This document is designed to provide a basic framework for clinical training of child life interns. It includes 14 learning modules; each module relates directly to the list of Essential Curriculum Topics for Child Life Clinical Internships as approved by the CLC Board of Directors in November 2010.
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Internship Curriculum Modules Introduction

A comprehensive package for foundational learning experiences

Internships across organizations and institutions offer a wide range of experiences that contribute to the training of new child life specialists. Many of these experiences cannot be replicated in all settings, due to demographic differences, size of populations served, experience and roles of supervisors, acuity, and in general, differences in patient access. For example, a small pediatric unit or dental practice will not have patients in an intensive care unit. A freestanding children’s hospital will not provide services to children of adult patients. Though specific populations may not be present in every internship situation, similar learning experiences can be created and facilitated.

Recognizing that interns have varied learning styles and needs, and that supervisors have different approaches and expectations, we hope that by providing a flexible experiential framework for all, interns will benefit from any type of placement, while supervisors will be supported in their roles. An evaluation tool has been developed for use with the modules, specifically aligned with all of the Child Life Council’s Professional Competencies, (CLC Official Documents, 2002) and addressing all of the skills defined within the Related Domains and Tasks from the Professional Certification Examination Classification System (CLC, 2008). It is hoped that this tool, with specific behavioral measures, will help to level evaluation across sites.

This package was developed to assist clinical supervisors in use of the modules. The modules have been developed in order for an intern to meet the requirements for clinical verification. Successful completion of each module means that the intern demonstrates competency in all the modules as outlined in the evaluation.

The Internship Task Force recommends that prospective interns have completed their core coursework prior to embarking on an internship. In anticipation of new certification exam eligibility requirements set to go into effect beginning in 2013, core coursework is considered to include successful completion of a child life course taught by a certified child life specialist. Please note that completion of internship training, even when taken for university credit, will not substitute for the child life course requirement for exam eligibility.
Module Template

Module #

Title
A topic designated as essential to entry level child life practice by the Child Life Council.

Clinical Learning Goals

Positive statements of essential knowledge and skills that interns will have or do within the framework of the internship.

Related Child Life Competencies

Verbatim listing of the corresponding or related competency statement(s) published in the Official Documents of the Child Life Council. The intern will acquire and demonstrate these competencies in practice or through reflective activities with the CCLS.

Related Domains and Tasks from Professional Certification Examination Classification System

Verbatim listing of the domains and specific tasks (as defined by the CLC Practice Analysis, 2008) to which this topic relates.

Objectives

Positive statements describing specific tasks or activities in which the intern will successfully engage.

Required Activities

Activities that will engage the student in active, behavioral and reflective learning directly related to the essential elements of this topic.
**Required Readings**

List of those readings deemed essential to the intern’s child life knowledge base in order for them to understand and perform this skill at an entry level, and qualify successfully for skill verification.

**Suggested Readings**

Readings that would enhance the intern’s knowledge base and skills, especially for those interns who:

- Have academic training specifically as child life students, and have pre-read the required material; or,
- Have quickly demonstrated knowledge and skill in this topic and desire further depth or knowledge base.

**Optional Activities for Additional Skill Enhancement**

Activities that are not requisite, but will serve to enhance the growth of those interns who desire more in-depth or complex experiences, or experiences not available in the setting. May also include activities that could serve to enhance the growth of students who learn best by specific methods (i.e., visual, auditory, etc.).

**Module Order and Rate of Completion**

The modules are numbered in a specific order, so that learning and skill demonstration can be scaffolded from one to the next and so on. Each module requires activities that utilize the intern’s knowledge base, build skills and encourage self-reflection.

1. Development of CL profession
2. Lifespan Development
3. Patient and Family Centered Care
4. Communication
5. Assessment
6. Play
7. Medical/Health Care Play
8. Therapeutic play and coping
The first portion of the internship may appear to have more required and complex content, but these initial modules provide a foundation upon which more critical thinking and clinical skills can be built. As the student learns and demonstrates competency, the skills required become cumulative and more complex. It should be noted that all interns will progress at different rates, and the environment in which interns are placed, among other factors, will affect the rate of progression. All students will demonstrate competency in different knowledge and skills at different times throughout their experiences. A student who is strong in communication skills, for example, may be ready to move ahead more quickly to the next module. Conversely, the intern learning about patient- and family-centered care for the first time may approach the module on assessment more slowly. Completion of skills in one module may overlap content in another area. Flexibility in application of the modules should be negotiated between students and their supervisors.

Required readings have been listed in order of importance. Many students may be already familiar with the required readings, and therefore interested in pursuing some of the suggested additional readings as well. Interns who have not completed specific child life training programs will need to concentrate on the required readings. Links have been listed where possible.

Supervisors may notice that there are similarities in both suggested and required activities from one module to the next. Perhaps the focus of learning may be different from one to the other, but similarities may also provide the intern with a basic skill in one area, and a more complex skill in the later module. If a student has demonstrated competence earlier than expected, the complexity of tasks and activities can be more advanced in following modules.

The inclusion of optional activities provides ideas for more variety in activities for the intern who has already had experience, or for those who learn differently. Supervisors should feel free to improvise or include their own clinical and supervisory experiences or opportunities within the setting in order to meet a range of learner needs.
Module 1
Development of the Child Life Profession

Clinical Learning Goals

The child life intern will have an understanding of and appreciation for both the history of the child life profession and the child life program in which the internship is being served that will provide a foundation for effective implementation of child life services and development of professional relationships.

Related Child Life Competencies

III. Administration
   B. The ability to implement child life services within the structure and culture of the work environment.
      • Identify organizational structure and relevant policies and procedures.

Related Domains and Tasks from Professional Certification Examination Classification System

Domain III: Professional Responsibility

Task 2: Promote professional relationships (e.g., child life team, interdisciplinary teams, community resources) in order to enhance communication and collaboration, foster family-centered care, and maximize positive outcomes.
Task 3: Educate staff, students, volunteers and the community in order to promote greater awareness of the needs of children and families as well as the child life profession.
Objectives

In the process of completing this module the child life intern will:

1. Articulate an understanding of the history of both the child life profession and Child Life Council.
2. Describe the evolution of the currently assigned child life department/program.
3. Distinguish the roles that comprise the interdisciplinary care team, particularly the role of the child life specialist within that team.

Required Activities

The intern 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.
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).

Required Readings


Accessed February 18, 2011.
The Child Life Profession: Mission, Values, and Vision. Retrieved from:
http://www.childlife.org/The%20Child%20Life%20Profession/ProfessionMissionVision
ValuesPositionStatements.cfm

Suggested Readings

[Also required reading for Module 7 (Medical/Health Care Play)]

Child Life Council Archives at Utica College. Retrieved from:
http://www.childlife.org/Archives/AccessArchives.cfm


The Evolution of the Child Life Profession in North America. Retrieved from:
http://www.childlife.org/The%20Child%20Life%20Profession/HistoryoftheProfession.cfm
Accessed February 18, 2011.
Module 2
Lifespan Development: Applying Theory to Practice

Clinical Learning Goals

The child life intern will have a working knowledge of developmental theory as it applies to children and adolescents experiencing health care in varied settings. The intern will enhance her/his abilities to observe, recognize and articulate developmental needs and milestones, as well as to identify the ways in which children’s development affects their understanding and responses to hospitalization and illness, and how hospitalization and illness may influence a child’s development from infancy through adolescence.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   A. The ability to assess and meaningfully interact with infants, children, youth and families.
      - Articulate theories of human growth and development, play and family systems.
      - Describe formal and informal assessment techniques to determine developmental and emotional state.
      - Cite relevant classic and current research related to developmental theory.
      - Identify child’s concept of illness as it relates to developmental theory.
      - Identify child’s concept of death as it relates to developmental theory.

