

Interview:

It was 1973 on the pediatrics ward at the Downstate Medical Center in Brooklyn. Joan Chan, then the director of the hospital's nursery school, noticed a restless boy in a wheelchair. The eight year old had little to do, and started to pop "wheelies" by pushing up the chair's front end.

Chan saw the boy had two broken legs and became concerned. She was told by the head nurse that he had popped up the chair and fallen to the floor. The wheelchair tumbled on top of him, and broke his good leg. With the first shriek of pain, the frustrated youth knew he would be in the hospital for longer than he hoped.

This led Joan Chan to become a leading advocate for hospitalized children. Within one year, she founded a child life program or therapeutic play program at Downstate. Ten years later, she decided to start all over again.

Chan is setting up a brand new "child life" program at the recently opened Schneider Children's Hospital of Long Island Jewish Medical Center on Long Island. "Child life" is becoming the standard name for specialized play therapy centers growing in hospitals across the country. They are concerned with helping children and families deal with the crisis of being sick in a hospital. In child life playrooms, children and teenagers can get answers to their questions about what will happen to them during their hospital stay. The playroom is designed to give children a feeling of safety, and no medical procedures are allowed. Through play, young patients are encouraged to work out the feelings of fear and frustration that come with being in a high-tech medical environment.

Chan started off as a pioneer in this relatively new field. She said the wheelchair incident "had a momentous impact" on her and triggered her motivation to get started. But she had already been aware of reports from parents that children were leaving the hospital with a variety of behavior problems, from bed-wetting to social withdrawal. It became evident to Chan that the trauma of hospitalization could have a long-lasting negative effect on young patients. According to Chan, the sterile atmosphere with no normal activities such as play at Downstate was "terrible" for children. In retrospect, she was surprised that something didn't happen earlier.

"It's just incredible to me that people didn't realize that the environment could have such a great effect on patients and staff," she said.

Chan got permission to transform a musty stockroom into Downstate's first child life playroom. She attended her

first national conference on child life, and met Emma Plank, a leading theoretician in the profession. Chan was hooked.

"After that," she said, "there was no turning back." Chan was determined to make the new program work. Her small frame, good listening skills, and general warmth may have given some the impression that she was merely accommodating. But those who knew her well at Downstate say she had a subtle, yet forceful style.

"Joan never took 'no' for an answer if it was in the interest of the kids," said Betty Mogtader, a former student of Chan's and now her successor at Downstate. "She knew who to talk to, when to talk to them, and would get what she needed."

Ruth Plimpton, wife of Downstate's President Calvin Plimpton, co-founded the program with Chan. Plimpton believes Chan's unceasing energy brought the play therapy program to life.

"Her enthusiasm was contagious for those working with her," she said.

Chan also had very high expectations - of herself and her co-workers. Her demand for professionalism was there from the start.

"Joan was particularly good at stressing that everything should have a professional slant to it," Plimpton added. "She was quick to shoot down insinuations of anything else."

But the beginning was a struggle. Chan and Plimpton had to convince the hospital administration that the program was worthy of financial support. At first, the child life program was a shoestring operation.

"It was hard work," Chan recalls. "Ruth and I were responsible for getting all funds. For four years we ran the program on grants, bake sales and flea markets, but we saw that it needed to be a part of the hospital budget."

Chan did a lot of public relations and effective programming to make that happen. She helped set up orientation visits so that children scheduled for admission could learn about hospital events and procedures prior to admission. She lobbied for more flexible visiting hours and encouraged rooming-in by parents in crisis. And she became an active mediator behind the scenes. If parents did not agree with a physician's treatment of their fatally ill child, Chan used her finesse to get both parties to arrive at a mutual decision.

3.

Chan didn't limit herself to Downstate alone. She felt it was important to get out into the community to emphasize the need for child life. She published a series of articles in pediatrics and nursing journals to bring the concepts of child life to medical circles. She gave presentations at hospitals and conferences across the country, appeared on radio and television programs in New York, and even made a lecture tour through Scandinavia. Her goal was to make everyone aware that sick children and their parents need a lot of non-medical attention when they go to the hospital.

The pay-off finally came. In 1978, the child life program at Downstate started to get direct hospital funding. Survival was no longer an issue. Chan hired three full-time staff and took in students to add to her labor force.

The arrival of student interns gave Chan an opportunity to do something she was very good at: teaching. She put a lot of energy into supervising students, showing them how play could be used to build confidence and esteem for children in the hospital. Chan carefully screened these volunteers to make sure they were capable of dealing with the harsh realities of working in an institution.

