during and after intervention. Why were they important? What was discovered? Was the intervention successful? Why/why not? How was this assessed? How did development factor into the situation? What was the coping style – of the patient, family, staff? What could be said of the language utilized? Tone? Volume? What was experienced by the intern personally? Consider both physical and emotional reactions? What was discovered from a self-evaluative perspective?</p>	
<p>4. Plan, initiate and evaluate individualized coping interventions during a potentially painful procedure.</p>	<p>4. Based on observation of child life as well as other interdisciplinary staff, during interventions of support and coping, as well as that which was gained in previous activity, have the intern begin planning of individualized coping intervention.</p>	
<p>5. Observe CCLS and other professionals in interactions with children and families experiencing emotional distress or suffering. Discuss observations with CCLS and consider alternative responses and future goals.</p>	<p>5. Again, model basic coping intervention and comforting strategies for the intern, incorporating patient, family and staff collaboration. Have the intern identify key points before, during and after intervention. Why were they important? What was discovered? Was the intervention successful? Why/why not? How was this assessed? How did development factor into the situation? What was the coping style – of the patient, family, staff? What could be said of the language utilized? Tone? Volume? What was experienced by the intern</p>	

	<p>personally?</p> <p>Debrief with the intern. What was his or her assessment of observations of patient, family, staff? Consider impact of development, timing, preparation (or lack thereof), environmental factors, temperament, and previous experiences. Encourage the intern to consider staff and their behavior(s) and the subsequent impact on the intervention? Was the procedure and/or coping mechanisms successful? How would one assess this?</p>	
<p>6. Develop a coping kit to be utilized to support patients under stress.</p>	<p>6. Have the intern complete environmental survey of needs for kit. Encourage reflection of developmental needs, population, infection control requirements, budget, storage, etc. Give the intern a budgetary framework, and have him or her create all necessary elements for kit. Have the intern explain selection process and demonstrate utilization for each. (If applicable, have the intern gather all actual elements of kit).</p>	
<p>7. Practice support strategies such as comfort positions, imagery, storytelling, and relaxation techniques. Articulate assessment of physical and/or psychological distress and the goal(s) associated with selected strategies. <i>(Note: Some strategies require specialized training and should only be taught and incorporated into practice by an individual who has completed the relevant training.)</i></p>	<p>7. Based on staff observation and information obtained through assigned readings, elicit from the intern specific strategies to further develop. Encourage the intern to reflect on rationale for said selection. Are these based on observed patient needs/choice or personal inventory?</p> <p>Have the intern demonstrate breathing exercises and examples of utilizing language (whether in the framework of imagery or story-telling) as a strategy for coping and providing comfort. Utilizing dolls of assorted sizes, have the intern actively demonstrate comfort holds and other strategies that may be inappropriate to be carried out on patients due to specific situation. In doing so, have the intern reflect upon potential challenges and adjustment which may be developed with specific patients/populations.</p>	

## Module 10-Psychological Preparation

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<p>The child life intern will:</p> <p>1. Observe a minimum of three procedures, with each of the developmental groups (infant, toddler, preschooler, school age etc.) common to the unit or site, and discuss observations with the supervisor, demonstrating an awareness of the child's responses, and coping. Discuss how and why specific preparation activities might alleviate stress for each of these procedures.</p>	<p>The supervising CCLS will:</p> <p>1. Discuss with the intern the initial appraisal responses by the child, and any attempts at coping. Identify the strategies the child might naturally attempt. In what ways is the child successful in reducing his or her own stress or in coping with the situation? Does the situation change, and how did that influence the child's appraisal or ability to cope? How do others in the room influence the child's ability to cope? Do they add to the child's stress or reduce it?</p> <p>Ask the intern to identify one way in which the child's initial appraisal of the procedure might be altered through preparation.</p> <p>Ask the intern for one suggestion regarding a coping strategy that might help each of the observed children to cope. Would these strategies be undertaken by the staff or by the child? Explore with the intern what prompted him or her to choose these specific strategies.</p>	
<p>2. Observe and discuss a minimum of three children's reactions to hospitalization/illness/trauma with supervising CCLS. Consider each child's temperament, developmental abilities, coping style, family variables and experience, and incorporate each child's strengths and interests into the preparation activities of the care plan.</p>	<p>2. Ensure that you and/or the intern have at least a primary assessment of each patient on the census, or a general assessment of the unit. If the intern requires more information in order to understand a patient's illness/treatment plan, help him or her to learn where to find this information. Determine roughly what each patient's general preparation needs <i>might possibly</i> be.</p> <p>Ask the intern to complete more thorough and personal assessments with one or more <i>prioritized</i> patients, in order to identify specific preparation needs and</p>	