Related Domains and Tasks from Professional Certification Examination Classification System

Domain I: Assessment
   Task 2: Identify developmental factors and their implications regarding the child’s health care experience in order to plan appropriate interventions.

Domain II: Intervention
   Task 1: Provide psychosocially and developmentally-appropriate support that is responsive to the specific needs of children and families.
Objectives

In the process of completing this module the child life intern will:

1. Apply knowledge of child development theory to interactions with children and adolescents.
2. Verbalize and provide examples of how the children’s development may be impacted by their health care experience.
3. Demonstrate the ability to select appropriate activities and plan for therapeutic interventions based upon developmental assessment.
4. Recognize safety as paramount in the playroom and bedside settings, demonstrating safety precautions according to developmental needs.
5. Articulate reactions and understanding of illness for children and adolescents based upon knowledge of child development theory.

Required Activities

The intern will:

1. Investigate and apply developmental theory into daily activities, journal entries and discussions with CCLS and multidisciplinary team as appropriate.
2. Observe children and adolescents in both inpatient and outpatient health care settings, identifying how development is impacted by health care experiences.
3. Observe a child at each developmental stage (infant, toddler, preschool, school-age and adolescent) in the playroom and/or at bedside. Write a description of the child’s behavior, focusing on the observed stage of development and noting its 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.
4. 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 paragraph describing the CCLS’s interaction, focusing especially on the developmental needs addressed in the session and acknowledging the child’s understanding of illness and reactions to his/her health care experiences.
5. Document the transitions required of a hospitalized patient from admission through discharge and the challenges experienced based on each developmental level.
6. Investigate programs for transition to adult care available for one chronic illness population.

**Required Readings**


**Suggested Readings**


Optional Activities for Additional Skill Enhancement

1. Adapt materials and resources geared towards school age developmental level to the developmental needs of adolescents.
2. Develop and present a case study of a long term hospitalized infant, child or adolescent, including how her/his development was impacted by the health care experience and how the intern’s child life practice supported the child’s normative development through therapeutic interventions.
3. Present an educational session on the developmental impact of pediatric health care experiences to a group of nursing students or medical students, acknowledging ways in which health care providers can facilitate attention to developmental needs and effective use of child-friendly language. Highlight research and evidence-based practice with shared case examples from observations and internship experience. (Patient- and Family-Centered Care module has a similar activity).
Module 3
Patient- and Family-Centered Care

Clinical Learning Goals

The child life intern will successfully gain a working knowledge of the philosophy and principles of patient- and family-centered care. In doing so, she/he will develop skills in parent education and working with families in times of crisis. This will include work with siblings, young adults/adults, and in high stress areas including, but not limited to, intensive care settings.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   A. The ability to assess and meaningfully interact with infants, children, youth and families.
      • Identify values related to sociocultural diversity.
      • Articulate the tenets of patient and family-centered care.
      • Identify general issues in family dynamics.
   C. The ability to assist infants, children, youth and families in coping with potentially stressful events.
      • Identify factors that may impact vulnerability to stress.
      • Empower and support patients and families to effectively self advocate as well as advocate on behalf of those who cannot do so.
   D. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.
      • Articulate learning styles and needs of individuals of different developmental levels, emotional states, and of diverse backgrounds and experiences.
Related Domains and Tasks from Professional Certification Examination Classification System

Domain I: Assessment
   Task 3 – *Identify psychosocial factors (e.g., diversity, culture, spirituality, family dynamics and structure, coping styles, socioeconomic status) and family-identified needs and goals in order to provide family-centered care.*

Domain II: Intervention
   Task 2 – *Empower and collaborate with children and families to develop and use advocacy skill.*
   Task 3 – *Provide educational opportunities and resources that are responsive to the needs of children and families in order to promote learning and mastery.*

Objectives

In the process of completing this module the intern will:

1. Articulate the philosophy and principles of patient and family-centered care.
2. Demonstrate an understanding of the impact of diversity, culture, spirituality and socioeconomic status on coping.
3. Demonstrate an understanding of and appreciation for the variety of family dynamics and structures, and their impact on coping and education.
4. Utilize appropriate language and teaching tools to best support the patient and family.
5. Demonstrate successful and effective communication skills during patient and family interactions.
6. Identify appropriate resources for patients and families which will support the family during the health care experience.
7. Utilize appropriate developmental knowledge in formulating interventions and education across the life span.
8. Incorporate knowledge of development and family systems to support siblings, individually and in groups.
9. Identify effective and reflective methods of interaction during times of stress, including response to emotional, verbal and body language cues exhibited by families.
**Required Activities**

The intern will:

1. Review and discuss the components of patient- and family-centered care.
2. Recognize and describe examples of these in daily practice in given facility.
3. Interview a family regarding their overall experience in the health care environment.
4. Develop and initiate a plan that incorporates support of and resources for sample family using patient- and family-centered care principles.
5. Observe CCLS provide parent education, such as typical reactions to hospitalization.
6. Incorporate appropriate parent education opportunities into practice.
7. Observe a sibling interaction provided by a CCLS. Discuss observations and evaluation of outcomes with CCLS.
8. Plan, organize, implement and evaluate sibling interaction.

**Required Readings**


Suggested Readings


*Out of Print*

General Resource

Institute for Patient- and Family-Centered Care: [www.ipfcc.org](http://www.ipfcc.org)

Optional Activities for Additional Skill Enhancement

1. Attend a multidisciplinary/psychosocial meeting focusing on the elements of patient- and family-centered care.
2. Visit and observe a critical care environment and reflect on its potential impact on the family.
3. Meet with members of the multidisciplinary staff (specifically - pastoral care, social work, patient relations, etc) for an extended understanding of patient- and family-centered care from their perspective.
4. Obtain a copy of the facility’s current family bill of rights. Identify strengths and areas of possible improvement from the perspective of patient- and family-centered care principles.

5. Review the facility’s and/or child life department’s policies and procedures as they relate to culture, diversity, spirituality and family dynamics. Identify components of patient- and family-centered care.

6. Attend a family and/or patient advisory committee meeting, if either exists at the facility. Reflect upon group dynamics, subject matter and family/staffing representation.
Module 4
Communication

Clinical Learning Goals

The child life intern will develop and apply in practice a working knowledge of communication concepts and strategies that serve as a foundation for effective communication skills in supporting children and families. In addition, the intern will increase her/his understanding of communication styles and preferences within the health care team and incorporate this understanding in communicating and advocating for the needs of children and families.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   B. The ability to provide a safe, therapeutic and healing environment for infants, children, youth and families.
      • Utilize effective communication skills in the process of supporting children and families.
   D. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.
      • Recognize verbal and nonverbal cues and adapt teaching accordingly.
      • Use minimally threatening, developmentally supportive language.
   E. The ability to continuously engage in self-reflective professional child life practice.
      • Articulate the impact of one’s own culture, values, beliefs, and behaviors on interactions with diverse populations.
   F. The ability to function as a member of the services team
      • Communicate concisely with other professionals, integrating theory and evidence-based practice to obtain and share pertinent information.