"My initial interview with Joan was the hardest I've ever had," said Christine Smith, a child life intern from Cornell University now working at the Schneider Children's Hospital. "She challenged me and made me think about how I would deal with a patient's death. I realized then that I wasn't just going to be playing with sick children."

The desire to teach was deep-rooted in Chan's life. Born as Joan Mildred Pon in Hong Kong, Chan immigrated with her parents to Australia during World War II. Years later, she tried to become a schoolteacher in Sydney and worked as a social worker at several Australian hospitals including a cancer treatment center. Chan found all these institutions to be cold and impersonal. She sought to make gradual changes, and believed that young people were her best resource.

"I felt that the only way to really effect changes in the health care system was through students," Chan said. "Older members of hospital staff got into a set mold and were not amenable to progressive changes."

Chan wanted to get a masters in social work, but in the early 1960's, Australia had no graduate programs for that degree. Chan made the move to New York where she attended the Columbia University School of Social Work on a Fullbright scholarship. While a social worker at Maimonides Hospital in Brooklyn, Chan decided it was time to really learn about children. She married Phillip Chan, a Professor of Bio-chemistry at Downstate Medical Center, and took off

several years from her career to raise her only child, Melinda.

In the following years, Chan would take along her young daughter to Downstate whenever she went to see her husband. During these visits, Chan found it difficult that there was not a single place for Melinda to play in the entire medical complex. Chan didn't complain. Instead, she founded the hospital's first parent cooperative nursery school. The school was a success and became the springboard for Chan's later interests.

By the early 1980's, Chan had become an expert at dealing with hospital administrators. More and more, however, she found herself frustrated. She felt the child life program was not getting the recognition it deserved. Once the efficacy of the program had been proven, the administration at Downstate did not provide the additional funding for pay raises or expanded services.

"They had a merit system at the hospital," said Chan, "but never did anyone on my staff get a merit increase. We never got that kind of recognition."

When Schneider Children's Hospital approached Chan in late 1983, she was ready for a change. The 150 bed hospital, part of the Long Island Jewish Medical Center, was brand new. The progressive administration supported by the Children's Medical Fund wanted a new Child Life Department for all pediatric patients. After an extensive interview before a panel of 15 trustees and physicians, Chan was offered the job. Downstate matched her salary to keep her on, but Chan was ready to go.

"It was a very abrupt change," said Betty Mogtader. "But it was a testimony to Joan's success that the Downstate program didn't fall apart when she left. She made the program a part of the hospital system."

Chan found herself in a new hospital with the freedom to start from scratch. She hired three child life socialists and began to get materials for the department's four play therapy rooms. She sought input from children, parents and hospital staff to create the best conditions for therapeutic play.

Chris Mihok, a parent, was impressed with Chan's efforts. His son Joey, age four, has cystic fibrosis, and has gone to the Schneider Children's Hospital several times to get treatment for lung infections. Mihok says he felt isolated as a parent at other hospitals he'd been to because he was not allowed to participate in the care of his child. Needless to say, Mihok was surprised at how interested Chan

was in his opinions, and found himself being used as a major resource.

"Mrs. Chan has asked me a lot about different things," Mihok said. "She made a big effort to find out from parents what was important to them and what they wanted to see in the child life playroom."

Chan integrated these suggestions with her own expertise to create play environments that would allow children to express themselves. Chan's basic view of play in the hospital is that it brings a sense of normality to what is otherwise a confusing and overwhelming place. The playroom becomes a kind of safety zone where children can be assured that no painful procedures will be performed on them. For Chan, it is because the playroom is remote from real medical procedures that children will often open up and talk about their fears and fantasies.

Chan filled the playrooms for younger children with a wide range of games, books and toys. But she also added a host of medical supplies and bean-bag type dolls. With these items, children are encouraged to act out their feelings about being in the hospital through the pretense of play.

For adolescent patients, the materials are more sophisticated. Teenagers use video equipment and create dramatizations about the hardships of being sick in an institution.

Chan has also become involved with the education of children at the hospital. Although the New York Board of Education runs a hospital schoolroom with three full time teachers, Chan has connected the school program to the rest of the hospital through child life.

Marianne Cholakis was teaching at Long Island Jewish Hospital before Schneider was built. At that time, there was no child life program. Cholakis felt excluded from both staff and administrators in the hospital.