	<p>goals. Over time, ensure that the intern has opportunities to make connections between diagnoses, the expected courses of treatment, and <i>anticipated</i> preparation needs.</p> <p>Consider using an assignment exploring the psychosocial implications of several diagnoses common to the setting/unit. Ensure that the intern also has opportunities to recognize the differences in needs expressed by individual patients and families.</p>	
<p>3. Inventory available preparation materials in current clinical area (child life department, inpatient units, clinics, ED, OR, and so on).</p>	<p>3. Ensure that the intern has access to all of the areas that house information, preparation kits, books and booklets, photograph preparation books, play materials, treatment areas and equipment, and support staff, in order to allow him or her a range of prepared materials and information from which to learn.</p> <p>If nursing, technologists and medical staff perform additional preparation activities, ensure that the intern has opportunities to observe them, and become familiar with the materials they use, (e.g., allowing the child to handle artificial cardiac valves, demonstrating cast removal, tours provided by other disciplines, anaesthesia induction teaching by an anesthesiologist).</p>	
<p>4. Demonstrate effective utilization of play within preparation activities with toddler, preschooler and school-ager</p>	<p>4. Debrief observed sessions with the intern, asking him or her to assess the outcome of the preparation activities.</p> <p>In what way(s) was the play opportunity effective in addressing specific goals? Could either more or fewer materials, issues, time, or procedural information be more effective? How could the breadth of play be expanded or contracted to include either more or less content? Did the goals change within the session? Did the child express interest, gain familiarity, demonstrate comfort with materials,</p>	

	<p>model accurate use of health care materials, attempt to integrate coping into play, clarify misconceptions, or develop understanding? Do the outcomes fulfill the initial goals of the play session? Was the need met?</p> <p>How could the intern improve facilitation? Did the session flow in an expected manner? Were there any surprises or insights gained? Was the intern uncomfortable or comfortable? What was the source of discomfort? What might be changed?</p> <p>How could the intern's responses and the information he or she provided be useful in another situation? What does the intern identify as his or her greatest strengths within the sessions? Has the intern gained confidence through the experiences?</p>	
<p>5. Demonstrate creativity in developing specific individualized preparation materials or activities as required.</p>	<p>5. Based on the intern's strengths and interests, as well as identification of patients' needs, has he or she been able to try new or unique strategies for preparation?</p> <p>How has the intern demonstrated use of self as a therapeutic agent within preparation activities? Are there additional preparation ideas/activities that the intern would like to explore?</p>	