II. Education and Supervision
   A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth and families to others.
      • Describe and integrate the basic concepts of public speaking and teaching methods appropriate to subject matter and audience.
      • Demonstrate effective advocacy for child life practice and psychosocial issues.
Related Domains and Tasks from Professional Certification Examination Classification System

Domain I: Assessment
Task 1: Identify, obtain, and use relevant data (e.g., health care, family, child) regarding the child and family to develop a comprehensive assessment and initiate a plan of care.

Domain II: Intervention
Task 1: Provide psychosocially and developmentally-appropriate support that is responsive to the specific needs of children and families.
Task 2: Empower and collaborate with children and families to develop and use advocacy skills.

Domain III: Professional Responsibility
Task 2: Promote professional relationships (e.g., child life team, inter-disciplinary teams, community resources) in order to enhance communication and collaboration, foster family-centered care, and maximize positive outcomes.
Task 3: Educate staff, students, volunteers, and the community in order to promote greater awareness of the needs of children and families as well as the child life profession.

Objectives

In the process of completing this module the intern will:

1. Examine different concepts and factors that influence effectiveness within the transaction and process of communication.
2. Identify different communication styles, preferences, and needs.
3. Develop skill in eliciting information from children and families using approaches that demonstrate sensitivity to individual developmental, emotional and cultural needs, as well as respect for the individual child’s and family’s experience.
4. Demonstrate abilities in interpreting and effectively responding to individual cues within interactions with children, families, and professionals.
5. Demonstrate skill in effectively adjusting communication approach and pacing when interacting with children and families with different developmental levels, emotional states, cultural issues, and primary language.
6. Develop skill and comfort level in communicating with others within the health care team to obtain and share information, as well as to advocate for and educate around children’s and families’ needs and perspectives.

7. Articulate the impact of her/his own communication style and behaviors on interactions with children, families, and other professionals.

8. Establish professional presentation of self with regard to own verbal and nonverbal communication.

**Required Activities**

The intern will:

1. Observe and discuss with CCLS how to adapt approaches to introducing self and child life services to children, families, and staff according to relevant contextual factors.

2. Discuss with CCLS and demonstrate diverse techniques to establish rapport with children and families.

3. Observe CCLS and then demonstrate skill in learning from children and families regarding their perspectives and experiences.

4. Articulate observations and interpretations regarding identification of:
   a. communication styles and preferences
   b. factors that contribute to successful communication, as well as those that contribute to confusion or ineffective communication
   c. unique communication needs (including use of interpreter services and respect for cultural norms).

5. Complete at least 3 journal entries that focus on the intern’s own experience of and reflection on:
   a. The need to adapt her/his communication approach within an interaction
   b. Communicating with sensitivity and empathy in a challenging situation
   c. How building awareness of her/his own communication style and behaviors has influenced communication interactions with others (children, families, and staff).

6. Demonstrate skill in developmentally-appropriate communication and language by:
   a. Effectively establishing rapport with children within each age group (infant, toddler, preschool, school-age, adolescent, young adult)
   b. Choosing 3 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).
7. Observe then demonstrate effective and caring communication with children and families:
   a. Experiencing different emotional states, including but not limited to:
      i. high stress/anxiety
      ii. sadness
      iii. happiness/excitement
      iv. anger
   b. With differing abilities
   c. Whose primary language is different from the intern’s – with and without utilization of interpreter services.

8. Observe and discuss with CCLS, then demonstrate, skills in effectively communicating 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).

9. Articulate, establish, and maintain behaviors that reflect a professional presentation of self.

**Required Readings**


Suggested Readings


Optional Activities for Additional Skill Enhancement

1. Complete a process recording/verbatim\(^1\) of an interaction for one or more of the following situations:
   a. Meeting with a child or family to introduce services and develop initial assessment.
   b. Engaging with a child in play (particularly helpful for clarifying communication that supports child-directed versus adult-directed behaviors in play).
   c. Offering emotional and/or coping support to child or family in distress.
   d. Engaging a child or family in psychological preparation.
   e. Providing procedural support.
   f. Communicating within the health care team regarding key aspects of child/family experience or perspective and/or recommendations to improve provision of developmentally-appropriate care.
Resources

Example of a Process Recording Template

<table>
<thead>
<tr>
<th>Narrative</th>
<th>Internal Responses</th>
<th>Analysis/Reflection</th>
<th>CCLS Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A running log of what was communicated during the interaction – both what was said by each participant along with any associated non-verbal behaviors (e.g., smiling, frowning, tearing up, hiding face in mom’s shoulder, etc).</td>
<td>Your own internal responses at different points during the interaction (i.e., what you were feeling and what crossed your mind in the moment).</td>
<td>Your thoughts (upon reflection after) of what seemed effective/successful and what could be done to improve the clarity, sensitivity or responsiveness, caring/empathy, conciseness within the communication transaction.</td>
<td>Useful when completing exercise in written format for observations, insights, or tips that your CCLS can share with you.</td>
</tr>
</tbody>
</table>
Module 5
Assessment: Developing a Plan of Care

Clinical Learning Goals

The intern will:
1. Demonstrate knowledge of the factors relevant to assessing a child’s and family’s ability to cope with hospitalization, illness, or treatment, and the child’s risk of negative psychological outcomes related to the experience.
2. Demonstrate the ability to gather relevant data in order to assess the coping style and needs of the child/family using a variety of strategies such as play, observation, interview/collaboration, professional discourse, reading chart materials etc.
3. Demonstrate critical thinking in the process of gathering and articulating assessment data.
4. Demonstrate the ability to convert assessment data into a needs statement and plan of care.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   A. The ability to assess and meaningfully interact with infants, children, youth and families.
      • Use developmentally-appropriate play as a primary tool in assessing and meeting psychosocial needs.
      • Apply formal and informal assessment techniques to determine developmental level and emotional state.
      • Apply the cyclical process of assessment, plan, intervention, and evaluation of child life care.
   E. The ability to continuously engage in self-reflective professional child life practice.
      • Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.
      • Articulate the impact of one’s own culture, values, beliefs, and behaviors on interactions with diverse populations.
      • Include evidence-based practice in decisions about assessment, care and evaluation.
   F. The ability to function as a member of the services teams.
      • Describe the impact of communication styles on groups and individuals.
      • Communicate concisely with other professionals, integrating theory and evidence-based practice to obtain and share pertinent information.
• Recommend consults or referrals when circumstances are beyond the scope of child life practice.

II. Education and Supervision
   A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth and families to others.
   • Demonstrate effective advocacy for child life practice and psychosocial issues.

Related Domains and Tasks from Child Life Professional Certification Examination Classification System

Domain I: Assessment
   Task 1. Identify, obtain, and use relevant data (e.g., health care, family, child) regarding the child and family to develop a comprehensive assessment and initiate a plan of care.
   Task 2. Identify developmental factors and their implications regarding the child’s health care experience in order to plan appropriate interventions.
   Task 3: Identify psychosocial factors (e.g., diversity, culture, spirituality, family dynamics and structure, coping styles, socioeconomic status) and family-identified needs and goals in order to provide family-centered care.

Domain II: Intervention
   Task 7: Evaluate and document assessments, goals, interventions, outcomes, and significant events in order to communicate and modify care plans as necessary.