"There was no one we could go to," Cholakis said. "We were really alone then."

Cholakis said Chan's firm support for education and her links with the administration have made the teachers feel more included. She gave the example of some computer equipment that Chan is sharing with the teachers. Even though the machinery is budgeted specifically for child life, Chan believes it would be counter-productive to keep such educational tools out of the classroom.

"I have no qualms in sharing the equipment," said Chan. "Other people would separate funds perhaps, but if I can tap

6.

every resource, then why not? Otherwise, it would get in the way of providing therapeutic materials for the children."

One might wonder whether all this increased attention and equipment could run up the average medical bill. Chan acknowledges that child life does increase overall expenses, but says that the rise in cost is minimal compared to the price of medical procedures.

"It might cost ten dollars a day per child to have child life," she said. "But that would be for four hours of care as compared to one minute of x-ray. This is human care. That's what makes the difference."

Still, Chan is working with hospital administrators to get reimbursement of services for child life. The idea is that medicaid and insurance plans would actually cover child life services as part of a pediatric health care plan. Chan believes this would allow for outpatient child life services, and would encourage many hospitals to start child life programs.

"If we can prove that our services are worthwhile," she said, "then one hospital should spur on the next to start a program. If the programs are reimbursable, this will be more likely."

Many of the staff at Schneider agree that Chan has one major fault; she works too hard. Cindy Figulski, one of the hospital's child life socialists, admires Chan's energy, but wonders if her boss can keep up the pace.

"Joan is into so many things," said Figulski. "I think she's wearing herself out. But she is really dedicated. I think I am learning more from her than I would anywhere else."

Chan, however, is not worried about tiring out. Her goal is to get a younger person to take over her position within the next five years. She believes that the child life program needs a fresh vibrant leader, and that only young people can provide that kind of energy.

"I've always said to my students," Chan said, "I will not be staying here forever."

Chan is only half correct. She may leave, but her work and ideas will remain in the minds of those she has taught. Chan has the unusual ability to excite and organize. Though her stay at the hospital is temporary, the ability to accomplish has been left with individuals who have learned to do the work. And in Chan's mind, progress for

hospitalized children lies in the very teaching of this kind.

Written by Keith Oppenheim
Columbia University
School of Journalism 11/84.

INTERVIEW WITH JOAN CHAN
SAN DIEGO

Debbie Laskey-Fingerhut of Miller Memorial Children's Hospital, Long Beach, CA was the interviewer. This took place in Joan's home in San Diego. The video is ⁴⁵min long. Her words are in bold type. Areas where I had a hard time are italicized.

1) How did you become interested in the field of Child Life?

I became interested in Child Life in Brooklyn NY in the 1970's. I was a member of the Faculty Wives Assn. I went with the wife of the President (of the faculty?) to visit the medical center. We found a locked room on the pediatric floor with furniture "tumbling down". We also saw a young boy with both legs in casts. He had originally come in with one fracture. He was bored with nothing to do, and had been wheeling himself around, and got a 2nd and 3rd fracture. This visit and this boy made a great impact on me about the impact of the institutional setting on children: long corridors with typical '70's decor, and nothing for them to do.

I followed up with an interview with the head nurse, and then interviewed a couple of people in the school of medicine and nursing school. From them I learned of the Assn. for the Care of Children in Hospitals. I went to Atlanta in 1972 to visit Mrs. Plimpton (?). While there I met and was greatly inspired by Emma Plank, Mary Woods (?), and Berry Brazelton.

Following this visit, I started a Child Life Program at Downstate Med. Center. One of my first endeavors was to find out from staff what they felt was needed. There was a cooperative effort in humanizing the environment by redecorating the rooms. It was important to learn of the specific developmental needs of children. In visiting other Child Life programs around NYC, I discovered that they were purely recreational.

My Social Work background had exposed me to family therapy sessions - *the next part was difficult to understand*. From this, I felt families needed to be involved with their children and the staff.

2) Those were the very beginnings. Who do you think was your greatest influence re: the psychosocial needs of children in health care?

Anna Freud's psychoanalytical writings; Nathan Eckman (sp.?); and Emma Plank. I met Emma Plank at the 1st ACCH meeting, and regularly kept in touch at ACCH meetings. Her writings, demonstrations, friendship, stories, and experiences made her a great mentor. I visited her in Vienna in 1988.

You have presented many papers here and abroad.

