



Intern Supervisor's Manual

For Child Life Clinical Internship Programs

Child Life Council Internship Task Force

Approved by the Child Life Council Executive Board May 2012

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Table of Contents

Introduction.....	4
Background	4
Objectives.....	5
How to Use this Resource	6
Self-Reflection	7
Values Clarification.....	8
Exercise 1: Values Clarification.....	10
Clinical Skill Self-Assessment.....	13
Exercise 2: Clinical Skill Self-Assessment.....	13
Connecting Clinical Skills to Supervision Skills	17
Exercise 3: Connecting Clinical Skills to Supervision Skills.....	19
Key Concepts in Intern Supervision	22
Adult Learning Theory.....	22
Exercise 4: Values Clarification – Adult Learning.....	23
Social Learning Theory	24
Exercise 5: Values Clarification - Modeling.....	24
Learning Styles Theories.....	26
Exercise 6: Learning Style Inventory.....	28
Teaching Styles.....	29
Exercise 7: Values Clarification – Teaching.....	31
Supervision Styles.....	32
CLEAR Model of Supervision	34
The Importance of Relationship in Supervision.....	35
Roles, Responsibilities, and Opportunities.....	35
Establishing Clear Expectations.....	38

Setting and Maintaining Professional Boundaries	39
Exercise 8: Values Clarification – Supervisor-Intern Relationship	42
Core Teaching Skills	43
Modeling Clinical Practice: The Importance of Articulating Internal Process	43
Using Questions to Stimulate Learning	43
Core Supervision Skills	51
Using a Coaching Approach.....	51
Addressing Emotion in the Learning Process	55
Providing Performance Feedback	55
Exercise 9: Values Clarification – Sharing Feedback.....	58
Exercise 10: Scenario for Practicing Providing Feedback	63
Developing Action Plans.....	64
Evaluating Performance	69
Exercise 11: Evaluation.....	73
Exercise 12: Values Clarification - Evaluation.....	75
Resolving Challenges in Supervision.....	77
Identifying “Red Flags”	77
Recommending Dismissal.....	80
Conclusion	81
Appendices	82
Appendix A: Values Clarification Exercises.....	82
Appendix B: Alternative Supervision Self-Assessment	89
Appendix C: Intern Performance Appraisal Phrases	91
Appendix D: Two Sample Clinical Training Contracts.....	96
Appendix E: Internship Curriculum Supervisor’s Guide	103
Bibliography.....	154

INTRODUCTION

BACKGROUND

Prior to beginning intern supervision, supervisors and prospective supervisors should ensure familiarity with the following documents:

- Child Life Competencies: Supervision Knowledge and Skills (CLC Official Documents)_
<http://www.childlife.org/files/ChildLifeCompetenciesUPDATED.pdf>
- The Child Life Code of Ethics (CLC Official Documents)
<https://www.childlife.org/docs/default-source/certification/child-life-code-of-ethics.pdf>
- The Standards for Clinical Preparation Programs (CLC Official Documents)_
<http://www.childlife.org/Intern%20and%20Educators/ChoosinganAcademicProgram.cfm>
- Child Life Professional Certification Examination Content Outline, 2010. The main outline appears in the examination candidate manual on page 19._
<http://www.childlife.org/Certification/Getting%20Certified/CandidateManual.cfm>
- The current CLC Clinical Training Verification Form
<http://www.childlife.org/files/ClinicalExperienceVerificationForm.pdf>
- The Common Internship Application Form
Designed to simplify the application process for students, the Common Child Life Internship Application is recommended for use by all child life internship programs for gathering basic background information from intern applicants. Individual internship programs may also require additional materials be submitted for review along with the common application form.
<http://www.childlife.org/files/CommonInternshipApplication.pdf>
- CLC Recommended Internship Application dates_
<http://www.childlife.org/StudentsInternsEducators/InternshipCoordinators/InternshipDeadlines.cfm>
- The Common Internship Evaluation Form
The Internship Task Force has developed a Common Internship Evaluation Form, a synthesis of ideas from many samples submitted by more than 50 child life programs. In addition to defining key competencies for intern development, this document also defines a rating system to foster consistency across programs. Moreover, the tool is intended to be used across the course of the internship, so the intern is able to see clearly the progress made throughout their clinical training.
<http://www.childlife.org/files/InternEvaluationTool.pdf>

☐ Internship Curriculum Modules

In November 2010, the CLC Board approved the list of Essential Curriculum Topics for Child Life Clinical Internships developed by the Internship Task Force (<http://www.childlife.org/files/InternshipCurriculumTopics2010.pdf>).

The Internship Task Force then developed curriculum modules for each of the essential topics, following a template that describes:

- Related learning goals and objectives
- Related Child Life Competencies and Practice Analysis Domains/Tasks
- Key learning activities and essential readings that the task force identifies as fundamental to child life clinical training in that topic area

<http://www.childlife.org/files/InternshipCurriculumModules.pdf>

☐ The CLC Evidence Based Practice Statements, including those linked below.

Y <http://www.childlife.org/files/EBPAssessmentStatement-Complete.pdf>

Y <http://www.childlife.org/files/EBPPlayStatement-Complete.pdf>

Y <http://www.childlife.org/files/EBPPreparationStatement-Complete.pdf>

OBJECTIVES

The objectives relate to supervisory practice and intern success, and include but are not limited to the following statements. Supervisors will:

- Articulate their own beliefs and values as they relate to core aspects of supervising interns
- Recognize how to use those beliefs and values to enhance their effectiveness as supervisors
- Identify different learning and supervisory styles and plan approaches for adjusting supervision for more effective learning
- Develop skill in using effective questions to encourage interns' abilities to connect theory to practice and to develop a reflective approach to their practice
- Review and practice effective teaching and coaching strategies for supporting interns' professional growth and for providing concrete feedback
- Recognize and apply principles of effective performance evaluation

HOW TO USE THIS RESOURCE

This resource can be used in a number of ways, and like the ideal supervisory relationship, offers activities that may appeal to learners with a range of learning styles. Rather than a manual for beginners only, both experienced and new supervisors will find useful information or insights to enhance practice at all levels. Some of the content is in a workbook format with activities for use alone or with colleagues.

Additional activities will help to increase planning skills and reflective practice, while others can aid in direct communication with your interns. Use sections as a whole or use in separate parts as needed. Experienced trainers may add to or adapt materials to work within specific sites or situations. Utilization of the materials will undoubtedly not happen all at once. It is hoped that the manual provides information and activities that will help to guide supervisors throughout individual internships and assist in developing a range of skills over time. It might be advisable to familiarize yourself with the general content before you begin the internship, as we have included pre-supervision preparation activities that may reduce the possibilities of in-process challenges for both you and your intern.

Getting started on a clear and positive note can bode well for the entire experience for both the supervisor and the intern. In addition, users may find overlap between sections, or notice strong similarities between clinical practice skills and those skills inherent to good supervisory practice. Even the newest of supervisors will realize that there are many skills that are already entrenched in daily practice. These sections can serve to enhance current skills and build confidence about what individuals have to offer.

SELF-REFLECTION

When asked what we value about the role of the child life specialist, what is important about it, and how we decide what actions we take with children and families, most clinicians respond with clear, emphatic and emotionally charged explanations. We know what our work is about, the importance of the relationships we have with children and the feelings of curiosity, wonder, empathy, and concern we experience when executing our roles. We have spent years in training, academic and clinical, and hours in practice as well, thinking and talking about the work, and the passion we hold for it.

Understanding and passion for the work we do is at the core for the role of supervisor. However, specific preparation for that new role, incorporating clarification of our values around supervision, may not be easily available. As with our work with children, we need to have some knowledge and skills at hand. Rather than entering this new and exciting phase of professional work with a clear vision of who we are as supervisors, and how we will engage in the role, we may feel as though we are entering the unknown.

Knowing and understanding our own behaviors and attitudes is imperative in understanding how we work with others. Many clinicians have opportunities within practice settings to engage in reflective activities. Activities may range from clinical supervision sessions, to formal learning and workshop style in-services, to mentoring. We may have approached self-reflection in a formal manner or through informal supportive discussions with our colleagues.

The following framework for personal self-reflection is based on the idea that knowing, being and doing are connected, interactive and continuously changing aspects of our selves (Ricks, 2003). In using this connective framework to examine our beliefs and values that relate to interns and supervising, we can better understand our intrinsic motivations, and our extrinsic presentation of self to others. The six central constructs of beliefs, values, ethics, thoughts, feelings and actions converge in the positions we take on any ideas, issues, and situations.

Throughout this manual, you will find a number of reflective exercises to assist you in building the self-awareness and understanding that can keep you growing as a supervisor, whether you are taking on your first intern, or your thirty-first. The values clarification exercises throughout this manual are also available in the appendices in worksheet formats for you to copy and use. Taking the time to recognize the often unspoken values we hold can help us to understand feelings of surprise, discomfort, aggravation, or joy that arise within the intern supervision role. Clarifying the roots of our personal ethics can be helpful in managing the unwritten rules we create for ourselves, and generally carry into our professional roles. In taking the positions we

do, we lay bare images of our internal selves, often images that we ourselves rarely examine. Examination of instinctive thoughts and feelings, the inner source of actions, enables purposeful management of our interactions and connections with others.

VALUES CLARIFICATION

Below are definitions for the six components of a model for values clarification (Ricks, 2003). These components converge to create our position or style, in relation to any given topic or issue. Think about the time when you initially considered the idea of supervising interns. *What were your own gut responses? What feeling came up in relation to working with interns? What were your initial thoughts? Where do those thoughts and feelings take you in terms of readying for the supervisory experience? As you review the following definitions, think about how they might converge to describe your overall position on supervising interns.*

- Belief-that which I hold to be true
- Value-that which I hold to be important
- Ethics-self-imposed rules-tenets for behavior in given situations
- Thoughts-what I tell myself
- Feelings-the emotions connected to the situation
- Actions- how I behave in the situation

As you hold a belief to be true, you will also hold values related to that belief. Those connected beliefs and values will lead to specific related rules you will have made for yourself (appearing as “ethics” within the model).

Just for the moment, don’t think about your professional code of ethics, just think about all the personal rules you make. For example, if you hold it to be true that interns are dedicated, academically well trained and hardworking, then your style, or the position you take, will be one that embraces those beliefs. Perhaps you include an ethic that looks something like: *always match my energy and dedication to the intern’s, always expect them to have lots to offer, and always be prepared for interns to share my workload.*

However, if your beliefs include the idea that interns are unprepared for this work, that they are focused on grades more than learning, and there is no way an intern can handle a complex case, your interactions with your intern will look quite different. You may have a strong value connected to preparation for the work, a focus on clinical learning, and the value of critical thinking and experience. Your own personal ethics or unwritten rules related to interns might run along lines such as: *it always takes time and experience to be able to do this well, I should*

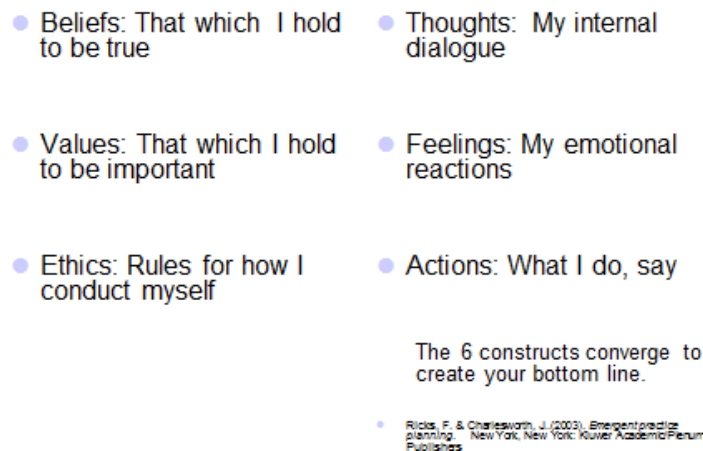
help the intern directly so they don't make mistakes, and I should handle all the complex care myself.

These statements are only hypothetical of course, and are by no means based on any particular person, but meant to serve as examples. Our own histories, our own lived experiences: culturally, within families, and academically result in our ever-changing and growing values and differing world-views. Diverse priorities emerge as we experience life, and those experiences and priorities take each of us in different directions.

What is important to all internships is that through our guidance, coaching and mentoring, interns will be afforded similar (though never identical) opportunities for learning. The more conscious we are of the beliefs we hold, and how they convert into actions, the more likely we are to be aware of how those actions will in turn affect others. The two supervisors presented above may offer very different opportunities to their respective interns. However, self-examination and reflection can help us to be aware of our individual tendencies. In addition, reflective practice can inform adaptive approaches to supervision, and planning for the best possible learning dyads between intern and supervisors within departments and settings.

It may help to visualize the model as depicted below.

Values Clarification Model



(Adapted from Ricks, F. & Charlesworth, J. (2003). *Emergent Practice Planning*. New York, New York: Kluwer Academic/Plenum Publishers.)

EXERCISE 1: VALUES CLARIFICATION

Write two statements that describe what you hold to be true about interns. Then consider what is important to you about those beliefs, and write statements about your values. Once you have achieved clarity about your beliefs and values, you can begin to examine associated thoughts and feelings, as well as your correlated actions.

An experienced intern supervisor talks through the process:

“After writing the following belief statement: *I believe interns have open minds about learning*, I might write that my related value is: *lifelong learning is important for ongoing development*. Lifelong learning is a strongly held value for me. Although you may have written a similar belief statement, you may base it on a very different value. For example, *keeping an open mind can reduce the influence of personal biases*. This value statement is more about eliminating biases in one’s work. Though many of us may hold similar beliefs, the values that underscore them can be quite different.

“I might include under the heading “thoughts” statements such as: *I think about how it takes a lot of learning to get to the fourth year of study, and our new interns have proved themselves in this regard*. I might also be wondering about something the intern said in an interview, and if her experiences in the past will add a new dimension to her work. I might also think, *Learning is fun, and learning new things opens new doors*. Or, *I can make a difference in this person’s future through the work we do together*.

“Under feelings, I might add: *I feel excited, motivated, and anxious to get started!*

“When I think about my ethics in terms of the new intern experience, I could write: *Be prepared to give her the time she needs; always incorporate her strengths into the learning plan – remember there are probably many things she already knows and understands; ask questions rather than explaining things*.

“There will be actions that link as well. My feelings of motivation might drive me to *read the department’s intern manual, re-read some of the articles that we ask interns to read, start photocopying materials, or let the nurses know that a new intern is starting next week*. My ethics might lead me to *re-read the intern’s letter of application and goals so that I get a better sense of who she is*. I also might *try to catch up on paperwork so that I will be able to dedicate the time I think the intern deserves in the first week and tidy up my desk in order to make a better impression!*”

Your overall position on the topic you have examined will be expressed as a summary of all these components, through your personal style; a combination of your thoughts and actions, a presentation of self.

As you work through the model, encourage yourself to be truthful. There are no rights or wrongs in this exercise. Do not try to be someone you would like to be, think you should be, are not, nor will ever be. This is not about perfection; it is about the real inner you. Look at the statements you have written for each of the constructs. Simplify them. Look for congruence, or for incongruences between them. If there are incongruences, go back and see where you can clarify your position. Perhaps you have wandered from your original thoughts to other related values. That's okay, but separate the newer value statements out, and try to use them on a separate worksheet.

Allow yourself plenty of time to think through these exercises. Set aside 10-15 minutes to get your original thoughts down. Then go back through to digest and clarify further. You may find it helpful to leave the model for a day or two and return later, to look at it with fresh eyes.

As you use go through the values clarification exercises, you may begin to notice some complexities, which, when they arise, can create challenges for you. Here are a few of the most common:

- Many, many, many of your beliefs and values are linked and overlapping
- You may have a whole collection of beliefs that lead you to hold one strong value, and vice versa.
- Your value and belief statements may be similar or even identical.

Values and beliefs are constantly shifting and changing as your life unfolds. Professional ethics and responsibilities may present you with conflicting values. Discovering the root of discomfort in professional situations may help you to accept those differences and ease the tension that you feel within.

Consider the statement in the next exercise and create another clarification model for yourself, using the same steps. You can start anywhere you like. For example, the idea of reflecting on your own intern experience may have resulted in a strong feeling related to that time in your life. Start with the feeling, and go from there. Or, start any of the exercises anywhere you like on the model.

The values clarification exercise worksheets are also found in Appendix A.

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about what I expect of interns...

The diagram consists of a central circle and six surrounding circles, all in shades of blue. The central circle contains the text: "My overall position on my **expectations of interns** looks like this:" followed by five horizontal lines. The surrounding circles are arranged in a ring around the center and each contains a prompt followed by five horizontal lines for writing:

- Belief**- I hold it to be true that
- Values** - I hold it to be important that
- Ethics** - I tell myself that I should
- Feelings** - I feel
- Thoughts**- I think to myself
- Actions**- what I do

CLINICAL SKILL SELF-ASSESSMENT

Since 2006, Certified Child Life Specialists have been required to have attained 4,000 hours of paid clinical work experience, approximately 2 years of full-time employment, before taking on the supervisory role. While this requirement ensures that new child life specialists have this time to focus on establishing themselves in their professional role before providing supervision to others, individual growth in clinical skills, professional performance, and confidence can vary substantially. The number and variety of work experiences and training that each of us feels is sufficient to be ready to teach and supervise new learners can vary as well. Taking the time to reflect on areas of confidence and strength in your clinical practice, as well as those areas which may feel less easy or comfortable for you, can be a helpful step in your development as an intern supervisor, whether you are just getting started or have been supervising interns for many years.