Domain III: Professional Responsibility
   Task 1: Maintain professional standards of practice through adherence to established ethical guidelines in order to provide respectful and competent care.
   Task 2: Promote professional relationships (e.g., child life team, inter-disciplinary teams, community resources) in order to enhance communication and collaboration, foster family-centered care, and maximize positive outcomes.)
**Objectives**

In the process of completing this module the child life intern will:

1. Demonstrate knowledge of the factors to be considered in assessment, including developmental abilities, temperament, coping style, family variables, and experience.
2. Engage in communication with the child and family in order to understand family identified needs.
3. Identify assessment-relevant questions, content and behaviors within a play situation.
4. Articulate observations and relevance of observed behaviors in terms of understanding the child’s needs.
5. Use appropriate sources to find material relevant to overall assessment.
6. Incorporate appropriate and useful information, and filter irrelevant, biased or unreliable material when collecting information.
7. Work with families to establish validity of information, relevance of needs statements and acceptable related objectives of care plans.
8. Demonstrate the ability to prioritize patient care, based on the use of a patient classification system, acuity rating guideline, or the process in use by the organization.

**Required Activities**

The intern will:

1. Select a minimum of 3 children of different ages to complete the following:
   a. Review information provided with census/report and identify key points for assessment.
   b. Interview and collaborate with family members in order to best understand their perspectives and priorities (Including cultural perspectives).
   c. Observe in play, daily activities, and/or potentially stressful situations and identify specific psychosocial needs, strengths, and methods of coping.
   d. 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.
   e. Follow up with the child and/or family regarding the accuracy of initial and ongoing assessment.
2. Demonstrate and communicate with CCLS how assessment is incorporated into daily activities through formal and informal routines and interactions with children and families.
3. Identify data related to the most important factors in assessment (development, temperament, coping style, family variables, and child’s health care experiences) in assessments.

4. 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.

5. Self-evaluate ability to utilize the skills of assessment (and in turn, planning).

**Required Readings**


**Suggested Readings**

The full reference list of the studies reviewed in the process of developing the evidence-based practice statement on assessment can be found within this online document and serves as an excellent resource for further reading and research:


**Optional Activities for Additional Skill Enhancement**

1. Research cultural norms and collaborate with a family to understand their specific cultural perspectives and perceived influence on family and child health care coping.
2. Compare and contrast child life assessment of needs in relation to other allied health team perspectives.
3. Explain personal theoretical approach to assessment and experiences that have influenced that approach. Try changing perspectives and writing goal statements that fit a different theoretical lens. Compare needs statements from alternative perspectives.
4. Ask children what their coping goals are and incorporate those goals into care planning.
Module 6

Play

Clinical Learning Goals

The child life intern will have a professional understanding of the theoretical framework of age-appropriate play and its role within pediatric health care settings and successfully apply skills essential for effective facilitation of children’s play in various settings and situations.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   A. The ability to provide a safe, therapeutic and healing environment for infants, children, youth, and families.
      • Articulate the central role of play in child life services
      • Identify theories of play that best support child life practice.
      • Identify and describe the essential elements of the therapeutic relationship.

Related Tasks and Domains from Professional Certification Examination Classification System

Domain II: Intervention
   Task 6: Facilitate play (recreational, health care, therapeutic) and familiar life experiences in order to encourage expression, process information, and promote development and normalization.

Objectives

In the process of completing this module the intern will:

1. Apply knowledge of play theories to interactions with children.
2. Demonstrate the ability to utilize expressive modalities, such as music, art, drama, etc., in play activities with children.
3. Verbalize and provide examples of recreational, health care, and therapeutic play.
4. Use rapport-building techniques to establish therapeutic relationships.
5. Recognize that safety is paramount in playroom setting and demonstrate appropriate infection control techniques.
**Required Activities**

The intern will:

1. Observe a CCLS providing play sessions. Discuss observations and outcomes with CCLS.
2. Research and become familiar with the paradigms of play and incorporate play theories into daily journals and discussions with CCLS.
3. Observe children at play and identify the type of play in which children are engaged: solitary, parallel, vicarious, etc. Discuss value of play with CCLS.
4. Plan and supervise a minimum of 3 play activities for groups of children that focus on developmentally supportive play, play as a normalization activity, and child directed play.
5. Implement bedside play sessions, considering environmental components of the patient room, including assisting child with individualizing hospital room.
6. Adapt a game or other play material for a child with differing abilities.

**Required Readings**


[Also required reading for Module 7 (Medical/Health Care Play)]


Suggested Readings

[Also a required reading for Module 8 (Therapeutic Play and Coping)]

[Chapter 7, pp. 67-83]  
[Also a required reading for Module 4 (Communication)]

Optional Activities for Additional Skill Enhancement

1. Observe a CCLS or Play Therapist in an alternative setting interacting in play activities with children.
2. Assist with a hospital wide special event for patients, pet therapy, bingo, etc. Discuss value of group play with CCLS.
3. Observe a Music or Art Therapist providing play interventions for a child or groups of children.
Module 7
Medical/Health Care Play

Clinical Learning Goals

The child life intern will be able to independently provide medical play/health care play interventions with children and adolescents in order to decrease stress and anxiety due to hospitalization and increase opportunities for mastery of health care experiences.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   A. The ability to assess and meaningfully interact with infants, children, youth and families.
      - Identify child and family’s concept of illness
      - Use developmentally-appropriate play as a primary tool in assessing and meeting psychosocial needs.
   B. The ability to provide a safe, therapeutic and healing environment for infants, children, youth, and families.
      - Create an environment where play is valued.
      - Establish and maintain a therapeutic and healing environment.
   C. The ability to assist infants, children, youth and families in coping with potentially stressful events.
      - Facilitate opportunities for play to decrease distress and increase effective coping.
      - Facilitate mastery of potentially stressful experiences.
   D. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.
      - Assess knowledge level, misconceptions, previous experience, and unique sociocultural and learning needs.
   E. The ability to continuously engage in self-reflective professional child life practice.
      - Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.
**Related Tasks and Domains from Professional Certification Examination Classification System**

Domain II: Intervention

Task 6: Facilitate play (e.g., recreational, health care, therapeutic) and familiar life experiences in order to encourage expression, process information, and promote development and normalization.

**Objectives**

In the process of completing this module child life intern will:

1. Become familiar with common procedures and equipment used in hospitals.
2. Gain understanding of the importance of familiarizing the patient and family with the medical environment and medical equipment.
3. Gain understanding of age- and developmentally-appropriate language to describe common medical terms, procedures, equipment, and diagnoses.
4. Recognize importance of medical play in child’s understanding and mastery of environment.
5. Assess when medical play is no longer effective.
6. Use rapport building techniques to establish therapeutic relationships.
7. Recognize that safety is paramount in playroom setting and demonstrate appropriate infection control techniques.

**Required Activities**

The intern will:

1. Observe a CCLS providing a minimum of 3 bedside or playroom medical play sessions. Discuss observations and outcomes with CCLS.
2. Practice commonly used medical play techniques with supervising CCLS, including safe use of needle play.
3. Plan and implement a minimum of 2 health care play activities in the playroom. Provide a written plan and state the goals of the activity. 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 post-activity.
4. Plan and facilitate a minimum of 2 individualized medical play sessions with supervision and feedback by CCLS.
**Required Readings**


[Also required reading for Module 4 (Communication)]


Accessed March 27, 2011

[Also required reading for Module 6 (Play)]


[Also required reading for Module 1 (Development of the Child Life Profession)]

**Suggested Readings**


**Optional Activities for Additional Skill Enhancement**

1. Become familiar with medical play games such as Adventure Park, Medical Jenga, and Blood Soup.
2. Organize and facilitate a medical play area of the playroom.
3. Plan and facilitate a medical craft activity.
Module 8
Therapeutic Play and Coping

Clinical Learning Goals

The child life intern will develop and successfully apply a working knowledge of how to use play in a therapeutic manner to support children in coping with a range of psychosocial issues.