I have presented in Sweden several times, in Finland, China a couple of times. We need to spread this work to others. Child Life needs to demonstrate to others what we're doing not only to our own community but to the wider community (*words here are not too clear*).

3) You have had many accomplishments during your Child Life profession. What do you perceive as a significant accomplishment in Child Life, and how have you participated in your success?

I guess what I loved mostly was working with some of the children on

long term basis. From the first, I was dedicated to the education and training of students. In 1973, I was offered an adjunct teaching position on the staff of Brooklyn College where I taught a course on the Hospitalized Child. That enabled me to get students to volunteer. The Medical School saw our program and invited me to give lectures. This was incorporated into a Child Psychiatry course. It has been rewarding to see CLS grow and become leaders in the field. **You have become a mentor.** Well - maybe!

→ **4) What direction do you see Child Life going in the future?**

Managed care is here and here to stay. Child Life has to move with the times into this area. CL needs to much more out into the community, be involved with family centered care. CLS have to become advocates of this. They have to teach child development, safety, preventive care; this is becoming a priority now.

visuafine
audio
OK. → **5) What is your greatest dream for Child Life?**

That we collaborate with others members of the team. That Child Life should be as strong and as well recognized as the Medical Profession. It's been an uphill battle all these years, and we're still working on it. We call ourselves CLS, which is a profession of its own. And as specialists, we must undertake a leadership role, *(and not feel we're the low man on totem pole - I think this is what she said. The next sentences are too faint to hear.)*

6) Describe the program or programs that you have worked in, pointing out any significant changes that happened along the way in that program. Reflect on what the experience was like working through those changes.

Twenty years is a long time to cover! In the '70's, they concentrated very much on curing children of diseases. And I feel, as I said at Downstate, you really can't concentrate on humanizing the health care facilities. (My own interjection here - if you're only concentrating on curing. EKM) There were many long term patients in our teaching hospital. Some stayed up to 5 years with tracheostomies. This was a very challenging period.

The ramifications of these children - they encountered 100's of caregivers in a 24 hour period. Burn patients - adults would get on elevators *(this is not clear at all here)* as if these children didn't exist. Many of us were trying to humanize the care of these children.

No parents were allowed into the hospital. We fought to even have parents into the units other than 4 hours per week, or whatever it was back them. They slept on windowsills and all sorts of things.

A lot of creative thinking re: the development of a family oriented environment. I had a great deal of interest in patient centered care, especially concerning developmental phases. Sometimes there would be an 18 mo. old in the same room as a 17 y/o. I tried to work towards using developmental theories to establish various needs. There needed to be an adolescent unit to separate age groups, to get away from an age mixed unit because we had infants to 21 y/o.

From the program in Brooklyn some of the chronically ill children, i.e. kidney transplants, when they entered high school, we would have them come back to work in special summer programs to work with the children *(the next*

phrases aren't clear)

The next was into family centered care - to treat the child and family as a unit. This was productive, but the difficulty was the parent coming in and taking over the roles of other professionals. Child Life roles are always so positive because CLS knows best re: meeting needs holistically of the child within the family. They can accomplish a great deal in the end, and can get a lot of respect from other professions. The Child Life advocacy role has to be strong, and very much respected, NOT WITHOUT MANY TESTS AND FIGHTS!! As long as goals are right goals, there will always be successes.

7) What was your first program that you began?

It was the Child Life program at Downstate Medical Center in Brooklyn, a teaching hospital. There 2 pediatric units, *(this name not clear)* unit on the 4th floor and the surgical unit on the 8th floor. Long term patients had to be transported 1-2 times a day from the 8th to the 4th and back to the 8th again. Knowing separation anxiety these toddlers *(this part not clear)*. There were great challenges in physically getting children to the playroom.

Also, many other professions felt "quiet play" was insignificant - UNTIL we were able to demonstrate how important it was to alleviate anxiety. An example: In 1976, I wrote a paper on preparation for procedures and surgery. This was published in an Australian (my home country) nursing journal. I got quite a bit of good feedback. This is one area to demonstrate to other professions.

With a limited budget, we enabled kids to make their own hospital equipment. We brought in tubing, and encouraged them to do things out of cardboard, to tell their own story in their own way. It helped them to understand. Parents were amazed that they had these strong feelings and reactions. And it also showed medical staff that children did feel the impact of these monstrous machines around them. We invited staff to come in when a child had made a dialysis machine out of cardboard. This was a tremendous teaching tool to everyone. This was an important thing they did in that first program.