EXERCISE 2: CLINICAL SKILL SELF-ASSESSMENT

The self-assessment worksheet on the next page is based on the performance domains and job tasks identified as the core functions and skills of child life specialists in the 2008 Child Life Practice Analysis. The same domains and tasks serve as the framework for the Common Internship Evaluation Form as well, and you may also choose to review that tool as you complete this exercise for more details on the standard measures used to evaluate interns in each category.

Once you have completed the worksheet, consider what next steps are available to you in better understanding and building your level of confidence. Recommendations include:

- Get the perspective of a colleague – this may be a peer, your department’s internship coordinator, and/or your supervisor.
- Consider with more depth what factors may underlie rating an area as lower in confidence – could it be a matter of lack of opportunity?
- Identify resources available to you for further professional development in specific areas – in-services, focused clinical supervision, or mentorship.
- Develop an action plan for moving forward.

Exercise 2: Clinical Skill Self-Assessment

Directions: Using the scale below, record your current level of confidence in performing the task effectively in your work with children and families AND in demonstrating, modeling, and explaining your practice in your work with interns.

- 1 – Less Confident
- 2 – Somewhat Confident
- 3 – Very Confident

Clinical Practice Tasks	Performing	Modeling/ Explaining
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.		
Identify developmental factors and their implications regarding the child’s health care experience in order to plan appropriate interventions.		
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.		
Provide psychosocially and developmentally appropriate support that is responsive to the specific needs of children and families.		
Empower and collaborate with children and families to develop and use advocacy skills.		
Provide educational opportunities and resources that are responsive to the needs of children and families in order to promote learning and mastery.		
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.		
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.		
Facilitate play (e.g., recreational, health care, therapeutic) and familiar life experiences in order to encourage expression, process information, and promote development and normalization.		
Evaluate and document assessments, goals, interventions, outcomes, and significant events in order to communicate and modify care plans as necessary.		

Clinical Practice Tasks	Performing	Modeling/ Explaining
Maintain professional standards of practice through adherence to established ethical guidelines in order to provide respectful and competent care.		
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.		
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.		
Recognize and document administrative responsibilities (e.g., quality improvement, staffing, and resource allocation, policies, and program evaluation) in order to ensure quality services.		
Engage in continuing education (e.g., educational opportunities, relevant medical information, technology, research & literature) in order to promote professional development.		

Now that you have completed the worksheet, consider which areas you noted as feeling less confident in performing and in modeling and explaining. Identify specific next steps with regard to better understanding and building your level of confidence in those areas. Possibilities include:

- Getting the perspective of a colleague – this may be a peer, your department’s internship coordinator, and/or your supervisor
- Considering with more depth what factors may underlie rating an area as lower in confidence – could it be a matter of the infrequency with which you are called upon to perform that skill or task?
- Identifying resources available to you for further professional development in specific areas – such as in-services, focused clinical supervision, or mentorship
- Developing an action plan for moving forward.

UNDERSTANDING THE STAGES OF OUR OWN AND OTHERS DEVELOPMENT AS PROFESSIONALS

Just as children's developmental levels influence their understanding of and interactions with the world around them, our own professional developmental levels influence how we think and engage with others in our practice. As beginners or novice child life specialists, we typically rely heavily on structured guidelines as we work with children and families, feeling most comfortable when we can apply "rules" that provide us with a script or formula to follow. As we grow as child life specialists, we adapt our practice to provide increasingly individualized care through greater awareness and responsiveness to unique contextual factors, developing from competent to proficient to expert professionals.

The following article, available online, reviews the developmental stages of child and youth care workers:

Garfat, T. (2001). Developmental stages of child and youth care workers: An interactional perspective. *CYC-ONLINE*, 1(24). <http://www.cyc-net.org/cyc-online/cycol-0101-garfat.html>

After reading the article, review the questions below. Remembering your own developmental milestones as a student and as a new clinician may have stimulated thought about where you are now in your development, in relation to where you have been and where you are going. *What were your goals as an intern? What were the obstacles you faced? Can you identify with the stages as they were presented? When did you begin to feel like a professional? What has happened to your self-perception as a professional since then?*

If you find it difficult to relate to an intern's position, what can you do to help yourself understand?

Do I assess the intern's developmental stage?

Can I relate to that stage?

Do I recognize the struggles the intern is experiencing?

Have I reflected on my own developmental stage?

Are there uncertainties or dilemmas occurring that might lead to learning?

Am I willing to let the intern make "mistakes"?

Are the goals relevant for me, or for both of us?

Are my own goals realistic, or do they create pressure for me?

Do my goals allow for the intern's personal exploration?

Can I help the intern to recognize and celebrate breakthroughs in creativity?

CONNECTING CLINICAL SKILLS TO SUPERVISION SKILLS

The table that follows identifies some of the attributes that great child life specialists and supervisors share. It can be worthwhile exploring this list in relation to yourself in terms of your style with children and families and your style with interns. You can even use the values clarification model with any of these ideas, if you would like to explore them further.

Attributes	As a Clinician	As a Supervisor
Experiential	Allows kids to try	Allows interns to explore
Strengths based practice	Identifies and creates care plans that reflect individual strengths of children and families	Teaches to the individual strengths of the intern
Matches communication style	Identifies child's preferred learning and coping styles and develops approach based on this awareness	Teacher identifies the learner's most comfortable style and presents within the learner's comfort zone
Values/Outcome based guidance	Fewer rules, focuses on big picture	
Encourages autonomy	Offers choices, Asks questions	
Creative	Appreciates uniqueness, Doesn't make assumptions	
Translator	Explains what is going on	
Curious	Explores the what, when, and why	

(Adapted by Cincinnati Children's Hospital Medical Center's Division of Child Life & Integrative Care from Bindy Sweett's Child Life Council Conference presentation, *Making the Complicated Simple: Helping Interns Integrate Knowledge, Skills and Self*, 2009)

Think about the skills and approach you use in your clinical practice and consider how they may influence or inform your approach to working with interns. Some questions to ask yourself are:

- *How comfortable are you with encouraging experimentation when an intern begins to apply knowledge and skill in practice? Do you tend to find yourself encouraging your interns to use tried and true methods that you use?*
- *Do you encourage autonomy, or tend to jump in to solve problems? Consider what circumstances or factors influence your tendencies related to the development of an intern's autonomy – how would you describe the thought process that guides your actions to a colleague?*
- *Consider your communication style with interns. How much do you find yourself engaging interns by asking questions and listening to answers versus telling and explaining? When you think about the balance of your conversations with your intern, who talks more – you as supervisor or the intern as learner?*
- *What do you think and believe and how do you respond when children, families, or interns have misconceptions or make mistakes?*
- *How can you adapt your supervision style so that you initially work within the learner's comfort zone, eventually moving to a broader range of expectations by encouraging an intern to step beyond that comfort zone to take on greater challenges and risk?*

EXERCISE 3: CONNECTING CLINICAL SKILLS TO SUPERVISION SKILLS

Directions: The skill statements below were adapted from the Common Internship Evaluation Tool as representative of the core skills and responsibilities of child life specialists. As you complete this self-assessment, think first about your sense of competence in performing the following skills with children and families. Then, consider each skill as it can be or is applied in your work with interns. For each area consider the question: is this an area of personal strength/expertise, one of consistent competence, or an area for further growth and confidence-building?

1 – Personal Strength

2 – Consistently
Competent

3 – Sporadically
Competent

4 – Personal Learning
Need

	Clinician	Teacher/ Supervisor
Communication Skills		
Utilizes effective communication skills (e.g., effective questions, active listening techniques) to learn from others and formulate relevant goals		
Recognizes and responds appropriately to non-verbal cues during interactions		
Participates in giving and receiving feedback in a constructive manner		
Communicates in ways that demonstrate respect for and affirmation of individual experiences, preferences, and perspectives		
Relationship Skills		
Establishes relationships characterized by sincerity, empathy, collaboration, empowerment, and trust		
Establishes and maintains appropriate therapeutic relationships and professional boundaries among patients, families and staff		
Intervention Skills		
Assesses knowledge level, misconceptions, potential stressors, previous experiences, socio-cultural factors, and learning needs		
In collaboration with key individuals, determines realistic goals and objectives for learning and identifies an action plan to achieve these goals		
Goals and interventions reflect accurate assessment of individual needs and respect for diverse contexts		

Note: Please see Appendix B for more information on an additional supervision skills self-assessment based on the work of Hawkins and Shohet in their book *Supervision in the Helping Professions* (2006).

	Clinician	Teacher/ Supervisor
Adjusts goals and interventions as needed to meet individual needs (e.g., development, personal styles, emotional states) and respect contextual factors (e.g., situational conditions and cultural considerations)		
Plans and implements activities to address immediate and long term goals		
Recognizes and facilitates opportunities that enhance others' knowledge, mastery and independence, and that support emotional needs of others		
Evaluates effectiveness of interventions based on outcomes achieved and adjusts plan in response		
Self-Awareness and Reflective Practice Skills		
Recognizes and demonstrates willingness to explore how personal challenges, learning needs, cultural and personal beliefs impact professional practice		
Engages in self-reflective practice, demonstrating realistic and critical thinking regarding own performance, and incorporates insights into practice		
Identifies personal learning needs and develops effective learning plans, accessing available resources		
Identifies relevant ethical concerns and participates in analysis of ethical issues to guide practice		
Indirect Care Skills		
Documents concisely, objectively, and accurately, in accordance with institutional guidelines regarding assessment, planning, interventions, and evaluation of outcomes		
Organizes and manages time effectively, balancing direct and indirect care responsibilities appropriately		

Once you have completed the worksheet, consider what next steps are available to you in better understanding and building your level of competence and expertise. Recommendations include:

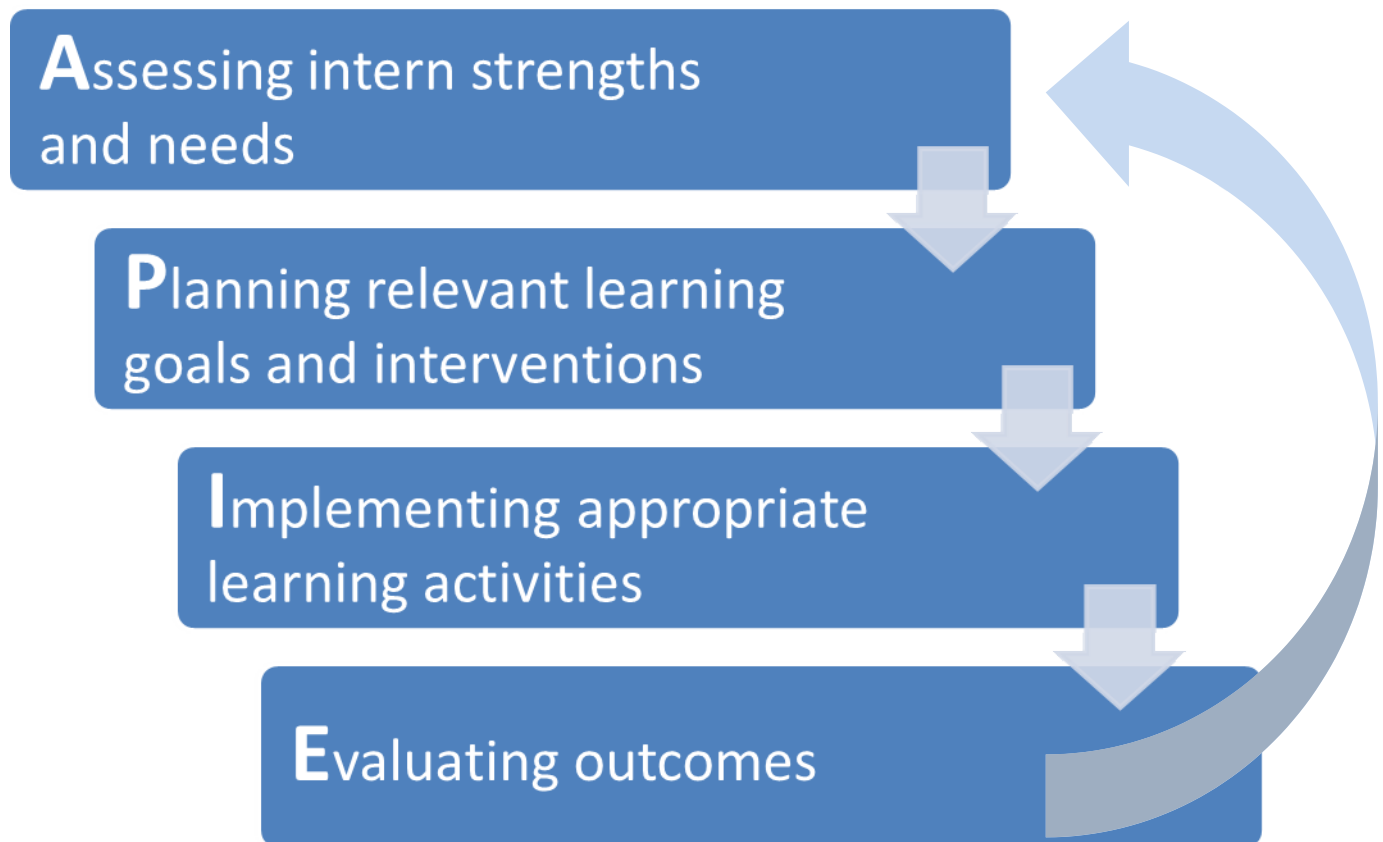
- Get the perspective of a colleague – this may be a peer, your department’s internship coordinator, and/or your supervisor.
- Consider with more depth what factors may underlie rating an area as lower in confidence – could it be a matter of lack of opportunity?

- Identify resources available to you for further professional development in specific areas – in-services, focused clinical supervision, or mentorship.
- Develop an action plan for moving forward.

APPLYING CHILD LIFE PROCESS AS AN INTERN SUPERVISION SKILL

Take a moment to re-read the skill statements listed under “Intervention Skills” in Exercise 3 (beginning on page 19). These core skills describe the fundamentals of the process we use in practice: assessment, planning, intervention, and evaluation. The APIE process can be applied in supervising interns as well.

As intern supervisors, our key responsibilities include:



Just as in child life clinical practice, this process is cyclical in nature. Throughout an intern’s clinical training, supervisors must reassess and adjust plans, learning goals, and learning activities to support interns in reaching their full potential.

KEY CONCEPTS IN INTERN SUPERVISION

ADULT LEARNING THEORY

Since the work of Malcolm Knowles in the early 1970s, tremendous growth has occurred in the amount of information available on adult learning, much of which still refers to his original six characteristics of adult learners.

Need to know: Adults learn best when convinced of the need for learning – why they should learn something and how it will benefit them. Adult learners also tend to be goal-oriented and value understanding of what learning will occur (learning objectives) and how learning will be conducted (learning methods).

Self-concept: The self-concept of adults is also important to their learning process, particularly as it relates to their sense of *self-direction* and *autonomy*. By engaging adults in a collaborative process of assessing their specific learning needs and developing action plans for moving forward, adult learners take increasing ownership of the goals and direction of their learning.

Prior experience: Adult learners' prior experience informs the perspectives (e.g., beliefs, values, ethics, feelings, thoughts, and behaviors) with which they approach each new learning experience. Their perspectives can serve as a resource for learning, shaping new learning by enhancing insight and understanding, as well as having the potential to inhibit new learning. Adult learning is enhanced when prior experience is acknowledged, articulated, and valued. The Values Clarification Model introduced in the first section is one method for addressing this in the learning relationship.

Readiness to learn: For adults, the relevance of learning objectives to current situations promotes their inclination for learning: real life situations create a need to know. Connect and highlight the usefulness of content to real practice situations for adult learners.

Orientation to learning: Adult learners have a very practical approach to learning, with a more problem solving orientation rather than subject-centered. Presenting content in real-life contexts benefits adult learners.

Motivation to learn: Adult learners tend to be more motivated by internal rewards (e.g., increased confidence, self-esteem). Because adult learning involves the learner's ego, respect in the relationship between learner and teacher is very important; the learning environment must be felt by the learner to be safe and supportive, to reduce the fear of judgment during the learning process.

For more information, see: Knowles, M.S., Holton, E. F., & Swanson, R. A. (1998). *The adult learner: The definitive classic in adult education and human resource development* (5th ed.). Houston, TX: Gulf.

EXERCISE 4: VALUES CLARIFICATION – ADULT LEARNING

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about adult learning and adult learners.

Belief- I hold it to be true that

Values - I hold it to be important that

My overall position on **adult learners looks like this:**

Actions- what I do

Thoughts- I think to myself

Ethics - I tell myself that I should

Feelings - I feel

SOCIAL LEARNING THEORY

As child life specialists, we are familiar with Albert Bandura's social learning theory as it has been used to describe the influence on children's learning of observing the behaviors of formal and informal role models. We may be less aware, however, of how Bandura's theory has been used to inform the understanding of adult learning. Observing the practice of experienced child life specialists is a highly significant component of intern learning. When we pair observation with explanation and discussion of our own thought processes, we better prepare interns for moving beyond observation to partnering with us in our work and, ultimately, to providing care independently.