Child Life Competencies

I. Care of Infants, Children, Youth and Families
   A. The ability to assess and meaningfully interact with infants, children, youth and families.
      • Utilize therapeutic/creative modalities such as bibilotherapy to meet individual developmental and emotional needs.
   B. The ability to provide a safe, therapeutic and healing environment for infants, children, youth and families.
      • Identify and describe the developmental and psychosocial goals of each activity and interaction.
   C. The ability to assist infants, children, youth and families in coping with potentially stressful events.
      • Facilitate opportunities for play to decrease distress and increase effective coping
      • Facilitate mastery of potentially stressful experiences.

II. Education and Supervision
    A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth and families to others.
      • Demonstrate effective advocacy for child life practice and psychosocial issues.

Related Domains and Tasks from Professional Certification Examination Classification System

Domain II: Intervention
Task 5: Facilitate the development of coping strategies for children and families (e.g., pain management, Positioning for Comfort®, distraction, alternative focus, guided imagery, child participation) in order to minimize distress and promote empowerment.
Task 6: Facilitate play (e.g., recreational, health care, therapeutic) and familiar life experiences in order to encourage expression, process information, and promote development and normalization.
Objectives

In the process of completing this module the child life intern will:

1. Articulate goals and rationale for specific therapeutic play activities.
2. Develop and sustain therapeutic relationships within the play partnership.
3. Demonstrate the use of play to support children’s understanding and mastery of the environment and experiences.
4. Facilitate play as a therapeutic modality for expression of emotions and support of coping.
5. Educate families and staff regarding the benefits of issue-specific and therapeutic play.

Required Activities

The intern will:

1. Observe a CCLS facilitate therapeutic play opportunities with individual children and in groups. Discuss observations and questions with CCLS.
2. Identify a minimum of 3 therapeutic play activities that could be used as interventions for the support of coping within EACH of the following psychosocial concerns:
   a. Separation (from primary caregiver, family, peers, community)
   b. Anger/frustration
   c. Loss (e.g. of sense of control, of self-esteem, of sense of self, of body part, of loved one).
3. Plan and implement a minimum of 5 therapeutic play activities for children of different developmental levels, articulating (verbally or in writing):
   a. Psychosocial issue to be addressed
   b. Goals and objectives of activity
   c. Materials required
   d. Adaptations for children of different abilities and developmental levels
   e. Evaluation of implementation.

Required Readings


**Suggested Readings**


**Optional Activities for Additional Skill Enhancement**

1. Create a resource for families with ideas on how to use play therapeutically post-discharge (activity ideas for the angry child or for the child dealing with grief)
2. Identify 3 children’s books related to one of the following topics: anger, self-esteem issues, separation, or expression of feelings. Design an activity related to each of the books. Facilitate this activity with a patient
3. Create a game designed to help children express their feelings about hospitalization.
Module 9
Coping with Pain and Distress

Clinical Learning Goals

The child life intern will successfully recognize the elements related to pain, anxiety, distress and suffering. Further, the intern will identify and incorporate appropriate and effective coping techniques and interventions to support the well-being and resiliency of the patient and family.

Related Child Life Competencies

II. Care of Infants, Children, Youth and Families

B. The ability to assess and meaningfully interact with infants, children, youth and families.
   • Describe formal and informal assessment techniques to determine developmental and emotional state.
   • Identify child and family’s concept of illness.

E. The ability to assist infants, children, youth and families in coping with potentially stressful events.
   • Identify factors that may impact vulnerability to stress.
   • Describe coping behaviors specific to various age groups and populations.
   • Describe immediate and long-term coping styles and techniques, as well as the effect on adjustment and behavior.
   • Articulate effective pain management techniques including pharmacological and psychological.
   • Facilitate mastery of potentially stressful experiences.

F. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.
   • Identify basic terminology and processes, and expected course of care associated with the circumstances of the population served.
   • Describe common fears, misconceptions and concerns of individuals in each developmental stage.
Related Domains and Tasks from Professional Certification Examination Classification System

Domain I: Assessment
   Task 2: *Identify developmental factors and their implications regarding the child’s health care experience in order to plan appropriate interventions.*

Domain II: Intervention
   Task 1: *Provide psychosocially and developmentally-appropriate support that is responsive to the specific needs of children and families.*
   Task 5: *Facilitate the development of coping strategies for children and families (e.g., pain management, Positioning for Comfort, distraction, alternative focus, guided imagery, child participation) in order to minimize distress and promote empowerment.*

Objectives

In the process of completing this module the intern will:

1. Articulate an understanding of the elements related to pain, anxiety, distress and suffering.
2. Demonstrate an understanding and working knowledge of basic medical terminology, and pain assessment / management tools and transfer this into practice.
3. Utilize appropriate, developmentally supportive communication skills to assist in the effective coping of the child and family.
4. Identify developmental, individualized cues from which to base potential interventions.
5. Demonstrate developmentally-appropriate strategies to support the patient and family during painful procedures.
6. Demonstrate developmentally-appropriate strategies to support the patient and family during emotionally challenging, anxiety producing events.
7. Identify and utilize child life tools to support the coping of the patient and family during challenging situations.
8. Engage in self-reflection regarding the ways in which personal beliefs influence the intern’s own responses when supporting those who are in pain or experiencing suffering.
Required Activities

The intern will:

1. Articulate and demonstrate an understanding of the pain assessment tools and protocols utilized at placement site.
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.
3. Observe CCLS facilitate coping interventions during potentially painful and/or distressing procedures. Discuss observations and questions with CCLS.
4. Plan, initiate and evaluate individualized coping interventions during potentially painful procedures.
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.
6. Develop a “coping kit” to be utilized to support patients under stress.
7. Practice support strategies such as comfort positions, imagery, story-telling, and relaxation techniques. Articulate assessment of physical and/or psychological distress and the goal(s) associated with selected strategies. (Note: Some strategies require specialized training and should only be taught and incorporated into practice by an individual who has completed the relevant training.)