Sometimes there is a tendency to prepare children too fast and too didactically (sp.?). This what is what Child Life - play is the most important role - understanding developmental needs of children. This is what is hard to get across to people: You get a deep respect professionally if you stand up for what you know is the best thing for the child, in the child's best interests. It seems to be very effective, but it took many years.

I was always concerned about having regular parent meetings that the head nurse and I shared. We learned a great deal from these meetings. The hospital was in a large socioeconomic area. Parents *(- a lot verbal/nonverbal - this isn't real clear)*. It impacted on staff as to how they felt; how the situations in their lives could be improved.

The program started around "soft money". *(Next phrase not clear)* To demonstrate to administration why Child Life should continue, I sent out a questionnaire to parents and kids. Results: one woman who could ill afford to with 6 kids sent \$2.00 to help with program. It spoke to the administration. After 3 years of demonstrations, the program became funded by the state. *(Here the vacuum cleaner becomes louder and I can't understand her.)*

The next program was Schneider Children's Hospital. It was the first structured children's hospital in NY. It was a magnificent structure. They sent someone over to observe the Child Life program. I overheard a phone call, "Isn't too much different than what we do." I thought, "Oh, dear, I will never get this job at this new hospital. However, *(this is not clear)*. I said to the doctor who was the chief of staff, "When I first came to you for the first interview with you, I think we had a bit of a tussle." What he had said was: "Yes, I want you to form the Child Life program, hire who you want, but all you people just stay in the playroom." I said, "I'm sorry, but I beg to differ on that! We certainly do bedside, not only with groups, also work with *(admissions, I think)*, and everything." When I departed 8 years ago, he said, "Joan, I never said that to you, did I?" It was wonderful to see them really move with us and *(not clear here)*.

Then you went to Bank Street College.

It's a very well recognized school of education. Some students had gone to Bellevue and Downstate with an increased interest in Child Life. They had a background in Early Childhood or Special Ed. I was approached by faculty about teaching a course in Child Life. I joined forces with Betty *(Can't make out her last name)* who had taken my place at Downstate, and Susan Wojtasik (from Bellevue). This is now a very strong part of the Special Ed. course. It was quite overwhelming that every class became filled! We made it interesting, made it challenging to follow a case. We asked questions: "If this child were in your classroom, how would you deal with it?" This was practiced in the classroom re: problems with children.

Going back to an earlier question about where would I like to see Child Life go, I think also mental health and Child Life has to enter this. They have a terribly important *(role here?)*. Now with newspapers saying it might be funded by federal government, HMO's *(unable to understand.)*

8) You've been very instrumental in ACCH and CLC. Could you detail your involvement nationally or with an affiliate?

ACCH: I joined because I felt this growing and the interdisciplinary nature, the assn. was tremendous, and was accomplishing a great deal with such great leaders. I would look forward to the annual meetings. I got sustained, got excited, got challenged, formed friendships. There were breakfast meetings, coffee, every hour was filled! Very instrumental.

CLC: As ACCH began to grow Child Life found it difficult. Child Life got lost with this organization. When I was member at large, some of us decided and really worked hard on a separation of CLC.

One example was that I suggested to ACCH that we should have posters. There were not enough papers. It did come about though there was no acknowledgement of my contribution, and I was never informed that it would take place. Things like that. Because it was so large, and you don't expect too much of a large organization, (tho it would have been nice to know - I could have submitted a poster!) The advantage of CLC is that we can stand on our own. We've got incredible leadership. So many members are committed to helping each other. Communication is so much greater. CLC was a tremendous help to all of us in our frustration. Without wonderful papers that were presented, the support, we couldn't be as strong as we are.

There is a tremendous amount of validation that most CLS get in attending conferences. Like what you're doing is accurate. There are areas that you can expand, try new things. Yes, and also looking for (not clear)

9) How did your educational background influence your Child Life philosophy?

It was formally Social Work. I guess that's where I got on to Family Centered Care. That influenced me greatly. I think I grew. I taught at a college level in Child Development. I had to read, share, and be supervised. Never a dull moment!

10) What would you hope someone entering the field would gain from your insight?