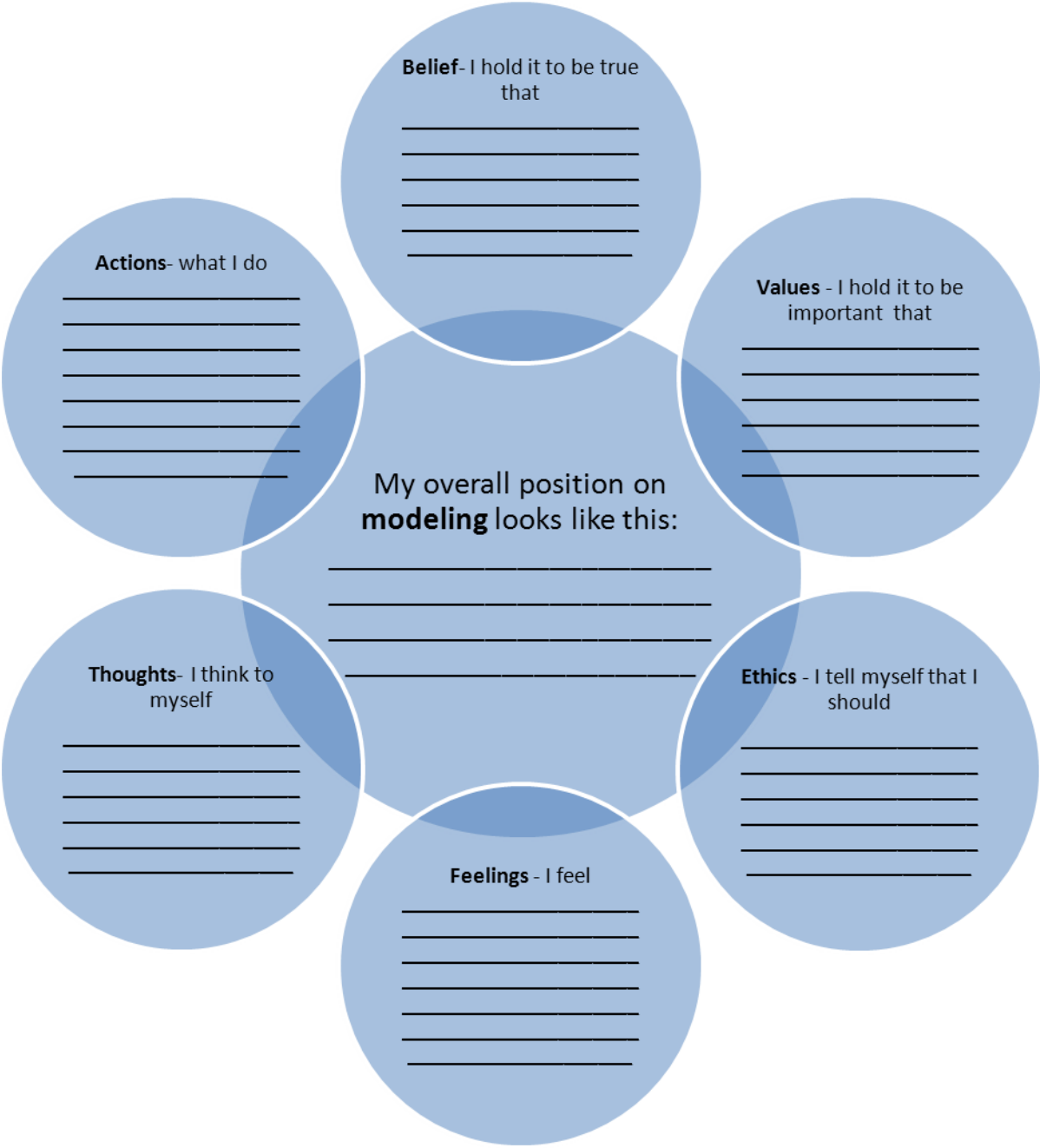
EXERCISE 5: VALUES CLARIFICATION - MODELING

What kinds of experiences have you had with modeling?

Think about preceptors or employers who have modeled work behaviors for you. Who have been your memorable role models? How have they impacted the way you think about modeling, or what you do yourself? If you believe that you enjoyed excellent role models, you may use similar techniques. If you have worked where modeling behaviors were weak or poor, you may not feel pride or confidence in your own modeling behaviors.

Once you have completed the exercise on the next page, consider how each component connects to each other to create your overall position on learning through modeling.

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about teaching and learning through modeling...



LEARNING STYLES THEORIES

In order for your supervisor-intern dyad to function at its best, reviewing your learning styles together can be a helpful exercise. Below are links to some simple activities that will spark discussion and planning for best possible learning opportunities. Rather than doing these activities alone, try doing them and discussing them together, or even as a larger group if you are orienting several interns in your program.

VAK LEARNING STYLES

Learning styles are most frequently defined by the way we prefer to use our senses to process information. Sensory learning style models are often referred to by the acronym VAK: Visual, Auditory, Kinesthetic.

VAK (Sensory Learning Styles)	Description
Visual	seeing and reading
Auditory	listening and speaking
Kinesthetic	touching and doing

Think about your own experiences as a learner. Which sensory learning style best describes your learning preference – visual, auditory, kinesthetic? What methods have you, or your teachers, used that best match the way you take in, process, and retain new knowledge and skills?

FELDER-SILVERMAN LEARNING STYLES MODEL

Another approach to categorizing learning styles has been defined by Felder and Silverman (1988), who identified four dimensions: active↔reflective, sensory↔intuitive, visual↔verbal, and sequential↔global.

Felder-Silverman Learning Model	
<p>Sensory</p> <p>Prefer taking in information that is concrete, practical, factual</p>	<p>Intuitive</p> <p>Prefer taking in information that is conceptual, theoretical</p>
<p>Visual</p> <p>Prefer visual representations of information (e.g., pictures, diagrams, graphs)</p>	<p>Verbal</p> <p>Prefer explanations with words, written or spoken</p>
<p>Active</p> <p>Prefer learning by trying, manipulating</p>	<p>Reflective</p> <p>Prefer learning by analysis, thinking things out, evaluating options</p>
<p>Sequential</p> <p>Prefer to follow a logical sequence of steps to gain understanding and for problem-solving</p>	<p>Global</p> <p>Prefer to look at the big picture first, then fill in details to understand and solve problems</p>

For more information, see:

Felder, R.M. & Silverman, L.K. (1988). [Learning and teaching styles in engineering education](http://www4.ncsu.edu/unity/lockers/users/f/felder/public/Papers/LS-1988.pdf). *Engineering Education*, 78(7), 674-681. Retrieved from: <http://www4.ncsu.edu/unity/lockers/users/f/felder/public/Papers/LS-1988.pdf>

Felder, R.M. & Brent, R. (2005). [Understanding student differences](http://www4.ncsu.edu/unity/lockers/users/f/felder/public/Papers/Understanding_Differences.pdf). *J. Engr. Education*, 94(1), 57-72. Retrieved from: http://www4.ncsu.edu/unity/lockers/users/f/felder/public/Papers/Understanding_Differences.pdf

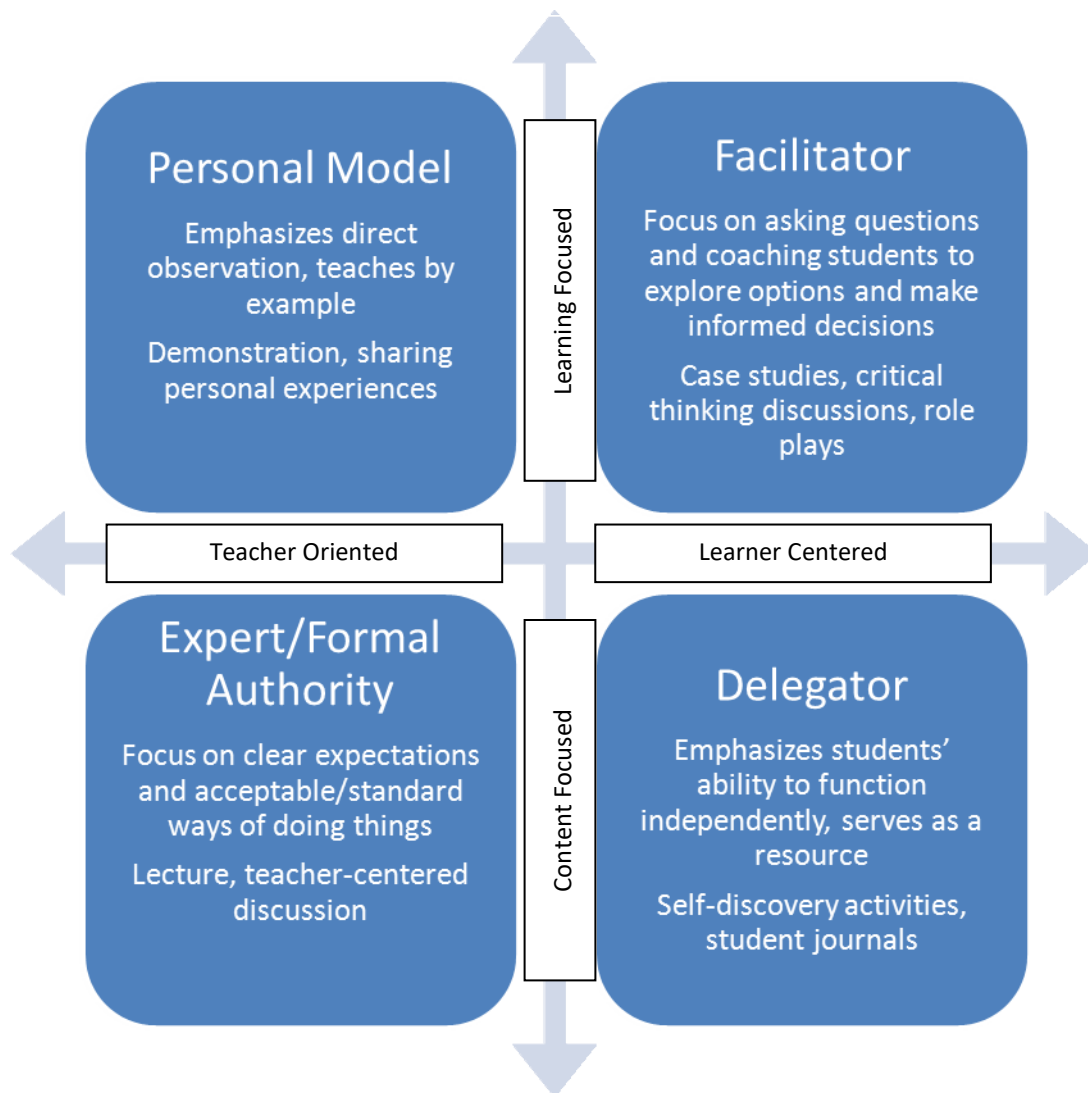
EXERCISE 6: LEARNING STYLE INVENTORY

Complete one of the free online questionnaires listed below:

- VAK_ http://www.businessballs.com/freepdfmaterials/vak_learning_styles_questionnaire.pdf
- Feldman and Silverman <http://www.engr.ncsu.edu/learningstyles/ilsweb.html>

TEACHING STYLES

In his book *Teaching with Style: A Practical Guide to Enhancing Learning by Understanding Teaching & Learning Styles* (1996, 2002), Anthony Grasha identified five teaching styles: expert, formal authority, personal model, facilitator and delegator. For our purposes, we have combined the expert and formal authority styles in the descriptions below due to similarity.



Adapted from: Grasha, A. (2002). *Teaching with style : A practical guide to enhancing learning by understanding teaching & learning styles* San Bernadino, CA: Alliance Publishers, p. 154.

Each style has advantages and disadvantages associated with it, and some may be better suited to certain learners' styles than others. Becoming familiar with the different styles and teaching methods can help you become more well-rounded and versatile in your approach with interns. As you may already recognize, maintaining awareness of certain situational and learner-specific factors (e.g., preferred learning style, level of professional development) will help you in selecting the teaching style most appropriate in different circumstances.

For more information, go to http://ilte.ius.edu/pdf/teaching_with_style.pdf for the online version of Grasha's *Teaching with Style*.

EXERCISE 7: VALUES CLARIFICATION – TEACHING

What do you believe to be true about teaching, and how is what you believe reflected in your behaviors? Try writing clear, interconnected statements that answer the following questions about you and the concept of teaching.

Reflecting on my own experiences, I know they have influenced my thoughts about teaching...

Belief- I hold it to be true that

Values - I hold it to be important that

My overall position about teaching looks like this

Actions- what I do

Ethics - I tell myself that I should

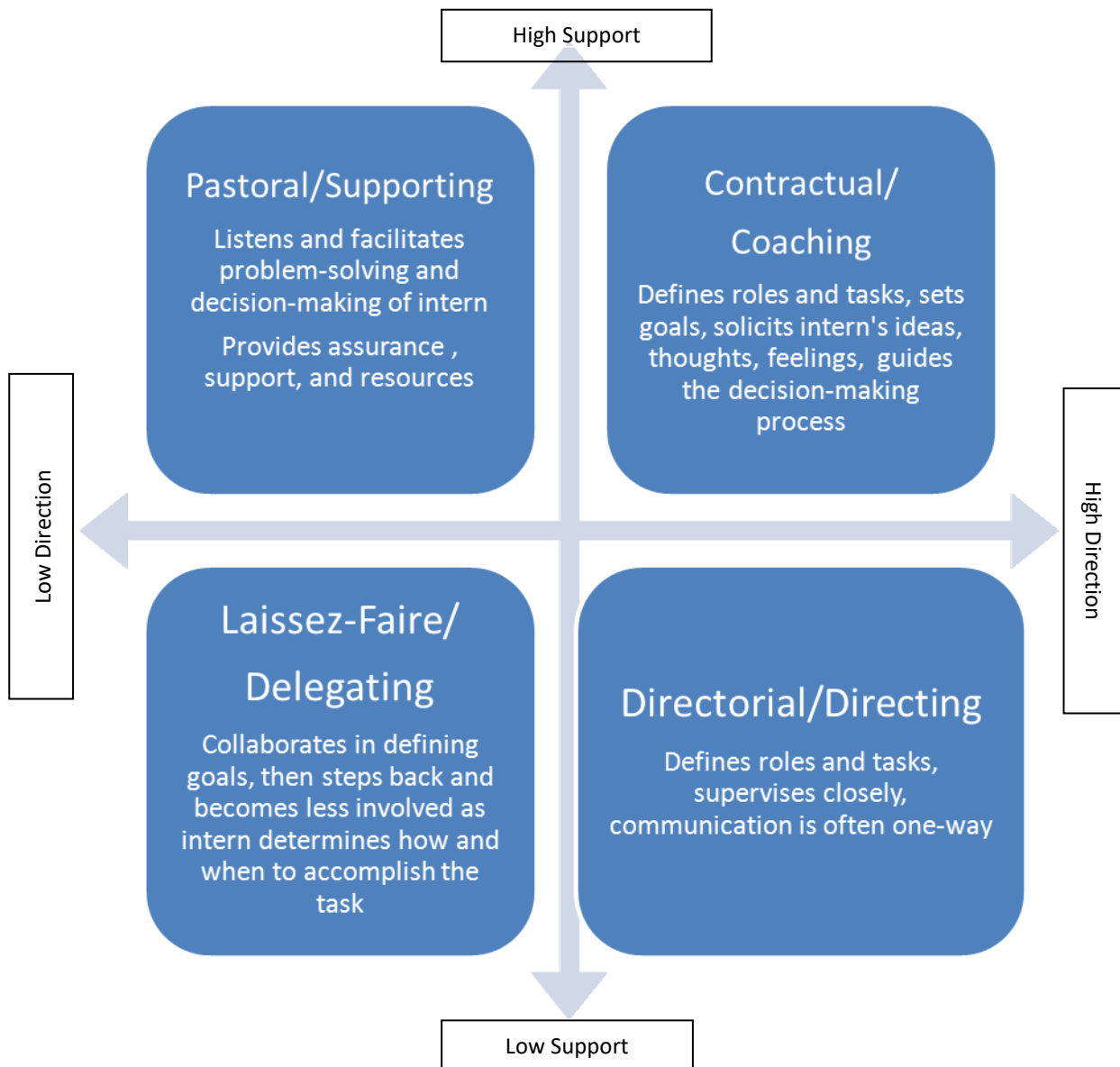
Thoughts- I think to myself

Feelings - I feel

SUPERVISION STYLES

Supervision styles have been defined in the business realm as both supervisor and leadership styles (Blanchard, et al., 2005) and in the academic realm (Gatfield, 2005).

A common framework for describing supervision styles involves four primary styles defined on the dimensions of level of direction and level of support.



Assessing each intern's level of skill development provides you the opportunity to tailor your approach (i.e., the level of support and direction you provide) to individual needs. Early in the internship, you may find a mix of directing and coaching to be effective, while supporting and delegating approaches will likely become more appropriate as the intern gains skill and independence.