Required Readings

Pain in children’s lives. In L. Kuttner (2010), A Child in Pain: What Health Professionals Can Do to Help (pp. 7-37). CT: Crown House Publishing Ltd. (Chapter 1, pp. 7-37)


**Suggested Readings**


*Out of print*

**Optional Activities for Additional Skill Enhancement**

1. Review and critique films “No Fear, No Tears” and/or “No Fear, No Tears: Thirteen Years Later”, reflecting upon child life practice.
2. Shadow members of a pain service team, if present at facility.
3. Develop and present to a multidisciplinary audience an educational session on developmentally-appropriate coping techniques.
Module 10

Psychological Preparation

Clinical Learning Goals

Interns will demonstrate a working knowledge of the process of psychological preparation and apply that knowledge to facilitation of psychological preparation with children and families for health care procedures and other potentially stressful events.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   C. The ability to assist infants, children, youth and families in coping with potentially stressful events.
      • Describe coping behaviors specific to various age groups and populations.
      • Describe immediate and long-term coping styles and techniques, as well as the effect on adjustment and behavior.
      • Assess responses to stress; plan, implement and evaluate care accordingly.
      • Facilitate opportunities for play to decrease distress and increase effective coping.
      • Introduce and facilitate rehearsal of techniques to aid immediate and long-term coping, with consideration for the unique needs of the individual and family, such as coping style, previous experience, developmental level, culture, spirituality, family situation and emotional state.
      • Facilitate mastery of potentially stressful experiences.
      • Utilize appropriate psychological pain management strategies.
      • Empower and support patients and families to effectively self advocate as well as advocate on behalf of those who cannot do so.
   D. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.
      • Assess knowledge level, misconceptions, previous experience, and unique sociocultural and learning needs.
      • Determine realistic goals and objectives for learning using a patient and family-centered approach, and identify an action plan to achieve these goals.
      • Use accurate and developmentally-appropriate teaching aids and techniques to support emotional needs and knowledge development.
      • Recognize verbal and nonverbal cues and adapt teaching accordingly.
      • Use minimally threatening, developmentally supportive language.
      • Describe sensory information, sequence, timing and duration of events.
• Facilitate planning, rehearsal and implementation of coping strategies.

**Related Domains and Tasks from Child Life Professional Certification Examination Classification System:**

Domain II: Intervention

*Task 4: Facilitate preparation (example: psychological, educational) for challenging situations with children and families in order to minimize fear and anxiety and to promote mastery of their experience.*

**Objectives**

In the process of completing this module the child life intern will:

1. Demonstrate knowledge of the organization’s admissions procedures.
2. Identify typical developmentally-related fears/issues surrounding admission to health care facility.
3. Become familiar with surgical environments and protocols, and observe induction/operating room or related procedures.
4. Observe and understand common or frequent procedures in the health care setting.
5. Become familiar with resources, techniques and learning aids available for preparation for specific procedures.
6. Effectively use an acuity rating system or demonstrate prioritization skills.

**Required Activities**

The intern will:

1. Observe a minimum of 3 procedures with each of the developmental groups (infant, toddler, preschooler, school age etc.) common to the unit or site, and discuss observations with the CCLS, 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.
2. Observe and discuss a minimum of 3 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.

3. Inventory available preparation materials in current clinical area (child life department, inpatient units, clinics, ED, OR, etc).

4. Demonstrate effective utilization of play within preparation activities with toddler, preschooler and school-ager.

5. Demonstrate creativity in developing specific individualized preparation materials or activities as required.

6. Demonstrate effective communication skills with children and families.

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.

8. Evaluate effectiveness of preparation activities, and make changes to her/his own learning plan as needed.

9. Complete documentation as required by the organization.

10. Engage in reflective activities such as journal entries or other activities as required.

11. Demonstrate incorporation of cultural sensitivity and relevance into preparation activities through one individualized care plan reviewed with CCLS.

Required Readings


Accessed March 27, 2011

[Also required reading for Module 4 (Communication)]

Suggested Readings


[Also a required reading for Module 3 (Patient and Family-Centered Care)]

[Also a required reading for Module 8 (Therapeutic Play and Coping)]

[Also a required reading for Module 4 (Communication) and Module 7 (Medical/Health Care Play)]

[Also a suggested reading for Module 9 (Coping with Pain and Distress)]

**Optional Activities for Additional Skill Enhancement**

1. Increase number of observation experiences, both of preparation activities with children, and of children having procedures.
2. Additional written assignments that demonstrate understanding and skill in facilitating preparation for health care and related experiences.
3. Participation in research activities related to preparation.
5. Case presentations focusing on the intern’s own learning within preparation activities.
6. Preparation materials development such as language tips, activity kits, sibling activities related to preparation.
7. Skill-specific coaching such as developing appropriate responses to a child’s expression of fear/anxiety, acting out behaviors, a child that resists engagement.
8. Prepare children for experiences with transitions, such as returning to home and community, going into foster care, transitioning to adult care.
9. Research and use alternative strategies to prepare specific user groups such as children with Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Anxiety Disorders, or Learning Disabilities.
10. Prepare children for procedures being experienced by others, such as an ill parent or a sibling.
Module 11  
Documentation

Clinical Learning Goals

The child life intern will provide accurate, insightful documentation in the patient’s medical record that contributes to the plan of care.

Related Child Life Competencies

F. The ability to function as a member of the services team.
  - Communicate concisely with other professionals, integrating theory and evidence-based practice to obtain and share pertinent information.
  - Create concise, objective and accurate clinical notes, documenting information pertinent to the plan of care.
  - Recommend consults or referrals when circumstances are beyond the scope of child life practice.

Related Domains and Tasks from Professional Certification Examination Classification System

Domain I: Assessment
  Task 1: Identify, obtain and use relevant data (e.g., healthcare, family, child) regarding the child and family to develop a comprehensive assessment and initiate a plan of care.

Domain II: Intervention
  Task 7: Evaluate and document assessments, goals, interventions, outcomes, and significant events in order to communicate and modify care plans as necessary.
Objectives

In the process of completing this module, the child life intern will:

1. Demonstrate understanding of the Child Life Process through written sample chart notes.
2. Describe and define the SOAP and APIE formats as they pertain to the process used for documentation.
3. Become familiar with the documentation policies of the organization and the guidelines and process utilized within the placement site.

Required Activities

The intern will:

1. The supervising CCLS will provide access to the admission note for a patient. From that information, the intern will 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.

2. The intern will observe interventions provided by the supervising CCLS and compose notes for documentation of those interventions and review them with CCLS. 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.

3. The intern will continue the pattern described above until the CCLS determines that the intern is ready for independent (still co-signed) documentation.

Required Readings

[Also required reading for Module 2 (Lifespan Development: Applying Theory to Practice) and Module 5 (Assessment: Developing a Plan of Care)]

[Available for purchase through the Child Life Department at Children’s Medical Center of Dallas]

Suggested Readings


[Also required reading for Module 14 (Professional Development)]

Optional Activities for Additional Skill Enhancement

1. Using Child Life Education Series: Child life charting: Skills and strategies for effective documentation in the medical record as a guide, the intern will compose a mock/practice note utilizing the following case study and will present to the CCLS:

   A. John is a four-year-old experiencing his first hospitalization. In report, his nurse states that he is fearful of medical staff and screams when staff enter his room, crying and clinging to his mother who remains at bedside. John needs to have blood drawn later in the morning and staff is enlisting your help.
   1. Exercise 1: Communicating in a brief note
   2. Exercise 2: SOAP format
   3. Exercise 3: APIE format

2. Using the Making Ethical Decisions in Child Life Practice publication, the child life intern will choose at least two complex case studies to complete the following exercises and will present to the CCLS:

   A. Case Study 1
   1. Exercise 1: Communicating in a brief note
2. Exercise 2: SOAP format
3. Exercise 3: APIE format

B. Case Study 2
   1. Exercise 1: Communicating in a brief note
   2. Exercise 2: SOAP format
   3. Exercise 3: APIE format
Module 12
Palliative and End-of-Life Care

Clinical Learning Goals

The child life intern will develop a working knowledge of the concepts of palliative and end-of-life care and the role of child life specialists in this practice. This will include assessing and supporting families’ preferences related to involving children and adolescents in decision-making and planning goals of care. In addition, the child life intern will engage in activities related to the assessment and psychosocial support of children and families facing and/or experiencing loss.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families

A. The ability to assess and meaningfully interact with infants, children, youth and families.
   - Identify child’s and family’s concept of illness
   - Identify child’s and family’s concept of death and dying
   - Utilize therapeutic/creative modalities such as bibliotherapy to meet individual and emotional needs.
   - Support the central role of the family, valuing strengths and needs in implementing child life services.