Someone new entering the field needs to step back and look at their own needs. Why are they going into the field? What do they hope to gain? They should do as we do with children - look at their strengths. Do they want to get actively involved with children and families? Do they want to carry out the day-to-day responsibilities of CLS? Do they want to expand, to become teachers; to move up to leadership roles into administrative role? All these require different skills, and experiences. As someone becomes focused, is goal oriented to achieve this; have to work it out for themselves, and, hopefully with mentors. This will give them much more satisfaction. Staying in this field year after year without goals, it could get very frustrating. They can get burned out very quickly - this is a danger of our profession. It's very demanding and you give so much of yourself, and often you don't get much in return from too many people. Maybe you get something from a child, but it's not enough to sustain us. We need to have our outside interests, find other supports, but still be goal directed. Be patient about attaining those goals!

11) At this point in your career/retirement, what aspects of your present responsibilities are most enjoyable for you? What is most frustrating? Is retirement everything you'd imagined it would be?

Well - I can say yes!! I used to say to my students - I love to (unclear) and enjoy it, and I still have contacts with some students from 20 years ago. My main purpose is to hopefully pass on experience, to share. Then they are the next generation that must carry on. Every leadership role must be, that as you move on in life, to get a strong person to replace you, if you are director, that you keep it intact. If you're a teacher, that you see your students grow and they become teachers. It's very satisfying. They write. They enjoy writing and publishing.

In my retirement it's been wonderful to hear about people that keep in touch occasionally, send me some of their work. I enjoy that very much.

I've changed in my direction now. I was always interested in painting, so this is my concentration now. Time to work on this more, creatively and leisurely.

Child Life can be terribly demanding. As an administrator going through all the changes I went through for 20 years, many challenges that were often quite difficult at times. We live in a society where we are always reporting to

somebody, always being impacted by someone. You often say, "I wish they could leave me alone!" That's what you have in retirement - you can make your own decisions. You can still do some work. Since moving to Southern California, we have joined a Unitarian Fellowship where we've met some wonderful people. I feel very fortunate that I could retire early enough to be able to enjoy it. *(Last sentence is too faint to hear)*

12) Do you see yourself as having special interests other than perhaps painting? How are you able to bring your interests in your Child Life profession into your work/painting? How do you find some balance?

There was no time - there were 12-hour days. Whoever becomes an administrator needs to know that when you're doing all these other activities, i.e., when I helped form the directors group in NYC, teaching, writing, annual reports. This is what I'm saying - this is a danger - you become too involved. I made a decision as I lessened the involvement I wanted to do. Slowly - I've been away 5 years now. Pat Azanoff (sp.?) came down to see me a month or 2 ago, and asked me to be on the Advisory Board of her Pediatric Mental Health Newsletter *(I think that's what she said)*. I have agreed. Hopefully my Child Life experience can be useful. I'm on the committee at our church to select a religious director. We always use part of us in different ways in each stage of our lives.

I don't think your passion for art has been as well hidden in your career as you think. You brought art therapy into programs with children.

Yes, that is true.

When asked if she has a favorite painting, she took Debbie to see some of her works. "In painting, something is always coming up, just like with children." This one painting reminds Debbie of Joan's flower garden. "I have many new interests in retirement."

The interview ends with a final blast from the vacuum cleaner, and a trip through some photo albums of conferences, meetings, etc.

"It is very successful when Child Life can pull together meetings in your institution."

"Child Life can have a great impact on environmental design."

She shared pictures of her in Sweden, with Emma Plank in Vienna, of her trip to China.

October 1, 1997

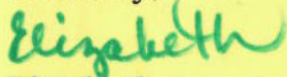
Dear Leah,

At last!!!! I actually got more out of typing these notes than listening to the interview. Maybe it's because I had time to reflect on her words and her wisdom without the tedium of rewinding and relistening and rewinding and relistening.... Some of the sentences are choppy. I guess that is how all of us communicate verbally.

I was in awe of this woman and her drive, her dedication, and her knowledge. This was an honor for me. I only hope I can fulfill a fraction of her dreams for our profession. Her footsteps are easy to follow, but who could ever fill them!!

I will miss being with you all later this month. Aye, well, so it goes in life. If you have any questions about any of this, give me call. Have a great meeting.

Sincerely,



Elizabeth

CURRICULUM VITAE

Joan M. Chan

~~1216 East 28th Street~~ *201 Kirkland Ave, Unit 429*
Brooklyn, New York 11210 *Kirkland, WA. 98033*
~~(718) 338-0507~~ *(425) 922-3210*
Date of Birth: December 12, 1932

Education

University of Sydney, Australia
Bachelor of Arts, 1954
Diploma of Social Studies, 1955

Certificate of the Australian Institute of Almoners, 1956

Columbia University School of Social Work, New York
Master of Social Work, 1965

Employment History

1989 - 1990 Education Consultant, Child Life Department
Schneider Children's Hospital of Long Island Jewish
Medical Center

Responsible for designing and implementing a
clinical training program for Child Life fellows
and interns, formalizing a staff development
program and acting as a consultant to staff on
clinical issues.