For more information, see:

Blanchard, K., Fowler, S. & Hawkins, L. (2005). *Self-leadership and the one-minute manager: Increasing effectiveness through situational leadership*. New York, NY: HarperCollins.

Gatfield, T. (2005). [An investigation into PhD supervisory management styles: Development of a dynamic conceptual model and its managerial implications](#). *Journal of Higher Education and Policy Management*, 27(3): 311-325.

CLEAR MODEL OF SUPERVISION

	CLEAR MODEL OF SUPERVISION
C ontract	<ul style="list-style-type: none"> • Establish clear outcomes. • Clarify expectations, accountability, and ground rules. • Identify policies, if appropriate. • Engage intern in establishing measurable goals (SMART – see p. 35). • Review evaluation tool to introduce performance expectations. • Schedule periodic evaluation. • Define relationship boundaries. • Determine how the process can be most valuable to both individuals.
L isten	<ul style="list-style-type: none"> • Facilitate the intern’s generating personal insight into the situation. • Allow for silence and reflection.
E xplore	<ul style="list-style-type: none"> • Journey with the intern through questioning, reflection and generation of new insight and awareness. • Create different options for handling the issue.
A ction	<ul style="list-style-type: none"> • Actively identify both the short- and long-term objectives with the determination of moving forward.
R eview	<ul style="list-style-type: none"> • “Take Stock.” • Participate in honest reflection.

Hawkins, P., & Shohet, R. (2006). *Supervision in the Helping Professions*. Maidenhead, Berkshire, England: Open University Press

“Supervision is a relationship for learning.”

Fenichel, E. (ed.) (1992). *Learning through Supervision and Mentorship to Support the Development of Infants, Toddlers and their Families: A Source Book*. Arlington, VA: Zero to Three/National Center for Clinical Infant Programs.

ROLES, RESPONSIBILITIES, AND OPPORTUNITIES

INTERN

Opportunities

- Provide support to patients and families to facilitate their adjustment to the stress and anxiety of hospitalization.
- Assess, plan, implement and evaluate developmentally appropriate play activities and therapeutic interventions for individual and groups of patients at bedside and in the activity room.
- Integrate theories of human growth and development into the internship experience.
- Function as a member of the multidisciplinary team and exchange appropriate information concerning the strengths and needs of patients and families.
- Develop a basic understanding of pediatric illnesses and associated medical terminology.
- Participate in the daily routines of the child life specialist – including maintenance of the activity room and the preparation and cleaning of materials.
- Learn about the hospital as an institution, the administration of child life services (organizations, staffing, budget, procedures for ordering supplies), as well as hospital policies.

Responsibilities

- Participating actively in the ongoing evaluation process by completing a midterm and final self-evaluation.
- Establishing and reviewing individual goals and objectives throughout the placement.
- Attending the general intern orientation to review the policies and procedures of the department and the hospital.
- Meeting formally with the child life services supervisor on a weekly basis.

- Meeting with college supervisor on site a minimum of two times during the internship to review progress. Phone calls may be substituted for site visits when distance is a factor.
- Planning and implementing developmentally appropriate therapeutic, recreational and/ or educational activities on a weekly basis.
- Observing/ visiting one to two additional patient areas during placement.
- Summarizing daily experiences in a personal journal.
- Completing supplemental assignments as noted in the internship calendar.

[Submitted by Boston Children’s Hospital Child Life Department]

SUPERVISOR

Opportunities and Responsibilities

- Be present and available.
- Schedule regular meetings with the intern and provide regular feedback.
- Invite the intern to share suggestions and ideas, and seek feedback.
- Be honest and direct with the intern.
- Encourage and support the intern to step outside her comfort zone in a safe environment.
- Challenge the intern in a motivating way.
- Praise on the spot and address performance concerns in private as soon as possible.
- Be yourself.
- Share your wisdom and expertise.
- Tell your own career story.
- Take the intern to meetings, as appropriate, and take time to explain the background to plans, decisions, and professional and ethical standards.
- Communicate regularly with the training coordinator regarding how the intern is (or isn’t) progressing and to ask for insight or advice as needed.

Before the internship begins

- Review the Internship Curriculum Modules and Supervisor’s Manual.
- Become familiar with all assignments and forms required at your institution, or by the intern’s university, if applicable.

During the first week on the rotation

- Orient the intern to the setting.
- Discuss program expectations in relation to the intern’s experience in this setting.
- Discuss intern’s specific goals and objectives.
- Discuss learning and supervision styles.
- Plan for upcoming assignments or other required learning activities coming up in the second week.

Throughout the rotation

- Provide and seek regular feedback.
- Complete weekly supervision meeting:
 - Realign goals and objectives as needed
 - Plan for upcoming assignments
- Complete evaluation tool (at minimum: mid-rotation and end, more often if intern's performance is of concern).

Last week of the rotation and internship

- Support intern in preparing to transition at end of experience.
 - Prepare intern for establishing closure with patients, families and staff.
 - Help her/him find the words to express appreciation for getting to know children/families, for aiding in learning.
- Complete final evaluation with required signatures.
 - Reflect on intern's growth during the rotations and recognition that her learning will continue (in next rotation and after internship).
 - It may also be helpful to provide suggestions for future learning goals.
- Inquire about the intern's future plans.
- Reflect on the learning achieved by the intern and, if appropriate, any areas for continued growth (on next rotation, in next learning experience, in first job).
- Thank the intern for her/his hard work.
- Offer to provide feedback on resume and/or advise regarding job search.
- Make yourself available for future professional contact (networking).

Effective performance goals

- ...are specific, measurable, attainable, realistic, time-oriented (SMART);
- ...identify the resources needed to achieve the goal;
- ...describe how progress/success will be measured (accuracy, quality, volume, time); and,
- ...allow intern and supervisor to measure and recognize achievement.

When an intern is not meeting expectations in an area:

- *Emphasize identifying the obstacles to performance.*
- *Focus on finding solutions.*
- *Outline specific steps and resources that will enable the intern to improve.*

S	•Specific
M	•Measurable
A	•Attainable
R	•Realistic
T	•Time-Oriented

ESTABLISHING CLEAR EXPECTATIONS

Expectations Related to the Learning Process

As adult learners, interns benefit from information about what learning will occur (learning objectives) and how learning will be conducted (learning methods, learning activities). A comprehensive review of the internship program during orientation is an important first step in clarifying what is expected of the intern as well as what the intern can expect during her clinical training. Over the course of the internship, it is also important to engage interns in a collaborative process of assessing their specific learning needs and developing action plans for moving forward, as this supports them in taking increasing ownership of the goals and direction of their learning.

For more information about specific expectations within the framework of the Child Life Clinical Internship Curriculum, please refer to the link below:

<http://www.childlife.org/files/InternshipCurriculumModules.pdf>

Expectations Related to Outcomes

Within the framework of evaluation and signed verification of interns' clinical experiences, supervisors hold an ethical responsibility to be very clear at the outset of an internship about the meaning of the term "successful completion." Successful completion of the requirements should indicate that the intern is able to perform each function at job entry level. This requirement equals an expectation for performance at the same level in order to pass the professional certification examination. Prior to signing the internship verification form, supervisors must be certain that the intern has fulfilled the requirements to a job entry level, indicating the likelihood that the intern has the knowledge and skills required for certification.

Unfortunately, it is wise, and only fair to all concerned, to have an alternate plan in place should the internship fail to move successfully toward completion. In rare situations this may happen, for a variety of reasons and is often apparent early in the clinical experience. It is important to review the internship evaluation tool and the CLC Clinical Training Verification form in establishing clear expectations regarding learning outcomes. When concern exists regarding an intern's performance or lack of progress, supervisors will find it helpful to connect the area of concern directly back to the performance standards and expectations as defined in the evaluation and on the verification form

In Appendix C, you will find an example of one internship program's guidelines regarding the process for addressing concerns about student performance. Developing and clearly communicating a defined course of action that is fair and ethical for addressing lack of progress

and performance concerns is an important component to setting and maintaining clear expectations for everyone involved – interns, clinical supervisors, and academic supervisors.

SETTING AND MAINTAINING PROFESSIONAL BOUNDARIES

Since there is often variation among internship sites, this section provides material to stimulate thought around the boundaries of relationships. For example, the decision to lunch or not to lunch with your intern is a decision often based on departmental guidelines, but in the absence of such, the following content can help the individual supervisor/programs begin to clarify their own guidelines.

“Yellow lights,” sometimes experienced as hunches, or uncomfortable feelings, when we pay attention to them, can help to guide our actions when working with patients and families. We can also examine these feelings in terms of similarities in the make-up of a supervisor-intern relationship. Awareness of involuntary boundary infractions and subsequent issues is important to the success or failure of both kinds of relationships. For example, if a supervisor spends time thinking about an intern’s progress when away from work, that behavior could be detrimental. *In what ways? For whom? Could the boundaries that define that working relationship be unclear? Enmeshed? Rigid? Is it best to develop safety within relationships by establishing clear boundaries from the inception?*

Consider these “Yellow Lights”

- Frequently thinking of the patient outside of work hours. Or, frequently thinking about an intern outside of work hours.
- Frequently planning one’s schedule around one patient or family’s needs. Or, frequently planning your day-to-day responsibilities around intern activities that overtake prioritization.
- Spending free time with a patient. Or, spending free time with an intern.
- Sharing personal information with a child or family. Or, sharing personal information with your intern.
- Feeling worried about a family’s personal view of you if you can’t meet expectations. Or, feeling worried about the intern’s view of you if you cannot meet her/his expectations.
- Feeling so strongly about one child’s goals that you don’t hear the comments of others. Or, feeling so strongly about your intern’s goals that you do not or will not hear the comments of others (your colleagues).

- Feeling responsibility if the child's progress is limited. Or, feeling responsibility if the intern's progress is limited.
- Feeling unusual irritation if someone or something in the system creates a barrier or delay for one child or family. Or, feeling unusual irritation if someone or something in the system creates a barrier or delay for your intern.
- Noticing more physical touch than is necessary, appropriate or required for the situation, or sexual content in interactions with a family member. Or, noticing more physical touch than is necessary, appropriate or required for the situation, or sexual content in interactions with an intern.

Adapted from: British Columbia Rehabilitation Society. (1992). *Boundaries Workshop Material*. Vancouver, BC: British Columbia Rehabilitation Society.

In addition, it is important to understand the inherent differences between professional and non-professional relationships. There are similarities to the above between trained, qualified professionals and emerging professionals. Goal directed activities, as with children and families, provide a structured relationship for learning.

The balance of power within each of these relationships is critical, and should be handled with respect. Supervisors always hold an unequal amount of power, in terms of their experience, knowledge and influence, as compared to interns. Thoughtful reflection about our use of power is essential. In addition, responsibility for creating and maintaining the supervisor-intern relationship, as it does with children and families, lies more heavily with the clinician or the supervisor. That responsibility is based on knowledge, experience and influence as well. And finally, the weight of knowledge the supervisor holds also tips the initial balance toward the supervisor, who has an obligation to share that knowledge while respecting the intern's position. This is clearly parallel with respect to sharing knowledge with families, whom we often find in similar positions. As interns progress throughout their clinical experiences, the balance of power, knowledge and experience will shift toward them. Equal partners on an equal playing field, each with unique characteristics, experiences and skills, can emerge through such a respectful relationship.

Adapted from: *Registered Nurses Association of British Columbia, British Columbia Council of Licensed Practical Nurses, & Registered Psychiatric Nurses Association of British Columbia*. (1995). *Nurse-Client Relationships. A Discussion Paper on Preventing Abuse of Clients and Expectations for Professional Behaviour*. Vancouver, BC: Author.

Although these papers tend to focus on nurse-patient/family relational behaviors, it is understood that child life specialist-patient/family or intern-supervisor relationships can be subject to similar problems. While reviewing professional relationships within respective

settings, it is also wise to discuss the issues of power, knowledge and influence that can affect the working relationship of a supervisor and intern.

For more information, see:

<http://www.crns.ca/documents/professionalboundaries.pdf>

<https://www.crnbc.ca/downloads/432.pdf?q=nurseclient>

EXERCISE 8: VALUES CLARIFICATION – SUPERVISOR-INTERN RELATIONSHIP

When I reflect on my own experiences, I know they have influenced my thoughts about the supervisor-intern relationship...

Belief- I hold it to be true that the relationship is

Values - I hold it to be important that

Ethics - I tell myself that I should

Feelings - The feelings that come up for me are

Thoughts- When I think about the relationship, I think

Actions- The things I do in relationship are

My overall position on the supervisory relationship looks like this

CORE TEACHING SKILLS

MODELING CLINICAL PRACTICE: THE IMPORTANCE OF ARTICULATING INTERNAL PROCESS

Whether we remain consciously aware of it or not, we are teaching interns the entire time we are in contact with them through the behaviors and actions we engage in during our clinical practice. Much of the work that we do, however, cannot be observed. The internal processes in which we are continuously engaged – weighing the variety of factors we consider as we make our assessments and decide the best direction to take next, for example – must be articulated in order for our interns to more fully understand and begin building their own skills.

Unless we pair observation with explanation and discussion, we are simply engaging in demonstration of skills. By articulating the internal process we engage in our practice – in essence, making the implicit explicit – we prepare interns better for moving beyond observation to partnering with us in our work and, ultimately, to providing care independently.

USING QUESTIONS TO STIMULATE LEARNING

Effective questions encourage the intern to
“uncover, explore and build on [*her/his own understanding*] of issues,
goals, options, realities, and ideas.”

Bossons, P., Kourdi, J. & Sartain, D. (2009). *Coaching essentials: Practical, proven techniques for world-class executive coaching*. London: A & C Black Publishers, Ltd. (emphasis added)

The Value of Using Questions with Interns

Establishes rapport: By using questions skillfully to elicit ideas and insights from interns, we build rapport and trust within the relationship. Rather than trying to impress them with your

ideas or expertise, thoughtful questions can serve to communicate how much you respect them and care about their learning and development.

Better listening, deeper understanding: Often, while we are doing the talking, our interns aren't listening fully; instead they are often thinking about what they are going to say. When we ask questions, we help our interns build their critical thinking skills, begin to take control and responsibility for their professional growth.

Higher motivation, better follow-up: When we use questions effectively, the right answer will not be imposed by us, rather it will be found and owned by our interns, who, thus, will be more motivated to follow it up.

SIX TYPES OF SOCRATIC QUESTIONS TO ENHANCE CRITICAL THINKING SKILLS

Critical thinking is the process we use to reflect on, access and judge the assumptions underlying our own and others' ideas and actions.

Types of Questions	Examples
Clarifying	What do you mean by____? Could you put that another way? Can you give me an example?
Probing Assumptions	What are you assuming? How did you choose those assumptions? What could we assume instead?
Probing Reasons and Evidence	How do you know? Why do you think that is true? What would change your mind?
Exploring Viewpoint and Perspectives	What are you implying by that? What effect would that have? What is an alternative?
Probing Implications and Consequences	How can we find out? Why is this issue important? What generalizations can you make?
Questions about Questions	What does that mean? What was the point of this question? Why do you think I asked this question?

Adapted from: http://www.1000ventures.com/business_guide/crosscuttings/questions_socratic.html

USING EFFECTIVE QUESTIONS FOR PROCESSING INTERACTIONS

Types of Situations	Examples
When Intern is Observing	<ul style="list-style-type: none"> • What did you see/observe/hear? What actions/behaviors did you notice? • What do you think about what you saw/observed/heard? • What is it about this situation that might be concerning, challenging, problematic, or unexpected? • What positives or strengths can you identify? • What questions do you have about what you observed? • What possible reasons/answers might exist related to your question(s)? • How or where could you begin to discover answers to your question(s)? • What steps can you take to learn more in relation to your question(s)?
When Processing Intern's Own Interactions	<ul style="list-style-type: none"> • What did you notice as you entered the room/began the conversation/etc.? • What was your primary goal? What other goals? • What did you do? • How did child/family respond? • What thoughts/feelings did you have at that point? • What happened next? What actions did you take? What did you say?

	<ul style="list-style-type: none"> • How did your goal(s) change during the interaction? • What outcome was achieved during the interaction? • On a scale of 1-10, how much progress was made toward your goal?
Using Effective Questions for Self-Awareness and Reflection	<ul style="list-style-type: none"> • How do you feel about what you saw/observed heard? • At that point, what physical sensations did you feel? What emotions? • Right this moment, what physical sensations can you identify? • What makes that important to you? • Where do you know you are stopping short? • How is that working for you? • How will it feel to do that? • What will it mean for you if you don't_____? • What will be different about the way you see yourself if you _____?