<p>6. Demonstrate effective communication skills with children and families.</p>	<p>6. How does the intern communicate respect for persons? In what ways have you observed the intern establish therapeutic relationships with children and families during preparation interventions?</p> <p>How have patients responded to language choices used by the intern in preparation? In what ways has the intern integrated soft language into preparation activities? Examples?</p> <p>Ask the intern to articulate his or her communication style and to identify examples of how he or she has adapted tone of voice, affect, facial expression and body language in response to individuals and/or situations. Does communication feel natural to the intern? How has the intern adapted to cultural communication needs related to preparation?</p>	
<p>7. Identify preparation needs in relation to case, treatment and/or intervention plan and prepare children and families for procedures as strategized, including adjustments to the plan in response to the child's immediate needs.</p>	<p>7. Provide opportunities for building preparation skills of increasing depth by having the intern complete <i>full</i> assessments and integrate preparation needs, goals and strategies into the plan for patients with varying needs and complexity.</p> <p>If preferred, co-facilitate or partner with the intern in providing preparation activities, encouraging the intern to complete those pieces with which he or she initially feels most capable, or with age groups that allow for comfort.</p> <p>Allow the intern to struggle with decisions and actions. Allow enough time between assignments for the intern to reflect and recognize the skills and competence that have developed.</p> <p>As the intern develops increasing independence in assessment and implementation of preparation, ask him or her how plans were adapted throughout the process of preparation. How did the intern handle changes in</p>	

	needs and direction of activities? Were transitions smooth or uncomfortable?	
8. Evaluate effectiveness of preparation activities, and make changes to his or her own learning plan as needed.	<p>8. Ask the intern to articulate in writing and verbally, the effectiveness of his or her preparation activities.</p> <p>Does the intern have an integrated planning process in place for assessment, needs determination, development of goals, intervention, evaluation, and re-assessment? What data will the intern take as evidence of success? From whom will the intern take evidence?</p> <p>What observations did the intern make about how the child responded? Did the intern follow up with the family? What did he or she notice about how the family responded? Will care be ongoing and if so, have new goals been established? In the event of a negative or poor response, what are the next steps? Is referral to another professional appropriate?</p> <p>What does the intern hope to learn by the end of this module?</p>	
9. Complete documentation as required by the organization.	<p>9. Model documentation for the intern as required by the organization. Support the intern's efforts by beginning with practice assignments. Provide the intern with available "cheat sheets" that model appropriate descriptive language, if needed.</p> <p>Encourage the intern to ask questions and think creatively and critically about planning preparation and documentation. Ensure that progress notes are closely linked to and reflect movement toward attainment of goals.</p>	
10. Engage in reflective activities such as journal entries or other activities as required.	<p>10. Keep abreast of the intern's journal or other reflective writing. Provide written feedback that encourages the intern to think with increasing depth (e.g., "I wonder what the</p>	

	<p>patient/parent/nurse/tech may have been feeling, thinking, when that occurred...”).</p> <p>Ask the intern to describe when and how he or she gained confidence and pride in attempted activities? Ask the intern to describe how or when he or she was aware of using self as a therapeutic agent? Does the journal reflect evidence of preparation activities that can affect the intern’s evaluation? Ask the intern to explain how these activities unfolded, and to explain the outcomes that he or she noted. How can you work with the intern to address unmet learning needs and goals reflected in a journal note?</p>	
<p>11. Demonstrate incorporation of cultural sensitivity and relevance into preparation activities through one individualized care plan reviewed with supervisor.</p>	<p>11. Assist the intern in connecting with families who hold a variety of cultural and social values and beliefs, and ensure that the intern has opportunities to learn about different perspectives.</p> <p>If possible, ask the intern to do an in-depth interview with a family. In terms of preparation, how does a family’s culture affect their choices and preferences? Ask the intern to explain how he or she recognizes, respects, and articulates cultural preferences?</p> <p>How does the intern adjust his or her personal cultural lens in order to work with families who hold different beliefs? How does this experience change the intern’s thinking and approach to preparation?</p>	