C. The ability to assist infants, children, youth and families in coping with potentially stressful events.
   - Identify factors that may impact vulnerability to stress.
   - Describe coping behaviors specific to various age groups and populations.
   - Describe immediate and long-term coping styles and techniques, as well as the effect on adjustment and behavior.
   - Facilitate mastery of potentially stressful experiences.
Related Tasks and Domains from Professional Certification Examination Classification System

Domain I: Assessment
  Task 1: *Identify, obtain, and use relevant data (E.g., health care, family, child) regarding the child and family to develop a comprehensive assessment and initiate a plan of care.*
  Task 2: *Identify developmental factors and their implications regarding the child’s health care experience in order to plan appropriate interventions.*
  Task 3: *Identify psychosocial factors (e.g. diversity, culture, spirituality, family dynamics and structure, coping styles, socioeconomic status) and family-identified needs and goals in order to provide family-centered care.*

Domain II: Intervention
  Task 1: *Provide psychosocially and developmentally-appropriate support that is responsive to the specific needs of children and families.*
  Task 2: *Empower and collaborate with children and families to develop and use advocacy skills.*
  Task 3: *Provide educational opportunities and resources that are responsive to the needs of children and families in order to promote learning and mastery.*
  Task 4: *Facilitate preparation (e.g. psychological, educational) for challenging situations with children and families in order to minimize fear and anxiety and to promote mastery of their experience.*
  Task 5: *Facilitate the development of coping strategies for children and families (e.g. pain management, Positioning for Comfort®, distraction, alternative focus, guided imagery, child participation) in order to minimize stress and promote empowerment.*
  Task 6: *Facilitate play (e.g., recreational, health care, therapeutic) and familiar life experiences in order to encourage expression, process information, and promote development and normalization.*
  Task 7: *Evaluate and document assessments, goals, interventions, outcomes, and significant events in order to communicate and modify care plans as necessary.*

Domain III: Professional Responsibility
  Task 1: *Maintain professional standards of practice through adherence to established ethical guidelines in order to provide respectful and competent care.*
  Task 2: *Promote professional relationships (e.g., child life team, inter-disciplinary teams, community resources) in order to enhance communication and collaboration, foster family-centered care, and maximize positive outcomes.*
**Objectives**

In the process of completing this module the child life intern will:

1. Describe the variety of losses that may be experienced by families in health care and note examples of family grief as they are encountered during internship. Discuss appropriate provision of palliative care before end-of-life.
2. Assess the needs of families who are grieving loss or entering end-of-life situations, demonstrating awareness of the cultural and familial strengths and vulnerabilities that may contribute to the families’ coping styles.
3. Assess family members’ preferences related to the participation of their child in decision-making and identify ways to support the family in sharing all perspectives in the planning of care goals.
4. Demonstrate the ability to collaborate with the family and medical team to gather and share information pertinent the family’s specific needs for support.
5. Plan and provide psychosocial interventions for patient and family.
6. Evaluate efficacy of interventions provided, adapting as needed.

**Required Activities**

The intern will:

1. Observe and discuss with CCLS various examples of loss experienced by families served, identifying families’ expressions of grief and their coping strategies.
2. Discuss and/or demonstrate methods of gathering information from patients and families in order to assess their needs and wishes during a palliative care/bereavement situation.
3. Describe children’s understanding of death as related to the cognitive stages of development.
4. Create a list of developmentally-appropriate interventions for explaining death and for encouraging expression of feelings when supporting children and adolescents in bereavement.
5. Assemble a personal bibliography of books and other effective materials that can be utilized to support children, adolescents and adults facing a variety of losses in addition to bereavement.
6. Identify culturally appropriate comfort measures for patients and their families at end of life.
7. Communicate assessment, plan, and interventions both in the medical record and via discussion with related staff.

Note: Interns are expected to demonstrate beginning skills via discussion, portfolio documents, bibliography, and/or role play if they have no firsthand experience of a patient death during the internship.

**Required Readings**

Pearson, L. (2005). The child who is dying. In J. A. Rollins, R. Bolig & C. C. Mahan (Eds) *Meeting Children’s Psychosocial needs Across the Health-Care Continuum.* (pp. 221-275), Austin, TX, PRO-ED, Inc. (Chapter 6, 221-275)


**Supplementary Readings**


Bell, J. & Esterling, L. (1986). *What will I tell the children?* Omaha, NE, University of Nebraska Medical Center Child life Department.

[Introduces the use of the Decision-Making Tool (developed by the Pediatric Advanced Care Team at Children’s Hospital and Regional Medical Center in Seattle) as an approach to enhancing communication and involving patients and families as central in care planning.]

**NOTE: Please refer also to the excellent resources provided by Chris Brown and Lois Pearson in the Reference Lists at the ends of their chapters, listed above in Required Reading.**

**Sample Books for Use With Children**


Module 13
Administration

Clinical Learning Goals

Interns will recognize and document administrative responsibility including: volunteer/student supervision, school communication/planning, special events programming, materials management and statistics and workload reporting.

Related Child Life Competencies

II. Education and Supervision
B. The ability to supervise child life students and volunteers
   • Communicate expectations and roles clearly and concisely
   • Structure duties and assignments, matching ability to complexity of task
   • Assess and respond to diverse learning needs of students and volunteers
   • Provide regular feedback in a constructive manner

III. Administration
A. The ability to develop and evaluate child life services
   • Collect, analyze and report accurate and pertinent data in a timely manner
   • Develop and prioritize the range of child life services
   • Recommend program improvements based on data and existing resources
B. The ability to implement child life services within the structure and culture of the work
   • Procure and maintain equipment and supplies in a cost-effective manner
   • Adhere to relevant policies and procedures
   • Advocate for positive change

Related Tasks and Domains from Professional Certification Examination Classification System

Domain III: Professional Responsibility

Task 3: *Educate staff, students, volunteers, and the community in order to promote greater awareness of the needs of children and families as well as the child life profession.*

Task 4: *Recognize and document administrative responsibilities in order to ensure quality improvement*
Objectives

In the process of completing this module the intern will:

1. Demonstrate knowledge and skill regarding student/volunteer procedures, orientation, supervision and evaluation.
2. Demonstrate ability to match volunteer ability with tasks/assignments.
3. Demonstrate knowledge regarding patient-school communication: needs, processes, content and follow up.
4. Demonstrate an understanding of how special events are scheduled, facilitated, and evaluated.
5. Demonstrate an understanding of donor relations, accepting donations and providing follow up as indicated.
6. Become familiar with department and hospital resources, materials and equipment and demonstrate the ability to utilize in an efficient, safe and cost effective manner.
7. Understand basic research and statistics as they apply to development and evaluation of child life services.
8. Become familiar with organization structure, policies and procedures, mission and goals.
9. Become familiar with the impact of funding on the departmental budget.