USING EFFECTIVE QUESTIONS FOR PERFORMANCE COACHING

Types of Questions	Examples
Questions for Setting Learning/Performance Goals	<ul style="list-style-type: none"> • What are the three most important things you would like to accomplish in the coming week? • What actions can you take to achieve those goals? • How can I best support you to achieve these goals? • What do you need that's preventing you from reaching those

	<p>goals?</p> <ul style="list-style-type: none"> • How can I best help you and hold you accountable for the results you are looking to achieve? • How can I hold you accountable in a way that will sound supportive and so that you will be open to hearing it? <p>Adapted from: http://www.allbusiness.com/management/business-coaching-mentoring/11510413-1.html</p>
<p>Opening Up the Supervision Session / Reviewing Actions</p>	<ul style="list-style-type: none"> • What have been your highlights since we last talked about this? • What has gone well for you? • What progress do you feel you've made? • What have you been most pleased with since we last met?
<p>Building on Success</p>	<ul style="list-style-type: none"> • What can you do more of that will help you move forward? • How can you ensure this happens again?
<p>Clarifying</p>	<ul style="list-style-type: none"> • So can I just clarify...what you have said is....? • Can you just tell me a bit more about....? • So if I have heard you correctly, you have done...?
<p>Exploring Options</p>	<ul style="list-style-type: none"> • What would work for you? • What options do you have for moving forward? • What other options can you think of? • What else could you do? • If anything was possible, what would be your ideal course of action? • How have you handled this successfully in the past?

	<ul style="list-style-type: none"> • Who do you know who has been in a similar situation...? (wait for response)... how did they handle the situation? • If you were advising a friend, what would you suggest?
Challenging	<ul style="list-style-type: none"> • What is the worst thing / the best thing that could happen? • If you take this step, what would you do next? • If I were to challenge you to do this preparation/procedural support/etc. on your own, what would be your reaction? • Last session you said x and now you are saying y...which is the truth...which is more important to you?
Measuring Progress, Priority, Commitment	<ul style="list-style-type: none"> • On a scale of 1 – 10, what progress have you made so far in achieving your goal? • On a scale of 1 – 10, how important is this to you? • On a scale of 1 – 10, how committed/motivated are you to carrying out this action? • On a scale of 1 – 10, where are you in relation to...? • Can then ask follow-up questions to explore further: <ul style="list-style-type: none"> - What are you doing well which is giving you the score of 4? - What will help you make the step to 7? - What obstacles might be holding you back?
Stimulating Deeper Thinking	<ul style="list-style-type: none"> • What can you control in the situation? • What can't you control in the situation? • What might you control that you haven't been? • If you did know the answer, what would it be? • What is the real issue here? • What is really important to you?

<p>Exploring Values/Unlocking Motivation</p>	<ul style="list-style-type: none"> • What is really important to you right now? What makes that important to you? • What will it mean for you if you don't_____? • What would you like people to say about you? • When things have been going well for you what was happening? • When did you last feel energized....what was happening for you? • What will be different about the way you see yourself if you _____?
<p>Agreeing on Action</p>	<ul style="list-style-type: none"> • What is your way forward? • Which option most excites you? • What one small action/step are you now going to take? • How are you going to do it? • When exactly will you do it? • Who will help you? • On a scale of 1 – 10, how committed/motivated are you to achieving this? • How will you ensure you do it?

Adapted from:

<http://www.personal-coaching-information.com/coaching-questions-toolkit.html>

<http://coachingcommons.org/featured/heres-your-list-brilliant-coaching-questions/>

HOW TO ENSURE YOU ASK POWERFUL COACHING QUESTIONS

Powerful coaching questions are:

- Non-judgmental – when using questions, maintain awareness that the way you phrase your question does not infer a right or wrong answer. Effective questions open the door to discussing *options*.
- Simple and succinct – often shorter, simply-worded questions are more useful and powerful than more complex questions. Not only are shorter questions easier to understand, but pointed, well-crafted questions help the discussion stay on track.
- Open-ended – avoid yes/no questions which can inhibit exploration and rich discussion
- Reflective of our interns' language – notice whether your intern consistently uses specific language (e.g., "I think...", "I feel...") in your discussions. By matching the way you phrase your questions to your intern's common language, you often increase the ease with which your intern connects with your question.

Adapted from [De, K. \(2007\). How to ensure you ask powerful coaching questions.](#) Retrieved from:

<http://krishnade.typepad.com/talkingcoaching/2007/07/how-to-ensure-y.html>

[Submitted by Johns Hopkins Children's Center Child Life Department (Internship Supervisor's Coaching Toolkit)]

CORE SUPERVISION SKILLS

USING A COACHING APPROACH

By using a coaching approach, you will help your interns focus in on the situation, question, task, or issue at hand; generate multiple options; evaluate and choose from among options; and develop their specific plan of action.

Coaching supports interns to:

- Develop autonomy through growing awareness
- Take responsibility for their own learning and progress
- Build self-belief and confidence

Self-belief = confidence in the “answers” that come from within

Interns build self-belief when they make decisions, take successful actions and recognize their full responsibility for both.

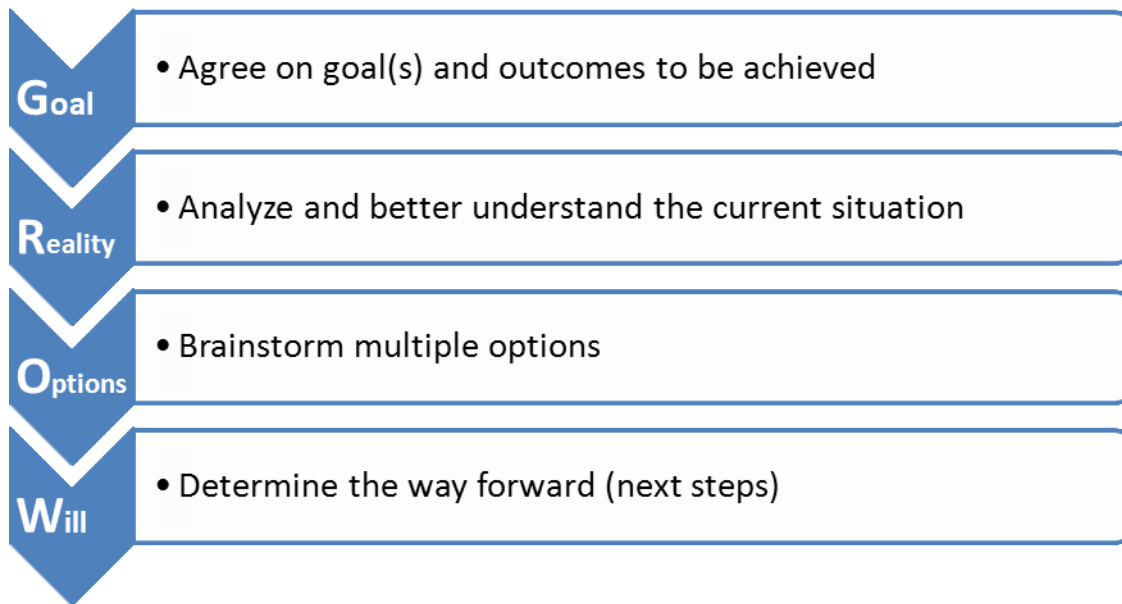
It is built by accumulating successes and knowing that those successes are due to their own efforts.

The two most important components of using a coaching approach are:

- Structuring the session
- Using questions effectively

The GROW model is a widely known coaching model that describes the structure of a coaching session in four steps.

THE GROW MODEL OF COACHING



Adapted from: Whitmore, J. (2002). *Coaching for performance: GROWing people, performance, and purpose*. (3rd ed.). London, UK: Nicholas Brealey Publishing.

USING THE GROW MODEL FOR FOCUSING INTERNS AS THEY DEVELOP PATIENT CARE PLANS

The GROW model can be used to structure conversations with interns as they work to move from assessment to determining patient care goals and planning appropriate interventions. The role of the coach/supervisor is primarily to encourage the intern through questions to identify the goal(s), explore the factors and dynamics currently involved, weigh options, and determine next steps.

Setting the Goal	<ul style="list-style-type: none">• What is most important for this child/family right now?• What do you hope the child/family will achieve through your interaction?• How will you know if you have successfully addressed the concern?• What if you did have enough time? How would it look
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	<p>different?</p> <ul style="list-style-type: none"> • What if you were able to get past your nervousness/freezing up/lack of confidence, etc? How would it look different?
Examining the Current Reality	<ul style="list-style-type: none"> • What is happening now? • What has already been tried? What was the result? • Who else is involved? What are their perspectives?
Exploring Options	<ul style="list-style-type: none"> • What options do you have for moving forward? • What other options can you think of? • What else could you do? • Which option most excites you? • If anything was possible, what would be your ideal course of action?
Establishing the Way Forward (Will)	<ul style="list-style-type: none"> • So what will you do first? When? • What resources do you need? • How will you start?

Please note that while this process can easily occur in conversation alone, many times it will be useful to help an intern draft her/his care plans in writing. Practicing these writing skills will also help the intern begin to use appropriate language for documentation, and help her/him to gain insight and confidence around purposeful interactions.

USING THE GROW MODEL FOR FOCUSING INTERN IN CREATING AN ACTION PLAN FOR SKILL DEVELOPMENT

The process of developing a learning plan through coaching is very similar to the process of developing a care plan.

Setting the Goal	<ul style="list-style-type: none"> • What is most important for your skill development right now? • What do you want to focus on for your development? • How will you know if you've successfully addressed the concern? • What if ...you did have enough time? What if... you were able to get past your nervousness/freezing up/lack of confidence, etc? How would it look different?
Examining the Current Reality	<ul style="list-style-type: none"> • What is happening now? • What have you already tried? What was the result? • Who else is involved? What are their perspectives?
Exploring Options	<ul style="list-style-type: none"> • What options do you have for moving forward? • What other options can you think of? • What else could you do? • Which option most excites you? • If anything was possible, what would be your ideal course of action?
Establishing the Way Forward (Will)	<ul style="list-style-type: none"> • So, what will you do first?...and when? • What resources do you need? • How will you start?

Again, while this process can easily occur in conversation alone, many times it will be useful to help an intern develop an action plan in writing.

When supervising an intern who is not meeting expectations in an area, written action plans are essential for documenting performance, both progress and lack of progress.

ADDRESSING EMOTION IN THE LEARNING PROCESS

All interns have ups and downs frequently identified during supervision – frustrations and celebrations, struggles and successes, sadness and joy. While not always comfortable, addressing emotion is extremely important to the learning process. When emotions are unacknowledged, they can create an obstacle to further learning. Assessment of an emotional block or difficulty within an intern is another of the skills that child life specialists can take from their clinical work. As you review this, the parallels will become recognizable.

Acknowledge and normalize the emotional response:

- You seem sad today... you seem down today... you seem stressed/anxious...
- You seem distracted today... you seem hesitant...

Explore the emotion with the intern as it relates to the learning process and/or her/his work:

- What aspects of the work seem to be connected to the emotion he or she is experiencing?

If the intern begins to open up about things that are going on in her/his personal life, redirect to explore ideas for coping and self-care so that she/he can continue to be as present as possible both for the learning experience and in interactions with children and families.

At the same time, we need to monitor and understand our own emotions, too. We can create obstacles for our interns based on our own emotional states. By modeling and articulating our own emotions and reactions with our interns, we can “walk the walk” and “talk the talk.”

PROVIDING PERFORMANCE FEEDBACK

For our purposes, feedback is a continuous process we engage in with our interns through which we provide information about current performance to inform continued growth and improvement. Feedback has been defined as formative in nature, as it helps interns to monitor progress and reinforces learning.

Feedback has traditionally been described as positive, negative, or constructive. When using feedback in the context of encouraging growth and reinforcing learning, it may be more useful to consider it to be neutral in nature. Unlike evaluation, a static measure or “judgment” of an individual’s level of accomplishment at a certain point in time, feedback, as defined here,

should communicate an inherent message of belief or hope that the individual is capable of moving forward, growing beyond this point in time. Whether our initial observation would be defined as positive or negative, an area of strength or one for focused improvement, we have a responsibility to provide feedback to our interns that communicates what they can do to take the next step in their development. We can ask interns to continue to adjust their current goals as they move toward competence. If, for example, you have just discussed an intern's success in a particular area, that conversation can still end with "food for thought" about other approaches; how the intern might adjust the intervention based on another child's development or temperament, or how the intern can adjust his or her own behavior in another context. For example, *how do you think you might approach that same interaction with a child with autism? Or, how could you use that skill again in the pre-operative area?*

Benefits of Feedback in the Clinical Training Setting

- For Learners:
 - Evaluate knowledge and practice skills
 - Define supervisor's expectations
 - Identify strengths/weaknesses without academic penalty
 - Remedy deficiencies
- For Supervisors:
 - Evaluate and modify learning opportunities
 - Recognize intern progress and achievement

Effective Performance Goals:

- are specific, measurable, attainable, realistic, time-oriented (SMART)
- identify the resources needed to achieve the goal
- describe how progress/success will be measured (accuracy, quality, volume, time)
- allow intern and supervisor to measure and recognize achievement

Consequences of Poor or Ineffective Feedback in the Clinical Training Setting

- Missed learning opportunities
- Intern insecurity about abilities
- Inaccurate perception of performance
- Disappointment and surprise with final evaluation

When an intern is not meeting expectations in an area:

- Emphasize identifying the causes/obstacles to performance.
- Focus on finding solutions.
- Outline specific steps (actions) and resources that will enable the intern to improve.

Characteristics of Effective Feedback

- Specific
- Timely
- Involves first hand, objective information
- Uses descriptive, not evaluative, language
- Is accompanied by explanations
- Provides guidelines for improvement
- Relates to agreed-upon learning goals
- Reinforces positive outcomes and behaviors
- Includes an action plan

EXERCISE 9: VALUES CLARIFICATION – SHARING FEEDBACK

When I reflect on my own experiences, I know they have influenced my thoughts about sharing feedback...

Belief- I hold it to be true that sharing feedback...

Values - I hold it to be important that

My overall position on sharing feedback is

Actions- what I do when I have to share feedback are

Thoughts- When I think about sharing feedback, I think

Ethics - the rules I've made for myself are

Feelings - The feelings that come up for me are

Past work or school experiences of either giving or getting feedback, coursework or some other personal experiences have likely influenced the picture you have painted regarding your style of

sharing feedback. The milieu within which you currently work may also influence your style, either negatively or positively. If you have revealed your style as that of an avoider, it will only be fair to improve your skill and confidence before you work with an intern. Practice giving and receiving feedback with a trusted colleague. Perhaps ordinary daily occurrences are safe places to begin practice. In addition, having an honest conversation about your reticence may also help both you and the intern to relax and engage.

STRUCTURING THE PERFORMANCE FEEDBACK CONVERSATION

Taking time to plan for performance feedback conversations can help us feel more comfortable and stay on track. The steps to structuring and staying on track are described in the following table.

State the reason for the conversation:	Articulate the goal – the desired outcome – as a positive intent for the conversation.
Describe what you have observed:	Use concrete examples of behaviors – “I’ve noticed that...”
Establish the need/case for change:	The effect of the current behavior and/or the value of moving to the next level Value of clearly connecting the behavior/ need for change to expectations, competencies as reflected in the curriculum and evaluation tool
Wait for a response:	Place responsibility with the intern---the only person who can truly effect the change.
Stay on track:	Acknowledge “sidetracks” and return to the issue at hand. Crying – “I know this is difficult feedback so you just take some time and I’ll be right here. You let me know when you’re ready to continue.” – Then WAIT in silence.

	"I understand this is frustrating to hear, but right now..."
Ask for solutions:	Get one, then ask "and what else?" It is important for the intern to identify possible solutions; if you solve the problem, it becomes yours...
Agree together on next steps and follow-up:	Summarize expectations. Express confidence in the intern's abilities.

TIMING AND PACING OF FEEDBACK

Timing – When is the best time to provide feedback?

Providing regular feedback, as close in time to the learning experience as possible, is one of the most important responsibilities of the supervisor for supporting an intern's ongoing skill development. Taking time on and away from the clinical work area to process interactions and to discuss progress or plateaus is essential. Depending on the situation and nature of the feedback (e.g., its importance and urgency, particularly as it relates to outcomes or safety), you may choose to provide feedback:

- **In the moment**: There may be times when it is appropriate to provide guidance during an interaction you and your intern are having with a child and family. Most of the time "in the moment" guidance should be gentle and unobtrusive, though there may be situations that require a more direct approach if the potential outcomes from not stepping in could be significant.
- **Immediately following an interaction**: In most situations, allowing interns to continue to find their own way during interactions with children and families, without interruption, is very useful to their continued development. By processing and providing feedback with your intern soon after interactions, you demonstrate respect and caring.
- **At the end of the day**: Wrapping up before you each leave at the end of the day is an effective routine to establish when supervising interns; however, this should be in addition to processing time throughout the day. While we all have those days when it truly is one child and family interaction after another, if we consistently hold our time

for processing and feedback to the end of the day, we risk missing or forgetting to discuss valuable teachable moments.

- At the end of the week: Meeting with your intern once a week, in a location where you will not be interrupted or distracted, is a fundamental responsibility of intern supervisors. This should be a time for both of you to review progress and share feedback. However, when supervisors save or hold on to feedback until the weekly meeting, they do their interns a disservice. Not only may we miss discussing important interactions, but interns may also find it difficult to filter and absorb large chunks of feedback at a time. Most significant of all, however, is that they have lost valuable time to make improvements or adjustments in their practice.

Pacing of feedback – How much feedback can or should I give at any one time?

Supervisors who engage in providing feedback on a regular, daily basis are less likely to worry that they may overwhelm interns with information about their performance in a single supervisory discussion. There are times, sometimes even after a single interaction experience, in which supervisors will benefit from taking a few moments to plan and prioritize the feedback they have to share.