## Module 11-Documentation

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The intern will:</p> <p>1. Compose an initial child life assessment note, identifying at least two treatment goals deduced from the developmental and other identified concerns to be addressed during future child life interventions.</p>	<p>The supervising CCLS will:</p> <p>1. Provide access to the admission note for a patient and review the institution's documentation requirements with the intern. Include documentation policies and procedures, legal obligations, and any other information specific to the institution.</p> <p>Model and discuss the following questions as the intern begins the process of documentation: What is the purpose of the note? Who is the target audience? What are the goals for the note (e.g. communicate child life assessments/recommendations to the team)? What resources are available on the team? How do you communicate the most important information clearly and concisely?</p>	
<p>2. Observe interventions provided by the supervising CCLS and compose notes for documentation of those interventions and review them with CCLS.</p>	<p>2. Model child life clinical assessment, plan, intervention, and evaluation skills. Interventions should include but are not limited to: introduction of child life services; assessment of perception of illness; level of coping; preparation and/or procedural support; family support including siblings, etc.</p> <p>Guide the intern by asking questions to elicit processing/reflection of observations: What did you see/observe/hear? What actions/behaviors did you notice? How did the child/family respond? What were goals, and what if any outcomes were achieved? How do you feel about what you saw/observed/heard? How can I support you in your learning goals?</p>	
<p>3. Continue the pattern described above until the CCLS determines that the intern is ready for</p>	<p>3. Provide ongoing constructive feedback to the intern as he or she moves through the stages of documenting in the medical</p>	

<p>independent (still co-signed) documentation.</p>	<p>record, reflecting on the questions above.</p> <p>Reflect on more complex or challenging cases (e.g. child abuse, end-of-life, etc.) and discuss/model documentation strategies with the intern.</p> <p>Discuss and problem solve with the intern potential issues with documentation (e.g. when a member of the interdisciplinary team makes a judgment about a patient and it differs from factual information in the chart note).</p> <p>Continue to co-sign all notes entered into the medical record by the intern, even after the intern is documenting independently.</p>	
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## Module 12-Palliative and End-of-Life Care

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<p>The child life intern will:</p> <p>1. Observe and discuss with preceptor various examples of loss experienced by families served, identifying families' expressions of grief and their coping strategies.</p>	<p>The supervising CCLS will:</p> <p>1. In discussion,</p> <ul style="list-style-type: none"> <li>• Supervisor presents examples of situations that could cause grief response (the intern contributes to list).</li> <li>• Supervisor describes typical grief and coping responses (the intern cites examples where these were observed).</li> <li>• Supervisor describes atypical grief and coping responses. With the intern, supervisor articulates possible support strategies.</li> </ul>	
<p>2. Discuss and/or demonstrate methods of gathering information from patients and families in order to assess their needs and wishes during a bereavement situation.</p>	<p>2. In discussion, include:</p> <ul style="list-style-type: none"> <li>• Body language/facial expressions; positioning of family members related to patient and each other; sensorial aspects of room (temperature, lighting, sound level, etc.); adequate comfort items available? (chairs, tissues, music, blankets, etc.); anticipated needs of those not present: (siblings, grandparents, friends, etc.); known wishes of patient; specific needs related to spirituality, religious traditions, and culture</li> </ul> <p>Guide the intern to gather input from professional care team and the medical record as appropriate.</p>	
<p>3. Describe children's understanding of death as related to the cognitive stages of development.</p>	<p>3. In discussion, review example of interventions appropriately provided to a patient of any age.</p> <p>Identify adaptations that could be used for a patient in each of the other developmental stages.</p>	

<p>4. Create a list of developmentally appropriate interventions for explaining death and for encouraging expression of feelings when supporting children and adolescents in bereavement.</p>	<p>4. Guide the intern toward printed and other media resources available within the internship site.</p> <p>Encourage the intern to seek input from available staff regarding their favorite interventions and resources.</p>	
<p>5. Assemble a personal bibliography of books and other effective materials that can be utilized in support of children, adolescents and adults facing a variety of losses in addition to bereavement.</p>	<p>5. Use resources collected via number four above.</p>	
<p>6. Identify culturally appropriate comfort measures for patients and their families at end of life.</p>	<p>6. As appropriate, arrange for contact between the intern and other supportive disciplines such as pastoral care, chaplaincy, and international services for related discussion.</p>	
<p>7. Communicate assessment, plan, and interventions both in the medical record and via discussion with related staff.</p>	<p>7. Supervisor reviews and co-signs the intern's chart note before it is entered into the medical record.</p>	