1989 - 1990 Advisor and Co-Instructor,
Graduate Adjunct Faculty,
Graduate School of Education,
Bank Street College of Education, New York

Responsible for establishing and teaching, in
conjunction with two other adjunct faculty members,
the first two new courses leading to a major in
Child Life within the Department of Special
Education.

1983 - 1988 Director, Child Life Department
Schneider Children's Hospital of
Long Island Jewish Medical Center,
New Hyde Park, New York

Responsible for establishing and administering
clinical programs including four inpatient units
and one ambulatory care unit. Set up a closed
circuit TV system, a children's and family resource
library, and a children's art gallery.
Developed policies and procedures, volunteer and
student manuals and an orientation book for

children. Carried out budget formulation and control and set up a quality assurance program. Hired, scheduled and supervised a staff of four full-time and six part-time professionals, students and volunteers to meet the special needs of sick children and their families.

1985 - 1988 Assistant Professor of Pediatrics,
Health Sciences Center,
State University of New York at Stony Brook,
New York

1983 - 1990 Assistant Clinical Professor,
School of Nursing,
Adelphi University,
Garden City, New York

1978 - 1984 Clinical Assistant Professor of Pediatrics,
State University of New York,
Downstate Medical Center
Brooklyn, New York

Responsible for the curriculum design and implementation of a Child Life component in the psychiatry clerkship for third year medical students. Duties included delivering lectures, conducting small group seminars, and evaluating the students' clinical performance.

1973 - 1983 Director, Child Life Program
State University Hospital,
Downstate Medical Center,
Brooklyn, New York

Responsible for establishing the Child Life Program through initial fundraising efforts, resulting in institutional support; developing clinical programs on three inpatient units with full-time and part-time professionals, assistants, students and volunteers.

1974 - 1976 Adjunct Lecturer, Department of Health Sciences
& Brooklyn College, City University of New York
1979 - 1983 Brooklyn, New York

Responsible for the design, implementation and supervision of a new course, "Health and the Hospitalized Child".

- 1971 - 1972 President, Downstate Nursery School
Downstate Medical Center, Brooklyn, New York
Founded the parent cooperative nursery school.
- 1965 - 1967 Social Worker, Maimonides Hospital
Brooklyn, New York
- 1959 - 1964 Field Supervisor, Department of Social Work
University of Sydney, Australia
Social Work Supervisor,
The Royal North Shore Hospital,
Sydney, Australia

Certification

Certified Child Life Specialist, Licence No. 034
Certified Social Worker (CSW) The University of the
State of New York, Licence No. 000899

Professional Society Memberships

Association for the Care of Children's Health
Child Life Council
New York Metropolitan Child Life Directors Association

Honors and Awards

Fulbright Fellowship to the U.S.A., 1964
Citation of Merit, Mayor of New York's Volunteer Awards, 1976
Establishment of the Joan Chan Fellowship in Student Training
by the Children's Medical Fund of New York, 1988
Distinguished Service Award, Child Life Council, 1991.

Other Professional Activities

- 1990 Chairperson, Program Review Committee,
Child Life Council
- 1987 to Consultant and Member - New York Metropolitan
Child Life Directors
- 1987 - 1989 Member-at-Large, Executive Board, Child Life
Council
- 1986 - 1987 Chairperson, Education Committee, Child Life
Council
Responsible for organizing the Child Life Council
Annual Meeting on Professional Issues, 1987
- 1984 - 1986 Committee Member, Child Life Council Program
Review-Committee

1984 - 1988 Member of the Professional Advisory Board
Maternal/Child Health Visiting Nurses Services, NY

Publications

Leff, P., Chan, J. & Walizer, E., Challenges for Young Health Care Professionals: Self Understanding and Reaching out to Sick Children and their Families. Children's Health Care In press, 1990.

Leff, P., Chan, J. & Walizer, E., Talking to Parents: Enhancing Parent-Professional Relationships. Children's Hospital Quarterly, 1, 2, 1-4, 1989.

Chan, J., The Child Life Program at Schneider Children's Hospital, Children's Hospital Quarterly, 1, 79-81, 1989.