Some tips for pacing feedback include:

- Prioritize – start by sharing the most important points of feedback first to ensure that the information does not get lost or that you run out of time. What were the most significant strengths and areas for continued growth?
- Plan – consider whether certain points of feedback can be shared in other ways. Is this point likely to come up in future interactions or through the intern’s journal writing? If yes, is it reasonable to discuss and share your insights with your intern through another avenue?
- Assess – maintain awareness of how your intern is responding. What do her/his verbal and non-verbal responses tell you about the likelihood of absorbing additional information?

A much-discussed feedback strategy is called the “sandwich” approach, in which a point of positive feedback is shared first, followed by a piece of “negative” or discouraging feedback, and ending with another positive. There are cautions to consistently using this approach, however.

- When “constructive” feedback is sandwiched with positives, the person receiving the feedback may not fully understand the importance, weight, or value of the feedback.

- When individuals pick up on this technique, it can feel “gimmicky.” The value of your message may suffer if it begins to feel insincere.
- This technique encourages us to think about feedback as “judgment” – some feedback is positive and some is negative – rather than as *formative*. Even when our interns have done a great job, we should be helping them understand what they can be doing to take their practice to the next level.

In addition to providing feedback on a regular and consistent basis, supervisors of struggling interns have a particular responsibility to tie that feedback to the evaluation tool – to communicate clearly in a concrete way exactly where the intern’s performance falls with regard to the program’s learning objectives.

See Appendix D for a listing of helpful performance feedback phrases.

EXERCISE 10: SCENARIO FOR PRACTICING PROVIDING FEEDBACK

It is Monday morning and Jessica, the current child life intern, has arrived late once again to the unit explaining she has overslept, not having heard her alarm. Determined to get to the hospital, she has “thrown something on” and rushed right over. It appears she may not have showered throughout the entire weekend! Upon her entrance onto the unit, child life assistance is requested to the treatment room to support a 4 yr old with a blood draw for routine labs. The child is visibly distraught, clinging to her grandmother and a “well-loved” stuffed teddy. Before checking in with the team, Jessica rushes right in.

Upon entering the treatment room, the intern directly approaches the little girl stating, “So, I hear your gonna have a little blood test. I can help!” and begins to pull out an ipad, bubbles and two “I Spy” books. The child continues to hide her face against grandmother. “Look, look, sweetie pie, I have more!” shares the student in a louder voice in an effort to be heard over the cries, and pulls out a light-up toy and a magic wand. The child clings tighter to her grandmother, crying, “I don’t want another needle! I’ll be good; I promise!” Grandmother begins to reassure the child that she hasn’t done anything wrong, but Jessica interrupts her, pushes past the phlebotomist and begins to tell them both about the art event happening in the playroom later that day. The child continues to cry inconsolably. Jessica walks away with an audible sigh. Before exiting the room, at the end of the stretcher she shares with the nurse, “I think that mom isn’t helping matters.”

Although this example could be viewed as extreme, and probably is, there is plenty of content to think about. Creating a plan prior to discussion with the intern is useful. The questions below serve to provide support for a supervisor who might be at first overwhelmed by the negatives.

- What points do you identify as having potential for feedback? List all that you could address to guide the intern’s progress.
- Which would you *prioritize* to address first? Why?
- When would you begin the feedback process?
- How would you begin?

DEVELOPING ACTION PLANS

Engaging interns in developing action plans to structure their skill development encourages them to take responsibility for their learning. Below are two scenarios used to illustrate one approach to action planning.

The key components to developing an action plan include:

- Identifying the area of concern;
- Articulating the goal (the desired behavioral or learning outcome);
- Identifying specific actions to be taken;
- Establishing how success or progress will be measured;
- Agreeing on the timeline for reviewing progress; and,
- Determining the resources and support needed from the supervisor or others.

SCENARIO 1

Supervision Situation: Intern who demonstrates tendency to pursue set goal or her/his own agenda in interactions with children/families

Concern: Intern misses opportunities to respond to (or perhaps even to identify) individual concerns that child/family expresses either verbally or non-verbally

Goal: Before meeting with the intern, consider what behavior(s) you would like to encourage in the intern's performance – what goal would you want the intern to focus on in relation to this

behavior? Ex: a more individualized approach in interaction with child/family, specifically, identifying and responding to the child/family’s needs in the midst of interaction

- Clearly state the reason for the conversation, including a positive intent for the outcome “I’d like to talk with you about...”
- Accurately describe your concern, with concrete examples of behaviors
- Wait for intern to respond: Allow silence for a time. If necessary, ask probing questions to get your intern’s thoughts.

Timeline: What is your timeline for seeing change? By end of week #__

Actions to be taken: Ask intern to generate ideas...prompt as needed.

- Choose one patient/family interaction each day this week to enter without a preconceived agenda
- Listen and observe carefully to pick up on individual concerns/questions and respond to identified concerns

Measure(s) of success: Ask the intern to identify ways/identify how you will both know when progress is happening.

- Intern uses at least one technique of active listening (reflect, clarify, validate, etc.) that demonstrates recognition of individual concern
- Intern changes direction of interaction to adjusting goals/plan

Additional Resources/Support: Ask intern to consider what additional support or resources are needed from you (supervisor) or from others?

Actions to be taken	Measure(s) of success	Timeline to Review Progress	Resources/Support Needed from Supervisor or Others
Intern will identify concerns/needs communicated verbally or non-verbally by child/family.	Demonstrates recognition of patient/family concern by using at least one technique of active listening (reflect, clarify, validate, etc.) during the interaction	By end of current week	Observation and timely feedback

Intern will respond to identified concerns.	Changes direction of interaction to adjust goals/plan to include child/family's	By end of week #_ of this rotation	
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Format adapted from: Luecke, R. (2004). *Coaching and mentoring: How to develop top talent and achieve stronger performance*. (A Harvard Business Essentials Series Publication). Boston: Harvard Business School Publishing Corporation.

Review progress toward the goal: Acknowledging progress is a key component of the coaching and supervision process.

SCENARIO 2

Concern: Intern who demonstrates what appears to be a defensive response when you provide feedback

Identify concrete behaviors that support your gut feelings

Describe behavior(s) (e.g., "I've noticed you start explaining before I have finished providing my feedback to you.")

Goal: By raising this issue, what outcome do you hope to achieve with your intern? (e.g., a more collaborative approach to professional development, a more open approach to receiving feedback...

- Clearly state the reason for the conversation, including a positive intent for the outcome "I'd like to talk with you about how the feedback process between us is going..."
- Accurately describe your concern, with concrete examples of behaviors: "I worry that you're not getting the most out of the feedback I can provide you for improving because
 - "...you respond before I've finished sharing my thoughts with you"
 - "...you interrupt me rather than listening fully"
 - "...when you respond so quickly with explanation, you're not really engaging in thinking about what you can do to improve"
- Wait for student to respond: Allow silence for a time. If necessary, ask probing questions to get your intern's thoughts.
 - "I'd like to hear your thoughts on this...how do you think things have been going?"
 - "What would a more open approach to feedback look like to you?"

Timeline: What is your timeline for seeing change?

- “I’d really like us to see or feel a change in our feedback process by the end of (this/next) week.”

Actions to be taken:

- Ask your intern to generate ideas... “What ideas do you have for addressing this?”
 - *“I won’t interrupt...I’ll take 3 deep breaths before I start talking”*
 - Help intern identify 2 or 3 actions to take
- Identify how you will both know when those actions are successful (measures of success). Prompt as needed.
- Come to agreement on when/how often to check in regarding progress

Additional Resources/Support: Ask intern to consider what additional support or resources are needed from you (supervisor) or from others?

Actions to be taken	Measure(s) of success	Timeline to Review Progress
Intern will refrain from interrupting when receiving feedback.	No interruptions observed during 2 consecutive feedback discussions No complaints from other staff	In end of week supervision meeting
Intern will respond to constructive feedback with follow-up questions, rather than explanations.	Number of follow-up questions	After next 2 supervision discussions/meetings

Format adapted from: Luecke, R. (2004). Coaching and mentoring: How to develop top talent and achieve stronger performance. (A Harvard Business Essentials Series Publication). Boston: Harvard Business School Publishing Corporation.

Review progress toward the goal: Acknowledging progress is a key component of the coaching and supervision process.

- “I’ve really noticed a difference in how you’re listening to feedback – I know it’s not always easy, but it says a lot about how you’re growing as a professional!”

[Submitted by Johns Hopkins Children’s Center Child Life Department (Internship Supervisor’s Coaching Toolkit)]

Defining Competence

Being competent is the combination of having the knowledge and skills to perform and the CONFIDENCE to use the knowledge and skills in practice

- *Kinlaw*

EVALUATING PERFORMANCE

Kinlaw, D.C. (1999). *Coaching for commitment: Interpersonal strategies for obtaining superior performance from individuals and teams* (2nd Ed). San Francisco, CA: Jossey-Bass Pfeiffer, p. 15.

The evaluation of a child life intern is an assessment of competence through demonstrated clinical skills and knowledge base. Evaluation of intern performance should occur at regular intervals throughout the internship so that interns and supervisors can track progress across the course of clinical training. The Common Evaluation Tool for Child Life Interns (available online at: <http://www.childlife.org/files/InternEvaluationTool.pdf>) is designed to assess skills and knowledge base reflective of the Child Life Competencies and the job functions and tasks as outlined in the 2008 Child Life Practice Analysis (which also served as the basis for the Child Life Professional Certification Examination Classification System).

In comparison to the definition of feedback provided earlier, evaluation is summative in nature, serving to communicate the level of accomplishment based on performance; in essence, its purpose once the intern completes the training program is to convey a “decision” or judgment based on overall performance.

RATING COMPETENCE LEVELS

The child life department at Cincinnati Children’s Hospital Medical Center developed the format used for rating demonstrated competence on the Common Evaluation Tool for Child Life

Interns. The Internship Task Force developed this evaluation tool to create as even a playing field as possible across sites, departments, learning styles, and supervisor styles. Evaluation is based on the following criteria:

- The level of assistance or guidance required
- The percentage of caseload carried
- The amount of supervision follow-up required
- The level of initiative demonstrated
- The level of ease or confidence demonstrated in performance of task

Benefits of using the Common Evaluation Tool

- Clarifies expectations for interns
- Improves reliability and consistency across interns and between supervisors

Despite clearer rating definitions, variation among evaluators will likely still exist simply due to human nature: we run the risk of numerous common rater errors. A key step to avoiding these biases is to understand what they are.

Common Rater Errors

- Halo Effect/Horn Effect
 - when an evaluator has an overall positive or negative impression of the intern, often based on one quality or thing the intern has done very well or very poorly, that causes generalization of this impression across all competencies
- First Impression Error
 - when the evaluator lets an intern's early strong performance continue to color ratings across the entire internship despite a drop off or plateau in performance
- Strictness, Leniency, Central Tendency Bias –
 - when the evaluator falls into rating patterns in which interns are consistently rated at the low end, high end, or middle of the scale
- Contrast Effect
 - when the evaluator rates intern performance in comparison to other interns rather than the standards
- Sampling Error
 - when the evaluator bases ratings on insufficient or inaccurate information
- Recency Bias
 - when the evaluator allows more recent incidents (either effective or ineffective) of intern performance to carry too much weight in evaluation of performance over an entire rating period

Writing Effective Student Evaluations

We all appreciate reading evaluations that give us useful information about our work and progress. This exercise will help the supervisor to write meaningful comments in written evaluations. The first section provides a framework to guide your notes, and the second section provides some common situational examples, with less-than-helpful written feedback examples, and opportunities for you to write specific, goal directed, measurable evaluation examples. Developing writing skills in a practice situation will help you to formulate helpful written feedback for your interns when evaluations are due.

1. Evaluate the work, not the worker.

- Look at intern objectives – does the intern meet the criteria and competencies?
- Use analytical, not subjective, language to explain the points.
- Evaluation should not address your role as supervisor or the rotation (i.e. what you were, were not able to observe and/or have the student participate in), but rather concrete information based on your assessment. (Use “N/A”)
- Use second person writing “you” and “your” as opposed to first or third person writing.

2. Set measurable goals. Be specific.

- Provide a clear path for intern to determine what he or she is doing well, what needs correction and how to accomplish those goals.
- Be specific on all points – this is critical to achieving change.
- Be clear about what has been accomplished and what still needs to be done –focus on intern objectives and child life competencies.
- Set goals, offer constructive advice on how to achieve them.
- Create deadlines and expectations – the more clear and concrete, the more helpful the evaluation will be.
- Build goals and guidelines into the framework of your evaluation. Be as specific in praise as you are in correction.

3. Create simple progress tracking.

- Each evaluation should build upon previous evaluations – what the intern did well, what the intern should continue to work on and what was improved from previous rotations.

- Evaluations not only evaluate intern performance, but also should praise what was done well and provide guidance as to how to improve upon any dissatisfactory performance.
- Evaluations should emphasize areas of intern improvement or lack thereof.

*Remember – evaluations are generally forwarded to college supervisors, so evaluations need to be clear and reflective of the intern’s performance.

[*Writing Effective Intern Evaluations* submitted by the Child Life Department of Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital]

EXERCISE 11: EVALUATION

Directions: Read the following six examples. For each, answer the questions:

- Does the evaluation provide helpful feedback to the student?
- Does it evaluate the work, not the worker?
- Is it specific?
- Does it provide clear and measurable goals for improvement?

If you can answer no to any of the questions, rewrite the statement for that example so that it reflects the qualities of effective evaluation of performance.

Example:

Situation: intern handed in late assignments

You need to be more professional with your assignments. Hopefully you will work on this.

Rewrite:

On several occasions assignments were not handed in on time. You need to be better at meeting deadlines and more dependable in completing assignments. During your next rotation it is important to be timely with your assignment due dates and, if needed, discuss potential extensions with your supervisor.

Competency: Professionalism

- 1) Situation: Intern did not take initiative, even when prompted.

You lacked initiative in working with patients.

Competency: Provides a therapeutic and safe environment for patients

- 2) Situation: Intern did not have opportunity to organize a group activity due to unit population.

You did not do a group activity, so I cannot evaluate this skill.

Competency: Participates in patient/family teaching

- 3) Situation: Intern was reluctant to provide medical teaching independently.

You were encouraged to provide simple teachings on your own; however, you were always reluctant to take this opportunity.

- 4) Situation: Intern did not have the opportunity to observe many procedures on rotation due to population.

I wish you could have observed more procedures.

Competency: Administration

- 5) Situation: Intern does not ask many questions – had difficulty gauging understanding.

Because you are quiet, I was often unable to determine if and what you understand.

- 6) Situation: Rotation did not include supervising volunteers.

I didn't see you supervise any volunteer on this rotation.

EXERCISE 12: VALUES CLARIFICATION - EVALUATION

How do your beliefs and values shape how you approach evaluating others? Perhaps you feel awkward about making judgments about others, holding that the word has a pejorative meaning. Perhaps you are worried about how an intern will react to your evaluation. Take some time to reflect on your values and beliefs about evaluation. Do you harbor feelings connected to your own evaluation experiences as an intern or in a workplace?

When I reflect on my own experiences, I know they have influenced my thoughts about evaluation...

The diagram consists of a central circle and six surrounding circles, all in shades of blue. The central circle contains the text "My overall position about evaluation is" followed by five horizontal lines. The surrounding circles are arranged in a ring around the center and each contains a specific prompt followed by five horizontal lines for writing:

- Belief**- I hold it to be true that
- Values** - I hold it to be important that
- Ethics** - I tell myself that I should
- Feelings** - I feel
- Thoughts**- I think to myself
- Actions**- what I do

IDENTIFYING “RED FLAGS”

What are some of the performance concerns you’ve heard about in other internships or observed in your own program?

Professionalism Issues

- Time management – chronic tardiness, late assignments, inefficient use of down-time, wasting time
- Professional appearance (can be very difficult to address because dress is often an expression of our uniqueness and individuality)
- Professional behavior
 - Confidentiality
 - Boundary issues
 - Concerns about self-disclosure

Performance Issues

- Lack of progress or unacceptable rate of progress in core content and skills
- Significant difficulty incorporating feedback into performance

Signs of Lack of Commitment, Interest, Engagement

- Important to talk with intern about this – could be sign of something concerning, not just lack of work ethic – feeling overwhelmed, having outside stress impact clinical learning experience...
- Access additional support services, if appropriate (i.e., internship coordinator or academic supervisor)

Concerns Regarding Intern Well-being

- When what’s happening in intern’s personal life impacts clinical training experience
- Important to state your concerns and offer (or, in some cases, even require) additional support

When a “red flag” situation arises, several steps can be taken to better define the concern and decide what approach you might take.

IDENTIFYING THE ISSUE

To begin with, you will need to take time for reflection. Look at the situation from a variety of angles and perspectives, rather than only your own. How do patients, families, nursing staff and so on, view the situation? Explore your gut feelings, name them, and think about how you are

interpreting the situation. Once you are clear about the problem, you will need to identify concrete behaviors that either you or others have observed.