## Module 13-Administration

<b>Intern Required Activities</b>	<b>Supervisor Techniques</b>	<b>Specific Strategies for Intern</b>
<p>The child life intern will:</p> <p>1. Assist with volunteer supervision and daily assignments.</p>	<p>The supervising CCLS will:</p> <p>1. After the intern has reviewed volunteer manual, policies and procedures, review expectations and roles.</p> <p>Have the intern observe how volunteer assignments are made, discussing matching ability of volunteers to complexity of task, patient assignments. Discuss providing guidance and direction to volunteers.</p> <p>After observation, ask the intern to make volunteer assignments. Discuss providing feedback (both positive and negative) to volunteers. Role-play with the intern two situations in which positive and negative feedback must be given to a volunteer.</p> <p>Provide feedback following role-play, including the intern's comfort level with providing feedback.</p>	
<p>2. Observe and discuss school procedure for school communications during a patient's hospital stay as well as school re-entry procedures.</p>	<p>2. Review hospital policies and procedures for patient-school communication and re-entry procedures. Allow the intern to observe/ participate in selected school re-entry programs. Ask the intern to discuss potential school re-entry impact on various age groups in relation to their specific illness/injury. Provide three different scenarios for the intern to discuss the impact of school re-entry.</p>	
<p>3. Observe and discuss process for scheduling, supervising and evaluating special events. Facilitate at least one special event under the supervision of a child life specialist.</p>	<p>3. Review hospital policies and procedures for special events. Have the intern observe how special event inquiries are handled. Have the intern participate in a minimum of 3 special events. Discuss with the intern what worked well, what could have been improved for each event. Role-play with the intern special event inquiry. Include scenarios of both appropriate and inappropriate special events, to assist the</p>	

	<p>intern in articulating hospital policies and procedures. Under the guidance of supervisor, have the intern facilitate a special event. Following the event, discuss what worked, what did not, what the intern would do differently next time. Focus on how patients/families responded to the special event as well as technical/procedural aspects of event.</p>	
<p>4. Write a sample “thank you” letter for a special event or donation.</p>	<p>4. Provide the intern with sample thank you letters for both monetary and in-kind donations. Discuss process for accepting donations and follow up. Role-play with the intern donor inquiries, including a situation with both appropriate donation and inappropriate donation. After role-play discuss with the intern what worked well, how they may handle it differently in the future. Have the intern write a sample thank you for a donation received in the department and review it with him or her.</p>	
<p>5. Inventory child life program supplies, materials and equipment.</p>	<p>5. Discuss with the intern the importance of matching resources and supplies and equipment. Have the intern inventory supplies, identifying what they believe to be “essential” vs. “discretionary” supplies and equipment.</p> <p>Discuss usage, cost and management in a safe and cost effective manner. Discuss safety needs of equipment and supplies and have the intern complete “safety” rounds in all activity centers. Discuss the intern’s findings.</p>	
<p>6. Discuss child life statistics, record keeping, quality indicators and performance improvement initiatives.</p>	<p>6. Discuss with the intern statistics used to monitor child life services. Review any department performance improvement (PI) initiatives, process for developing PI projects, and ask the intern to think about other possible PI initiatives. Discuss value of research initiatives, sharing current child life research projects. Have the intern come up with a research question applicable to the department.</p>	

<p>7. Attend department and administrative meetings.</p>	<p>7. Review all meetings, both departmental and administrative with the intern, explaining purpose and participants prior to each meeting. Explain the need for confidentiality in the meeting and review the intern's appropriate role during the meeting. Debrief with the intern following each meeting. Have the intern attend a minimum of two child life departmental and two administrative meetings.</p>	
<p>8. Review and discuss department and hospital policies and procedures, mission and goals. Review the child life program's scope of service document.</p>	<p>8. Provide the intern with organization structure, mission, vision and values of organization as well as all relevant policies and procedures. Have the intern articulate child life scope of service.</p>	
<p>9. Review and understand the department's budget.</p>	<p>9. Review department budget with the intern. Describe process of budget review and processing, requesting funding, and accounting of funds. Prior to reviewing actual budget, ask the intern for his or her assumptions as to budgeting department.</p> <p>Discuss hospital policy and process for proposals for both salary and non-salary needs. Ask the intern to identify a gap in service or need within department and write a brief proposal (no more than one page) to include: identified need/opportunity for improvement, and detailed cost/budget.</p>	

