

Guidance for Remote Internship Activities

March 31, 2020

CLCC would like to respond to the many inquiries we have received about internships which have been paused due to COVID-19. It's important to reaffirm that CLCC is not making any changes to the required number of clinical internship hours. All certification candidates must document the successful completion of a minimum of 600 internship hours. The internship supervisor's signature on the verification form will carry the same weight and meaning as it always has as to its truthfulness and professional opinion.

We support internship supervisors taking time to communicate with affected interns, and our expectation is that all interns will have a similar clinical experience to those completing on a typical path. An additional benefit of your ongoing communications with them is that they can continue to feel valued and important to the teams with which they have been working. Most affected interns have completed a bit more than half of their internships. That means that they are now at the point where they should be starting to demonstrate a range of skills and application. At this critical juncture, most interns will begin to develop and demonstrate their learning at an accelerated pace, building on the basic experiences they have accumulated in their first half of internship. The end of the internship is a time when the intern begins to really demonstrate the acquisition of clinical skills; it is when the clinical supervisor can witness the intern acting independently in the clinical setting and can in turn make the assessment related to minimum, entry-level competence.

Some clinical sites, as well as interns, wish to utilize remote activities during the pause, and count these activities as clinical hours toward completion of their internships. CLCC wants to be flexible by allowing for continued learning during this emergency, while upholding the meaning/intent of the clinical hours. Any remote, online activities must be meaningful in lieu of face to face patient care.

For "virtual" face to face care, when considering such activities as online assessment and intervention, interns and supervisors should follow similar processes for learning. For virtual direct work with patients it is expected that the intern would first shadow a qualified CCLS competent in virtual skills, followed by a period of initial observation and supervision by the CCLS, before the intern is able to work independently via remote technology.

This puts a great deal of responsibility on the shoulders of internship supervisors, involving the practical use of virtual intervention with their own patients, teaching and modeling virtual intervention modalities, then monitoring and evaluating the intern in virtual delivery, followed by signing the verification form to confirm the intern's competence. Decisions by programs and staff to offer this type of experience will vary, depending on staffing, access to virtual modalities, and the value they place on this type of learning. ACLP and CLCC take no responsibility for the use of virtual modalities. Clinical programs must take responsibility for ensuring that the modality used is approved by the institution and/or any governing bodies. Some resources are linked below.

One of the main questions CLCC has been receiving is about how many virtual hours can be counted toward an internship experience. CLCC expects the bulk of the required internship hours to be completed in person. Internship coordinators and supervisors will have to observe and calculate what portion of the interns' virtual experience qualifies as "clinically completed" for the purpose of establishing eligibility for the certification exam. Clinical supervisors will use the Clinical Experience Verification Form as always; no additional paperwork is required.

Some examples of non-direct activities that might be completed virtually follow:

- Projects and assignments: Developing a project or a presentation is most commonly completed outside the 600-hour internship hours. Possible acceptable assignments could be case presentations or an assignment of research/reporting on a diagnosis and its psychosocial implications for the patient and family. Inclusion of possible implications for children with the diagnosis at different developmental levels would be appropriate too. However, only intern hours spent *presenting* their projects or assignments via remote technology may be counted towards the 600 hours. Time spent in preparation cannot be counted.
- Meetings: Virtual team meetings or rounds that an intern *would ordinarily attend* if they were onsite can count toward required hours. These would include for example *allied health rounds, child life team huddles, specific medical or daily nursing rounds in which they are involved typically with patient care assessment and planning, staff communication* and so on. Coordinators and supervisors should consider the benefits to the interns' clinical growth when counting the hours for these activities.
- In-services: Training connected to curriculum modules generally has lecture/informational components followed by the intern's involvements in practical/clinical activities. The practical/clinical portion must be completed in a clinical setting, but the *lecture/informational portion* if done remotely can be counted toward internship hours.
- Virtual casework: If a supervisor describes a clinical example from their daily workload to the intern (through a virtual format), such as their assessment activities, discussions with staff, information gained from family or through rounds, and observations and relevant charted patient information, the intern could have a live discussion with the supervisor comprising their own impression of clinical decisions. This could include *the intern's* description of patient and family needs, goals that they could make with the child and family for child life care, planned interventions to meet those goals, and statements of what they would take as evidence of positive outcomes. This document would be of *the intern's making*, converting information received to a written plan. The supervisor and intern could then discuss the intern's decisions and plans, creating a virtual case management scenario, based on reality. If the supervisor could approve of the plan and attempt implementation, reporting their clinical experiences with the child and family and their resulting outcomes, the intern could then develop documentation notes. Good clinical discussion could be an outcome.

While the examples above would take a lot of effort and planning, taking time away from your usual patient care or newly assigned tasks related to COVID-19, these activities could be acceptable forms of clinical exposure and practice. We are not working through issues that occur in typical times, and extraordinary efforts are needed to resolve many problems. With clinical care being of primary importance to child life specialists, it may not be reasonable for interns to expect this additional time and work on the part of staff. If we were working under textbook conditions this would not be asked of anyone. Nor is it required.

By signing the Clinical Hours Verification Form, clinical supervisors are attesting that they have trained and observed the intern complete the competencies outlined on the exam content outline. It is a supervisor's ethical obligation to only sign this when they have observed the competencies through activities that showcase skills. Scenarios, exam questions, and discussions assess knowledge and one's ability to apply knowledge, while clinical activities assess skills. Take this into consideration, and please use your own discretion to decide how to act on this "pause". This pandemic is certainly a test to our ability to be flexible and to cope with disappointment and worry. CLCC wants all child life specialists to feel reassured that we have the greatest respect for your work with interns, coupled with your unease around the demanding situation in which you find yourselves.

Other important notes:

- Patient confidentiality must be protected at all times, including during virtual work.
- ACLP and CLCC are encouraging internship programs to invite their interns to return once it is safe to do so in order to complete the balance of their internships.
- Interns in this position are encouraged to get documentation of the portion of hours that have already been completed. After completing the remainder of hours, the applicant may submit multiple Clinical Experience Verification Forms (from the same or different institutions) to support their eligibility assessment for the certification exam.

- Falsification of documentation submitted to CLCC is a violation of the Child Life Code of Ethics.

The simple, free, and secure telemedicine solution.® Retrieved March 20, 2020 from <http://doxy.com/>

HIPAA Enforcement Authorities Allow Skype, Facetime for Provider-Patient Telehealth Services Jeffery P Drummond, Jackson Walker. Retrieved March 19, 2020 from <https://www.jdsupra.com/legalnews/hipaa-enforcement-authorities-allow-10239/>

Guidelines for Uses of Technology in Counselling and Psychotherapy Technology and Innovative Solutions Chapter Project. Dawn Schell, Project Consultant. Retrieved March 20, 2020 from https://www.ccpa-accp.ca/wp-content/uploads/2019/04/TISCGuidelines_Mar2019_EN.pdf