Think about these questions. To what behaviors am I responding? Are the behaviors bothering me because they relate to my own values? Do I feel a conflict that the intern does not feel? Am I concerned about patient care and why? Are there issues that can be viewed clearly using the Child Life Code of Ethics, and does the behavior contravene that code?

Is there a pattern within the behaviors, and can I explain that clearly to the intern? How does the intern explain the behavior? Is it detrimental to patient care? Does the intern have control over the behavior? Some behaviors can occur without a person's awareness of them, and some may not be controllable by the individual.

Is there anything else that might be contributing to this situation? Have I sought or received feedback from others? Is the behavior a result of or reaction to another's behavior, a specific situation or a stressor? Are there cultural influences at play?

Where do my concerns connect to measures on the evaluation tool? The measures are based on specific areas of knowledge and skills, and include a component for intern self-awareness. Once you have taken time to organize your thoughts and reactions, you can move to the next stage.

DECIDING ON A STRATEGY

The supervisor must monitor the situation, and written observations or feedback should be collected. In addition, additional insight from a colleague or a supervisor could prove helpful. The intern must be informed of any issues related to her/his work and has a right to be aware of your concerns. The final step is to contact the university supervisor, if the intern is placed through a university program.

PREPARING TO MANAGE EMOTIONS

It is advisable to prepare yourself in advance in two ways:

- by reflecting and clarifying your emotions regarding the behavior and the upcoming conversation, and
- by anticipating the intern's possible reactions.

Prepare yourself for responding to each in a way that keeps the conversation on track.

COMMUNICATING CONCERNS TO INTERN

- Clearly state the reason for the conversation: “I’d like to talk to you about...”
- Include a positive intent for the outcome: “I want to help you get the most out of this experience...” “I believe you can ...”
- Accurately describe your concern: Use concrete examples of behavior.
- Wait for the intern to respond: Allow for silence.
- Ask questions to get intern’s thoughts: “I’d like to hear your thoughts on this. How do you think things have been going?”
- Listen, redirecting to the issue at hand when necessary.

FOCUS ON PROBLEM-SOLVING

- Identify the behaviors/actions you are seeking.
- Relate those to the goals of the intern and the expectations of the program.
- Identify what additional support or information the intern needs to progress:
 - Clearer direction?
 - Enhanced knowledge base?
 - Alternative learning methods/modalities?
 - Rehearsal/role-play prior to patient interaction?
 - Written processing of specific interactions?

AGREE ON A PLAN

- Establish agreement about goal.
- Clarify responsibilities of supervisor and intern with regard to action steps.
- Set a timeline for seeing change and reviewing progress.
- Identify specific actions, how success will be measured, how frequently progress will be reviewed.
- Write it down.

EVALUATE PROGRESS WITH INTERN

- Follow-up within one week.
- Recognize improvements with positive feedback.
 - “I’ve really noticed a difference in ...”
- Identify new goals and objectives as necessary.
- Continue to document progress or lack of progress.

In addition to providing regular feedback, supervisors of struggling interns have a particular responsibility to tie that feedback to the evaluation tool – to clearly communicate, in a concrete way, where the intern’s performance falls with regard to the program’s learning objectives.

[Submitted by Johns Hopkins Children’s Center Child Life Department (Internship Supervisor’s Coaching Toolkit)]

RECOMMENDING DISMISSAL

Intern Supervisor’s Responsibilities:

- Maintain open communication and consistent documentation regarding performance.
- Communicate concerns to training coordinator.
- Communicate concerns to intern and develop action plan.
- Provide regular feedback on rate of progress to intern and training coordinator.
- Continue to document progress or performance concerns appropriately.

Internship Coordinator’s Responsibilities, if applicable:

- Support supervisor.
- Communicate with intern regarding overall performance and rate of progress.
- Communicate and collaborate with academic supervisor.
- Inform intern regarding dismissal possibility and/or decision.
- Support intern in closure, if dismissed or counseled out of the program.
- Support fellow interns throughout the process.

Academic Supervisor’s Responsibilities, if applicable:

The academic supervisor, if a supervision arrangement with a university exists, will have responsibilities designated by the academic program. It is advisable to have clear, shared goals and options for program completion and dismissal when co-supervising a student. Such agreements should be developed and understood by all parties prior to any intern’s entrance into a clinical setting. Most universities, hospitals and similar settings have legal departments with which child life departments can work.

The sample educational program agreement from Boston Children’s Hospital (Appendix E) in the appendices may provide some support in this regard.

CONCLUSION

The Internship Task Force created this workbook for experienced clinicians and supervisors as well as those just beginning work as clinical training supervisors. Our goal was to provide access to materials that would help prepare and support the supervisory experience. We hope that through engagement in the activities and resources, you have enhanced your present skills, many of which you employ on a daily basis with children and families. We hope that you, your current interns, and those you will support in the future will have the most satisfactory experiences possible.

APPENDICES

APPENDIX A: VALUES CLARIFICATION EXERCISES

Exercise 1: Values Clarification – Expectations

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about what I expect of interns...

Belief- I hold it to be true that

Thoughts-I think to myself

Values-I hold it to be important that

Feelings-I feel

Ethics- I tell myself that I should

Actions- what I do

My overall position on my expectations of interns looks like this:

Exercise 4: Values Clarification – Adult Learning

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about adult learning and adult learners ...

Belief- I hold it to be true that

Thoughts-I think to myself

Values-I hold it to be important that

Feelings-I feel

Ethics- I tell myself that I should

Actions- what I do

My overall position on adult learning and adult learners looks like this:

Exercise 5: Values Clarification – Modeling

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about teaching and learning through modeling...

Belief- I hold it to be true that

Thoughts-I think to myself

Values-I hold it to be important that

Feelings-I feel

Ethics- I tell myself that I should

Actions- what I do

My overall position on learning through modeling looks like this:

Exercise 7: Values Clarification – Teaching

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about teaching...

Belief- I hold it to be true that

Thoughts-I think to myself

Values-I hold it to be important that

Feelings-I feel

Ethics- I tell myself that I should

Actions- what I do

My overall position on teaching interns looks like this:

Exercise 8: Values Clarification – Supervisor-Intern Relationship

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about the supervisor-intern relationship...

Belief- I hold it to be true that the relationship is

Thoughts-When I think about the supervisory relationship, I think

Values-I hold it to be important that

Feelings-The feelings that come up for me are

Ethics- I tell myself that I should

Actions- The things I do in the supervision relationship are

My overall position on the supervisory relationship looks like this:

Exercise 9: Values Clarification – Sharing Feedback

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about sharing feedback...

Belief- I hold it to be true that sharing feedback...

Thoughts-When I think about sharing feedback, I think

Values-I hold it to be important that

Feelings- The feelings that come up for me are

Ethics- The rules I've made for myself are

Actions- What I do when I have to share feedback are

My overall position on sharing feedback with interns looks like this:

Exercise 12: Values Clarification – Evaluation

When I reflect on my own experiences as an intern, I know they have influenced my thoughts about evaluation...

Belief- I hold it to be true that

Thoughts-I think to myself

Values-I hold it to be important that

Feelings- I feel

Ethics- I tell myself that I should

Actions- What I do

My overall position on evaluation looks like this:

APPENDIX B: ALTERNATIVE SUPERVISION SELF-ASSESSMENT

In their book, *Supervision in the Helping Professions*, Hawkins and Shohet (2006, p 127) offer a self-rating scale for supervisor training and development in relation to clinical supervision. The scale asks prospective supervisors to rate their ability levels from 1-5 using the following descriptors:

1. Professional learning need (don't know how to do this)
2. Professional learning need (know how, but unable to make it happen)
3. Sporadically competent (occasionally do it fine)
4. Consistently competent (has become part of my natural way of doing things)
5. Mastery (can role model and teach to others)

Though developed for peer or clinical supervision, this self-assessment tool may also be germane to the intern supervisor. The tool is divided into 5 sections:

- Knowledge
- Supervision Management Skills
- Supervision Intervention Skills
- Supervisor Capacities or Qualities
- Commitment to Ongoing Development

Each section has related knowledge, skill, or ability items for self-rating. For example, the *supervision intervention skills* section encourages supervisors to reflect on their abilities in relation to seven subcategories:

- Using a supervision framework or model (e.g., the CLEAR model)
- Using different supervision approaches [e.g., prescriptive (guiding by providing clear directives), challenging (providing direct feedback), catalytic (encouraging self-reflection), to name a few]
- Giving feedback that is regular, specific, clear, balanced, and owned by the supervisee
- Maintaining balance in supervision
- Being able to describe own way of practice
- Offering own experience(s) appropriately
- Developing the self-supervision skills of supervisees

For the section regarding *commitment to ongoing development*, they suggest assessing one's own commitment to updating practice skills, recognizing one's own limits, and seeking regular feedback from those one supervises, from peers, and from one's own mentors or supervisors.

Taking the time to review this resource and complete the self-assessment is highly recommended for continuing supervisor development.

Hawkins, P. & Shohet, R. (2006). *Supervision in the Helping Professions*. Maidenhead, Berkshire, England: Open University Press

APPENDIX C: INTERN PERFORMANCE APPRAISAL PHRASES

Clinical Skills

- integrates theory (knowledge) with assessment and analysis of patient/family
- actively seeks information required to address gaps in knowledge – knows where/how to seek needed information
- asks questions that show depth of thinking
- can assess strengths, needs and concerns of children and families and set clear, individualized objectives for working with them
- considers a wide range of systemic influences – family, community, school, culture, religion, gender, economic, political
- demonstrates an awareness of the larger systemic influences impacting a child/family's life
- demonstrates an ability to learn from experience (evaluation)

Critical Thinking/Problem-Solving Skills

- shows evidence of critical thinking through an ability to do the following:
 - formulate concepts,
 - make connections,
 - generate meaning,
 - solve problems,
 - make decisions,
 - investigate and question, and
 - articulate action.
- perceives (struggles in perceiving) relationships among a mix of information
- translates analysis/thought-process into actions that fit
- analysis of situations: shows insight, sometimes focuses on unimportant details, frequently leads to inaccurate conclusions/incomplete assessments

Problem-Solving and Conflict Resolution

- analyzes whole picture (or struggles with analyzing the whole picture)
- does/doesn't go beneath the surface of the issue at hand or look beyond obvious options
- easily tracks patterns of behavior or systems in recurring problems (or struggles with...)
- anticipates likely problems/obstacles before they happen (or struggles to...)
- listens to/considers all sides of a situation
- looks for common ground
- remains calm in difficult situations; handles conflict in calm, unemotional ways

Professional Behaviors

Engagement in Supervision

- receptive to feedback – receives feedback constructively by developing and implementing suggestions for improvement
- seeks to understand, and works to learn from, rather than defend against or disagree with constructive feedback
- tends to receive feedback defensively and/or argumentatively
- takes initiative in seeking supervision
- realistically and critically reflects upon, and articulates own performance
- shows an awareness of personal biases and a willingness to explore the impact of these on practice
- asks questions that show willingness to engage in reflective practice

Engagement in Guiding Own Professional Development

- seeks/rarely seeks additional/extra learning opportunities, ways to grow knowledge and skills
- sets goals that...
 - are SMART, build on previous knowledge/skill development, encourage stretching to the next level
 - are vague/general, not high enough to stretch self to the next level, too high/impractical/unrealistic
- needs assistance to: identify a realistic action plan for meeting learning goals; to phrase clear objectives
- could show more initiative in setting own goals
- allows everyday hassles/challenges to deflect from progressing toward goals

Confidence

- struggles in trusting own intuition in decision-making, assessments, selecting interventions
- tends to defer to others even for decision-making around simple issues

Motivation/Initiative

- knows when and how to take action
- overcomes frustrating circumstances to achieve goals
- actions/behaviors demonstrate an intrinsic rather than extrinsic motivation
- seems to work from an extrinsic motivation rather than intrinsic
- takes appropriate independent action
- likes expectations specifically spelled out, but then will meet them easily and independently

- does just the amount of work required, does only what's asked
- slow to act or waits until directed to take action

Flexibility

- able to shift focus rapidly
- shifts from current work to address emergent issues promptly
- resets priorities as appropriate/required
- does/doesn't adjust to changing circumstances well

Creativity

- develops unique/imaginative ideas for difficult or recurring issues
- adds creative flair to projects
- seems to prefer (or is locked into) tried and true, rather than generating imaginative/new ideas

Common Sense/Judgment

- seems to clearly understand the implications of situations and uses sound judgment in responding
- decisions take into account the needs of all stakeholders
- considers multiple options/alternatives
- would benefit from strengthening situational awareness
- does/doesn't see the obvious
- tends to make simple situations more complicated than they need be
- involves others appropriately when making decisions
- tends to defer to others even for decision-making around simple issues
- does/doesn't verify information before forming judgments or making decisions
- does/doesn't think first then speak

Punctuality/Attendance

- shows up late for work/meetings at least once per week
- often is late by more than ___ minutes
- does not identify impact of tardiness on ability to meet unit/department responsibilities, on co-workers
- frequently arrives back to assigned work area more than ___ min late after breaks; takes too long or too frequent breaks
- should begin working within 10 minutes of arriving at work
- requests for personal time exceed typical/acceptable levels, impacting availability for learning opportunities and/or meeting expectations

Time Management

- quickly gets and stays on task
- maintains quality of work even with tight (or frequent) deadlines/turnaround

- meets deadlines well during periods of calm, struggles/becomes flustered when work pace picks up
- able to block out distractions when needed (or seems to become distracted from the task at hand)
- struggles to balance work and home life
- lack of organizational skills sometimes leads to delays in meeting expectations
- personal issues have significantly impacted overall performance
- repeats deadline-missing behaviors over and over
- does/doesn't notify others when delays are expected in meeting deadlines
- spends too much time socializing beyond building rapport with co-workers (?)

Dependability

- assumes personal responsibility for his/her work (or tends to attribute delays/challenges/failures to others or circumstances)
- performs work responsibilities independently and accurately (or needs frequent oversight to meet goals/expectations)
- needs frequent reminders to keep on track in completing work

Interpersonal Skills and Relationship Building

Respect

- appreciates the difference in others and their unique backgrounds
- demonstrates genuine interest in others regardless of backgrounds
- behavior could be interpreted by others as belittling, patronizing, passive-aggressive, arrogant, aggressive...
- uses sarcasm, "humor" that could be seen as being at the expense of another person's feelings
- uses body language in a negative way – rolls eyes, crosses arms, sighs, appears irritated

Communication Skills:

- body language and words don't always match
- demonstrates skill in active listening
 - asks questions that show interest and attention
 - uses techniques of summarizing/paraphrasing
 - demonstrates non-verbal/body language that communicates engagement and the importance of the interaction

Teamwork/Cooperation

- looks for ways to help other team members (or rarely helps others)
- shows reluctance to help others by shifting own priorities/timeline
- shares insights/ideas freely

Morale-Building

- assumes the best in others (or rarely assumes the best in others)
- gives (or rarely gives) others the benefit of the doubt

Leadership

- ease/difficulty with setting goals and action plans
- does/doesn't make effort to build skills/knowledge on own time
- avoids conflict/manages conflict by looking for common ground
- does/doesn't speak up in meetings to offer insights or ask questions that contribute to team process
- looks for ways to help others

Productivity

- time taken to get the task completed – meets/doesn't meet expectations
- pace of work on projects/tasks - meets/doesn't meet expectations

[Submitted by Johns Hopkins Children's Center Child Life Department (Internship Supervisor's Coaching Toolkit)]

APPENDIX D: TWO SAMPLE CLINICAL TRAINING CONTRACTS

Wheelock College Child Life Program Clinical Placement Agreement

This is an agreement between Wheelock College and <Name of Site> regarding the placement of <Student Name> enrolled in the graduate child life program.

Wheelock College agrees:

1. that the student, site supervisor and College internship supervisor will agree on goals and objectives for the student's internship.
2. that the College internship supervisor will meet with the site supervisor a minimum of three times during the semester to review the objectives for the internship and the student's progress-to-date.
3. that the College internship supervisor will be available for consultation regarding any question about the student's role or performance.
4. that the College requires all students to get medical clearance prior to placement. This will include a TB screening and bringing all immunizations up-to-date.
5. that the College carries professional errors and omissions insurance extending to all students in clinical internships.
6. that the College would remove the student from the internship, if necessary, after discussion between site supervisor, College internship supervisor and student.
7. that each student shall observe all rules and regulations of the internship site including those which pertain to the welfare and comfort of its patients and their families. It is understood that the ultimate responsibility for the patient care is retained by the internship site.

Clinical Placement Agreement

<Site> agrees:

1. to accept <student>, a Wheelock child life student provided that she complete all prerequisites as required by the site.
2. to inform the child life student through an adequate orientation about the operation of the program and acceptable behaviors and practices accepted.
3. to provide opportunities for practical and appropriate learning experiences for the child life student, which may include direct service with children and families in inpatient settings and/or outpatient clinics, attendance at appropriate rounds and meetings, and access to medical information.
4. to designate an appropriate staff person to meet individually with the student for supervision each week.
5. to meet with the student and College internship supervisor a minimum of three times during the semester to review the student's goals and objectives for the internship and the student's progress-to-date.

This agreement shall commence the week of <date> and terminate by <date> unless the parties renew the agreement in writing, signed by both parties.