## Module 14-Professional Development

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<p>The child life intern will:</p> <p>1. Under direction of the supervising CCLS, work through three of the hypothetical case scenarios which start on page 19 of the CLC's <i>Making Ethical Decisions in Child Life Practice</i>.</p>	<p>The supervising CCLS will:</p> <p>1. Read through Process of Ethical Analysis section to provide framework for discussions with the intern. Encourage the intern to work through the scenarios independently at first, answering questions to the best of his or her ability. Work through each of the scenarios with the intern, discussing and debriefing, and altering the variables of the scenario as needed to flush out all possible outcomes.</p>	
<p>2. Complete Appendix 1, below, as it relates to professional boundaries. Discuss answers with supervising CCLS.</p>	<p>2. Encourage the intern to work through the scenarios independently at first, responding to each to the best of his or her ability. Work through each of the scenarios with the intern, discussing and debriefing, and altering the variables of the scenario as needed to flush out all possible outcomes. For example, the third scenario reads "A patient/family looks you up on Facebook and emails you requesting to be friends. How do you handle this situation?" A possible follow up question to alter the variables could be "What if they want your home phone number? Work phone number?"</p>	
<p>3. Read the CLC <i>FOCUS</i> article Burnout: <u>Knowing the Symptoms and Learning How to Care for Yourself, too</u>. Circle the items in the box <i>Symptoms and Signs of Burnout</i> that are applicable. Discuss the results with supervising CCLS. Devise action plan to ward off professional burnout with supervising CCLS.</p>	<p>3. Discuss key points in the article, specific aspects that the intern found impactful, and discuss a few items in the box that the intern circled, as much as the intern is comfortable sharing. Questions for intern: What stood out to you? What seemed most relevant to you? How do you cope when things are going well? What are some things that would test your ability to cope, that might test your comfort zone? Help the intern develop a plan that helps with coping and specific ideas that speak to emotional, mental, physical, and spiritual health. Discuss how child life tools that we teach children for</p>	

	<p>coping can be applied to the CCLS professional as well.</p>	
<p>4. Develop a cover letter and resume in application for a hypothetical general pediatrics child life specialist position at the internship site hospital. Provide cover letter and resume to supervising CCLS for feedback.</p>	<p>4. Have the intern work independently on cover letter and resume. Give feedback to the intern on formatting, wording choices, tailoring resume/cover letter to specific institution he or she is applying to, and overall flow.</p>	
<p>5. Complete a mock interview with the child life team as well as other members of the interdisciplinary team, interviewing for the hypothetical general pediatrics child life specialist position at internship site. Ask for a time for feedback from the team after the mock interview.</p>	<p>5. Plan interview well in advance with the goal that the intern will experience a very formal, professional type of interview.</p> <p><b>Interview type can be:</b></p> <ul style="list-style-type: none"> <li>• One on one with manager, supervisor</li> <li>• Panel of CL staff</li> <li>• Panel of multidisciplinary staff members</li> </ul> <p><b>Prepare the intern for interview:</b></p> <ul style="list-style-type: none"> <li>• Dress; body language; behavioral-based interview questions; resume; portfolio; final project; questions for interviewer(s)</li> </ul> <p><b>Post-interview feedback session:</b></p> <ul style="list-style-type: none"> <li>• Provide feedback to the intern regarding: professionalism; conciseness of answers; strengths to hardwire; opportunities</li> </ul>	