Required Activities

The intern will:

1. Assist with volunteer supervision and their daily assignments.
2. Observe and discuss school procedure for school communications during a patient’s hospital stay as well as school re-entry procedures.
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.
4. Write a sample thank you letter for a special event or donation.
5. Inventory child life program supplies, materials and equipment.
6. Discuss with supervising CCLS child life statistics, record keeping, quality indicators and performance improvement initiatives.
7. Attend department and administrative meetings.
8. Review and discuss department and hospital policies and procedures, mission and goals. Review the child life program’s scope of service document.
9. Review and understand the department’s budget.
**Required Readings**


[Also required reading for Module 1 (Development of the Child Life Profession), Module 3 (Patient and Family Centered Care) and Module 7 (Medical/Health Care Play)]


**Suggested Readings**


**Optional Activities for Additional Skill Enhancement**

1. Visit at least one other setting with child life services and discusses similarities and differences in programming, structure, environment.
Module 14

Professional Development

Clinical Learning Goals

The child life intern will establish a reflective approach to practice that supports her/his continued growth and self-awareness related to developing and maintaining sound professional boundaries, ethics, and self-care. In addition, the child life intern will complete activities in preparation for her/his next steps in the profession.

Related Child Life Competencies

I. Care of Infants, Children, Youth and Families
   E. The ability to continuously engage in self-reflective professional child life practice.
      • Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.
      • Articulate reasons for and impact of under-involvement and over-involvement of professionals with children and families
      • Articulate the impact of one’s own culture, values, beliefs, and behaviors on interactions with diverse populations.
      • Include evidence-based practice in decisions about assessment, care and evaluation.
      • Implement a plan for professional development based on the needs of the population served and the knowledge and skill level of the child life specialist.
      • Seek advanced practice mentors and peer supervision.

Related Tasks and Domains from Professional Certification Examination Classification System

Domain I: Assessment
   Task 1: Identify, obtain, and use relevant data (e.g., healthcare, family, child) regarding the child and family to develop a comprehensive assessment and initiate a plan of care. (Awareness of Self)

Domain III: Professional Responsibility
   Task 1: Maintain professional standards of practice through adherence to established ethical guidelines in order to provide respectful and competent care. (Ethical Responsibility, Professional Boundaries, Therapeutic Relationships)
Objectives

In the process of completing this module the intern will:

1. Understand how one’s beliefs toward authority, expression of emotions, social status, and conflict can affect her/his clinical work if not thoroughly explored.
2. Describe the ethical responsibility of the child life specialist in the health care setting and understand the process of ethical decision-making.
3. Identify the difference between therapeutic, supportive relationships and appropriate professional boundaries and verbalize to the supervising CCLS over-involvement and under-involvement when working with children and families.
4. Define and identify moral distress and compassion fatigue and their signs and symptoms to avoid professional burnout.
5. Identify and describe the resources available to remain current in the child life and health care field.
6. Practice professional interviewing skills.

Required Activities

The intern will:

1. Under direction of the supervising CCLS, work through 3 of the hypothetical case scenarios which start on page 19 of the CLC’s Making Ethical Decisions in Child Life Practice.
2. Complete Appendix 1, below, as it relates to professional boundaries. Discuss answers with supervising CCLS.
3. Read the CLC FOCUS article Burnout: Knowing the Symptoms & Learning How to Care for Yourself, Too. Circle the items in the box Symptoms and Signs of Burnout that are applicable. Discuss results with supervising CCLS. Devise action plan to ward off professional burnout with supervising CCLS.
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.
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.
**Required Readings**


[Also a suggested reading for Module 10 (Documentation)]


Accessed March 27, 2011.


Accessed April 14, 2011

**Suggested Readings**


American Psychological Association: [www.apa.org](http://www.apa.org) - Search for keyword BURNOUT.


**Optional Activities for Additional Skill Enhancement**

1. Attend a presentation or a team meeting in which ethics or ethical decision-making is a focus.
Appendix 1: Professional Boundaries

Patient/Family Scenarios:

You are sitting down to chart before leaving for the day when a nurse pages you. She tells you that patient Sally is asking for you. Sally has been here for two weeks and spends most of her day alone. Her family lives far away and can no longer afford to visit. Sally loves to do crafts and you have spent two hours with her this morning. How do you handle the situation?

A. Stay late to keep her company
B. Gather crafts to keep her busy throughout the night and tell her you want to see them when you get to work tomorrow
C. Have a volunteer or staff member bring her games/activities to keep her busy and stop by on your way out to tell her you’ll see her and her new crafts in the morning.

You are working with a patient and the child asks you if he/she can tell you a secret. How do you handle this situation?

A. Ask what the secret is then share one of your own
B. Let the patient tell you the secret
C. Explain that there are certain things you cannot keep a secret if he/she tells you

A patient/family looks you up on MySpace/Facebook and emails you requesting to be friends. How do you handle this situation?

A. Email them yes immediately, you really enjoyed this family
B. Email them that you cannot be friends due to professional boundaries
C. Ignore the email completely

A patient that is in and out of the hospital often is having her sweet sixteen birthday party and sends you an invitation. The party takes place on your day off and a few other staff members received invites as well. How do you handle this situation?

A. Thank her for the invite and ask if you can bring a friend
B. Thank her for the invite and let her know you are not able to attend
C. Thank her for the invite, let her know you cannot attend but you have a gift for her
**Staff Scenarios:**

You are consulted by a physician to prepare a patient for procedural sedation to set the patient’s broken wrist. The physician tells you he does not want the family present because he believes they will not be able to “handle it.” How do you handle this situation?

A. Don’t say anything, the doctor’s always the boss
B. Ask politely if you can have an opportunity to talk with the family and prepare both the child and parents for the procedure so they are aware of what to expect and decide if they are comfortable being present
C. Ask the doctor if the parents can stay until the sedation takes affect then have them leave once the child is has been sedated

**Professional Boundaries**

**Staff Scenarios:**

You are in radiology with a toddler having a VCUG done. The parents were unable to be present and the child is crying for her Mommy and Daddy. The radiology tech helping with the test enters the room with a radiology student. He tells the student that they are going to need to set up the room and the child for the test. He informs the student that the toddler will need to be put in a pillowcase papoose in order to get the child to cooperate with the test. You have worked with this child several times utilizing comfort holds and distraction, and the child is very compliant. How do you handle this situation?

A. Place the child on the table so the tech can set up the papoose
B. Explain to the student why they should never use papoose boards
C. Talk with the tech about your previous experiences with this child and ask to try the test without the papoose and offer child life interventions

You have been working with a patient and family all morning preparing them for their child’s surgery. The child is very anxious about leaving her/his parents when it’s time to go into the operating room. As part of the preparation you inform the patient and family that you will stay with the patient in the operating room until he/she is “asleep” for surgery. An anesthesiologist you have never worked with shows up and as you are heading back to the OR she tells you in front of the family that you are not coming into the operating room because you are not part of the essential care team. How do you handle this situation?

A. Walk the parent to the waiting area and bad mouth the anesthesiologist
B. Politely and quickly introduce yourself and role to the anesthesiologist; maybe she/he has never worked with child life. If the anesthesiologist still says no, walk the parents to the waiting area, apologize for the misunderstanding, follow up with your manager on the situation.

C. Refuse to leave, after all, it is your job.

**Personal Boundaries:**

What do you do to practice good self-care?

What do you do just for you?

How often do you go home and still think about work?

What do you do to reenergize yourself?