Site Supervisor/Name of Agency

Date

Field Experience Office/Wheelock College

Date

CLINICAL AFFILIATION AGREEMENT
Between
INSTITUTION
And
WHEELOCK COLLEGE

This is an agreement ("Agreement") by and between INSTITUTION and Wheelock College ("the School") to cooperate in the planning, implementation and evaluation of a program of clinical education and training in child life for students of the School who are enrolled in its Child Life Specialist Intern Program ("Students").

A. Obligations of The School

1. The School shall provide INSTITUTION with current information about its curriculum and clinical education goals.
2. The School shall designate a person to oversee and coordinate the administration of the clinical affiliation on behalf of the School ("School coordinator").
3. The School will provide INSTITUTION with all necessary details regarding student assignments no less than six (6) weeks prior to the beginning date of each clinical affiliation.
4. The School shall ensure that each Student participating in the clinical affiliation meets academic and other qualifications that are consistent with the objectives and requirements of the School's program. Such qualifications shall include, without limitation, successful completion of all the prerequisite courses and previous clinical experiences preceding assignment to the clinical affiliation with INSTITUTION.
5. The School shall ensure that each Student is covered by a health insurance policy. The School shall provide (or require that the Student provide) to INSTITUTION evidence in writing of the following immunization requirements:

INSTITUTION shall provide emergency care for any illness or injury that occurs to a Student while on the premises of INSTITUTION provided, however, that the Student (or the Student's parent or guardian) shall be responsible for the Student's own medical expenses, whether incurred at INSTITUTION or elsewhere. The School or Student shall provide to INSTITUTION evidence of health insurance including a policy number and subscriber number or shall supply a guarantor who will take financial responsibility for any care delivered to the Student by INSTITUTION or its satellite facilities.

6. A member of the faculty at the School will be available during working hours should questions or problems arise that cannot be addressed by the School coordinator. If possible, during each affiliation period a member of the School's faculty will visit INSTITUTION for a conference with each Student and the supervisor, instructor or preceptor at INSTITUTION principally responsible for each Student's clinical experience. If a visit is not possible, such a conference shall take place by telephone.
7. The School shall ensure that a check for Criminal Offender Record Information ("CORI") is performed for each Student participating under this Agreement and for each Faculty Member or other employee or agent of the School who may also participate in the clinical affiliation under this Agreement (each, a "Participant"). The check shall include the Participant's state of residence, the state in which the School is located and any other relevant state, if any. The School may perform such check(s) or it may have the Participant arrange for such check(s). The Participant may arrange for a check for Massachusetts CORI by contacting the Massachusetts Criminal History Systems Board at 617-660-4640.
8. In the event that the cancellation of a committed Student space is necessary or there will be a change in the Student assigned to a particular space, the School will make every effort to notify INSTITUTION of such cancellation or change at least six (6) weeks in advance of the scheduled beginning of the clinical experience. If a medical or personal emergency of a Student or a Student's failure to complete the prerequisites necessitates a last minute cancellation of a space, the School coordinator will call INSTITUTION coordinator immediately.
9. The Students participating in the clinical affiliation shall have the status of trainees and shall not replace INSTITUTION Staff or otherwise render patient care, except to the extent they are directed by INSTITUTION Staff and are under the supervision of such Staff. The School shall instruct the Students that they are obligated to abide by the applicable policies, rules and regulations of INSTITUTION. The School shall also instruct the Students to maintain as confidential all patient records and information to which they may have access while at INSTITUTION.
10. The School represents that each Student participating in the clinical affiliation is covered by professional liability insurance with limits of at least \$1,000,000 per claim and at least \$3,000,000 in the aggregate, and each faculty member while acting within the scope of his/her required duties is covered by general comprehensive liability insurance with limits of at least \$1,000,000 per claim and \$3,000,000 in the aggregate. The School shall furnish to INSTITUTION a certificate evidencing such insurance.

11. The School shall indemnify INSTITUTION for and against any loss, liability, damage or expense incurred by INSTITUTION to the extent arising out of any act or omission of the School, its faculty or Students in the course of activities of the clinical affiliation described in this Agreement or in breach of their obligations under this Agreement. INSTITUTION shall notify the School of any claim which might result in a request for indemnification under this provision. The School shall have the right to assume at its expense the defense of such a claim. In the event the School elects to assume such defense, INSTITUTION may nevertheless engage at its own expense an attorney to consult in such defense. The School shall have full authority and discretion to settle or to compromise any claim covered by this paragraph, provided, however, that the School shall consult with INSTITUTION before making any agreement to settle or compromise said claim.

INSTITUTION shall indemnify the School for and against any loss, liability, damage or expense incurred by the School to the extent arising out of any negligent or willful misconduct or omission of INSTITUTION, its employees or agents in the course of activities of the clinical affiliation described in this Agreement. The School shall notify INSTITUTION of any claim which might result in a request for indemnification under this provision. INSTITUTION shall have the right to assume at its expense the defense of such a claim. In the event INSTITUTION elects to assume such defense, the School may nevertheless engage at its own expense an attorney to consult in such defense. INSTITUTION shall have full authority and discretion to settle or to compromise any claim covered by this paragraph, provided, however, that INSTITUTION shall consult with the School before making any agreement to settle or compromise said claim.

12. INSTITUTION shall allow the School to list the name of INSTITUTION as an affiliated institution in catalogs, brochures and correspondence, subject to prior approval by INSTITUTION of such use. The School shall notify Students participating in the clinical affiliation that they must obtain prior written approval from the School and from INSTITUTION before publishing any material relative to the clinical experience.
13. The School has the right to suspend or terminate the clinical experience of any Student for reasons of health, unsatisfactory performance or other reasonable cause. The School shall be responsible for notifying the Student and effectuating a suspension or termination, whether such suspension or termination is initiated by the School or INSTITUTION.

B. Obligations of INSTITUTION

1. **INSTITUTION** shall provide a planned, supervised program of clinical education and training based on objectives compatible with those of the School. It will accept Students for such a program at stated intervals during the academic year, the specific dates to be

agreed on by the parties prior to the beginning of each academic year. **INSTITUTION** shall provide qualified personnel to supervise Students during their clinical experience at INSTITUTION.

2. INSTITUTION shall determine the number and the level of Students it can accept for any given period of time. The Students are not employees of INSTITUTION, will receive no remuneration under this Agreement, and are not entitled to any workers compensation benefits for any accident, illness or injury arising out of the clinical experience.
3. INSTITUTION shall designate a person to oversee and coordinate the administration of the clinical affiliation on behalf of INSTITUTION ("General coordinator").
4. INSTITUTION agrees to inform the School of any changes in staffing or in its service program that will affect the clinical experience. In the event that such changes affect the number of Students that it can accept during any one time period, INSTITUTION will make every effort to inform the School of such changes at least six (6) weeks in advance of that time period.
5. INSTITUTION shall provide information to the School regarding facilities, transportation, policies, and such other information as might be necessary for the Students participating in the clinical affiliation. INSTITUTION shall also ensure that the Students are informed of all applicable policies, rules and regulations of INSTITUTION.
6. Upon reasonable request, INSTITUTION agrees to cooperate with the School with respect to the accreditation of the School's curriculum or program.
7. INSTITUTION has the right to suspend or terminate the clinical experience of any Student for reasons of health, unsatisfactory performance or other reasonable cause. The School shall be responsible for notifying the Student and effecting the termination or suspension.
8. Nothing in this Agreement shall relieve the Hospital from its responsibilities for the care of its patients.
9. Both parties agree that they will comply with all applicable laws regarding the privacy, Confidentiality, and security of patient information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder (as of the compliance date of such regulations).

C. **Term and Termination**

This Agreement shall commence on _____ and shall terminate on _____ unless the parties renew the Agreement in writing signed by both parties. Either party has the right to terminate the

Agreement (a) upon six (6) months written notice to the other party prior to the entrance of the next class of Students, and (b) for cause at any time upon thirty (30) days written notice to the other party.

D. Notice

Notice under this Agreement shall be in writing and will be hand-delivered or sent by registered or certified mail, postage prepaid, or by facsimile addressed as follows:

If to INSTITUTION to:

If to the School to: Wheelock College
 200 The Riverway
 Boston, MA 02215

IN WITNESS WHEREOF, the School and INSTITUTION have caused the Agreement to be executed by their duly authorized officers.

Wheelock College
School Name

INSTITUTION

By: _____

By: _____

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

APPENDIX E: INTERNSHIP CURRICULUM SUPERVISOR'S GUIDE

This appendix 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 material below is the same as the separate document called Supervisor's Supplement also found on the CLC website. 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

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
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

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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</p>	<p>3. After reviewing written assignments, engage the intern in a discussion of content, adding</p>	

through discharge and the challenges experienced based on each developmental level.	additional information as appropriate to enhance the intern's learning experience about transitions and the developmental impact.	
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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"> ○ Respect and dignity. 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. ○ Information Sharing. 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. ○ Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose. ○ Collaboration. 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. <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</p>	

	<p>listed? Refer to the Institute for Patient- and Family-Centered Care website – www.ipfcc.org. Would this clarify the philosophy better? How so? What was learned?</p>	
<p>2. Recognize and describe examples of these in daily practice in given facility.</p>	<p>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?</p>	
<p>3. Interview a family regarding their overall experience in the health care environment.</p>	<p>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”?</p>	
<p>4. Develop and initiate a plan that incorporates support of and resources for sample family using patient- and family-centered care principles.</p>	<p>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.</p>	

	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 to hospitalization.	5. Model personal interaction of education (either formal and/or informal) 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?	
6. Incorporate appropriate parent education opportunities into practice.	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.	
7. Observe a sibling interaction provided by a CCLS. Discuss observations and evaluation of outcomes with CCLS.	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?	
8. Plan, organize, implement and evaluate sibling interaction.	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?	
9. Observe child life practice in an intensive care environment. Document a care plan for child life intervention in this environment.	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. 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.	
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Module 4-Communication

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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"> • emotionally • in relation to what aspect of our service is most relevant to their current needs <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 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"> • the continuum of informal to more formal “interviewing” approaches • learning through play observation 	
<p>4. Articulate observations and interpretations regarding identification of:</p> <ul style="list-style-type: none"> • Communication styles and preferences • Factors that contribute to successful communication, as well as those that contribute to confusion or ineffective communication • Unique communication needs (including use of interpreter services and respect of cultural norms). 	<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"> • The need to adapt his or her communication approach within an interaction • Communicating with sensitivity and empathy in a challenging situation • How building awareness of his or her own communication style and behaviors has influenced his or her communication interactions with others (children, families, and staff). 	<p>5. Review journal entries and provide feedback that:</p> <ul style="list-style-type: none"> • acknowledges the value of experience and struggle in the learning process • recognizes progress • 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 understanding”, etc.). <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"> • Effectively establishing rapport with children within each age group (infant/toddler, preschool, school-age, adolescent, young adult) • Choosing three diagnoses or procedures relevant to current patient population and articulate or write what and how to communicate an 	<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>explanation of the condition/procedure with children of different ages (preschool, school-age, adolescent).</p>		
<p>7. Observe, then demonstrate, effective and caring communication with children and families:</p> <ul style="list-style-type: none"> • Experiencing different emotional states, including but not limited to: <ul style="list-style-type: none"> ○ high stress/anxiety ○ sadness ○ happiness/excitement ○ anger • With differing abilities • Whose primary language is different than the intern's – with and without utilization of interpreter services. 	<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"> • Where he or she feels most comfortable and most challenged • Factors that influenced his or her decisions to stay with the emotion or to validate then move forward 	
<p>8. Observe and discuss with supervisor, 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).</p>	<p>8. Articulate your own thought processes regarding the who, when and how of your own choices in relation to team 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,</p>	

	<p>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. 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

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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"> • Observe in play, daily activities, and/or potentially stressful situations and identify specific psychosocial needs, strengths, and methods of coping. 	<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? Does the family require assistance from another discipline? What effective advocacy skills were identified?</p>	
<p>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.</p>	<p>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.</p>	
<p>5. Follow up with the child and/or family regarding the accuracy of initial and ongoing assessment.</p>	<p>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.</p>	
<p>6. Demonstrate and communicate with CCLS how assessment is incorporated into daily activities through formal and informal routines and interactions with children and families.</p>	<p>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.</p>	

<p>7. Identify data related to the most important factors in assessment (development, temperament, coping style, family variables, and child's health care experiences).</p>	<p>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>	
<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>	

Module 6-Play

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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"> • What goal(s) appeared to be met during the interaction? (developmental, normalizing the environment, diversion, therapeutic). • 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? • What did the intern notice in how the CCLS adapted the play to the child’s strengths and needs? • What goals would he or she have for the next play session? • What did the CCLS provide to focus on “normal” growth and development opportunities for the child? • How did the CCLS involve the family and/or siblings in the interaction? 	

<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. Provide written and oral feedback to the intern.</p>	
<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"> • How does he or she think Piaget would describe that child’s play? • What aspects of the child’s play does he or she think Erikson would have been sure to note? • How would Parten describe the social aspect of how this child engaged in play? • In what ways was this play opportunity of value to the child(ren) involved? • 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? • Assess whether the intern is able to identify age appropriate play materials for children of various age groups. 	

<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"> • gathering supplies, inviting patients and families to the activity, and monitoring the group process while attending to individual patient needs. <p>If applicable, ask the intern to provide direction and support to the volunteer assisting with the group session. After observing the activity, discuss with the intern:</p> <ul style="list-style-type: none"> • 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. 	
<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 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.</p>	

	<p>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>	
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	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. At bedside: model and discuss rapport building techniques for the intern:</p> <ul style="list-style-type: none"> • 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.” <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</p>	

	<p>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>In the playroom: 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>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</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>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"> • 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. <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</p>	

	<p>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

Intern Required Activities	Supervisor techniques	Specific strategies for intern
<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"> • encouraging emotional expression • processing/communicating patient's internal experience • providing relief for strong emotions such as anger • building self-esteem • experiencing sense of control, of being “in charge” when health care situation provides child with little opportunity for control 	
<p>2. Identify a minimum of three therapeutic play activities that could be used as interventions for the support of coping</p>	<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</p>	

<p>within EACH of the following psychosocial concerns:</p> <ul style="list-style-type: none"> • Separation (from primary caregiver, family, peers, community) • Anger/frustration • Loss (e.g. of sense of control, of self-esteem, of sense of self, of body part, of loved one) 	<p>the intern to think creatively and broadly of possibilities.</p>	
<p>3. Plan and implement a minimum of five therapeutic play activities for children of different developmental levels, articulating (verbally or in writing):</p>	<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>	
<p>3a. Psychosocial issue to be addressed</p>	<p>3a. Ensure that the intern</p> <ul style="list-style-type: none"> • identifies the key psychosocial issue(s) to address through play from the patient/family's perspective • is able to describe the rationale behind how the activity addresses the issue identified 	
<p>3b. Goals and objectives of activity</p>	<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>	
<p>3c. Materials required</p>	<p>3c. Support the intern in listing all</p>	

	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.	
3d. Adaptations for children of different abilities and developmental levels	3d. Ask the intern to consider what adaptations could be made to enable children different in age and ability to participate.	
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: 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>	

Module 9-Coping with Pain and Distress

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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"> • hospital policies, family and/or patient education material, and pain assessment tools (Faces, FLACC, NRS, PIPP, etc.). <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 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 storytelling) 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>	
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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</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,</p>	

<p>style, family variables and experience, and incorporate each child's strengths and interests into the preparation activities of the care plan.</p>	<p>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 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</p>	

	<p>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, 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</p>	

	<p>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 needs and direction of activities? Were transitions smooth or uncomfortable?</p>	
<p>8. Evaluate effectiveness of preparation activities, and make changes to his or her own learning plan as needed.</p>	<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,</p>	

	<p>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>	
<p>9. Complete documentation as required by the organization.</p>	<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>	
<p>10. Engage in reflective activities such as journal entries or other activities as required.</p>	<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 patient/parent/nurse/tech</p>	

	<p>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

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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</p>	

	<p>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 independent (still co-signed) documentation.</p>	<p>3. Provide ongoing constructive feedback to the intern as he or she moves through the stages of documenting in the medical 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>	

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"> • Supervisor presents examples of situations that could cause grief response (the intern contributes to list). • Supervisor describes typical grief and coping responses (the intern cites examples where these were observed). • Supervisor describes atypical grief and coping responses. With the intern, supervisor articulates possible support strategies. 	
<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"> • 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 <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

Intern Required Activities	Supervisor Techniques	Specific Strategies for Intern
<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 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</p>	

	<p>“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>	
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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</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</p>	

<p>applicable. Discuss the results with supervising CCLS. Devise action plan to ward off professional burnout with supervising CCLS.</p>	<p>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 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>Interview type can be:</p> <ul style="list-style-type: none"> • One on one with manager, supervisor • Panel of CL staff • Panel of multidisciplinary staff members <p>Prepare the intern for interview:</p> <ul style="list-style-type: none"> • Dress; body language; behavioral-based interview questions; resume; portfolio; final project; questions for interviewer(s) 	

	<p>Post-interview feedback session:</p> <ul style="list-style-type: none">• Provide feedback to the intern regarding: professionalism; conciseness of answers; strengths to hardwire; opportunities	
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