Chan, J. & Leff, P., Play and the Abused Child: Implications for Acute Pediatric Care, Children's Health Care Journal of the Association for the Care of Children's Health, 16, 3, 169-176, 1988.

Chan, J., Quinn, R., Rhoney, P., Student Manual for the Child Life Program, Schneider Children's Hospital of Long Island Jewish Medical Center, 1988.

Chan, J., Volunteer Manual for the Child Life Program, Long Island Jewish Medical Center, 1988.

Chan, J., Your Stay at the Children's Hospital. Schneider Children's Hospital of Long Island Jewish Medical Center, 1987.

Clarke, E., Chan, J., Longman, C., Wojtasik, S., Program Review Guidelines, Child Life Council, 1987.

Chan, J., Environmental Considerations in Promoting Adjustment of Children to the Health Care Setting. Interface (publication of the National Headquarters of the Australian Association for the Welfare of Children in Hospitals), 10 (1), 12-18, 1986.

Chan, J., Educating Interns in a Child Life Program. Journal of Experiential Education, 6, 2, 20-26, 1983.

Chan, J., Leff, P., Parenting the Chronically Ill Child in Hospital, Children's Health Care Journal of the Association for the Care of Children's Health, 11, 9-16, 1982.

Chan, J., Cincotta, N., Training Students to Work with Terminally Ill Children in a Child Life Program, The House Staff and Thanatology, De Bellis, R., et al., Arno Press, New York, 1981.

Chan, J. Preparation for Procedures and Surgery through Play, Pediatrician, 9, 3-4, 210-219, 1980.

Chan, J., Baranowitz, A., Guidelines for Assessing the Emotional Needs of Children Hospitalized for Cardiac Surgery, Psychosocial Aspects of Cardiovascular Disease, ed. Reiffel J., et al. New York Columbia University Press, 1980.

Leff, P., Chan, J., Reflections of a Medical Student in a Child Life Program, Journal of the Association for the Care of Children in Hospitals, 5, 20, 1977.

Chan, J., Preparation for Hospitalization, Procedures and Surgery through Play, The Australian Nurses Journal, 5 (4), 41, 1976.

Representative Presentations (detailed list available upon request)

- 1990 Association for the Care of Children's Health
Annual Meeting, Washington D.C.
Panel presentation: Talking with Parents
- 1989 Children at Risk, Lausanne, Switzerland

Challenges in Administering Child Life Programs
Student Training: Issues in Design and Administration
Annual Child Life Council Meeting on Professional Issues
Anaheim, California
- 1988 Meeting the Developmental Need so Children in the
Health Care Setting
Children's Hospital, Nanjing, China
- 1987 Administrative Issues
Developing a Policy and Procedures Manual
Child Life Council Meeting on Professional Issues
Halifax, Nova Scotia, Canada
- 1986 Family Oriented Care for the Hospitalized Child
Grand Rounds, Department of Pediatrics
SUNY at Stonybrook, New York

The Role of Child Life in a Teaching Hospital
Grand Rounds, Department of Pediatrics
Prince of Wales Hospital, Sydney, Australia
- 1985 Program Review Guidelines: Field Experiences
from a Pilot Study
Child Life Council Annual Meeting
Boston, Massachusetts
- 1984 Family Oriented Care for the Chronically Ill Child
in Hospital
NOBAB Symposium & Nordic Association for the Care of
Sick Children in Hospitals
Stockholm, Sweden

- 1984 Therapeutic Interventions for the Dying Child and Family
International Congress of Pediatrics
Washington D.C.
- 1983 Child Life Programming: A Family Centered Approach
to Pediatrics
Syracuse Medical Alumni Association and Office of
Graduate and Continuing Medical Education
Syracuse, New York
- Effects of Hospitalization on Children and their
families: A Review of Research Studies and Field Study
in a Child Life Program
School of Human Ecology and Family Studies
Cornell University, Ithaca, New York
- 1982 Parent Programs in a Hospital Setting
Teachers College
Columbia University, New York
- Infant Stimulation and Parent Bonding
The Railway Medical College, Department of Pediatrics
Nanjing, China
- Preparing Children for Medical Events and
Hospitalization
New York City Head Start Program
- 1981 Educating Medical and Nursing Students to meet the
Developmental and Emotional Needs of Chronically Ill
Children in an Acute Hospital Setting
Department of Pediatrics & Committee for Post Graduate
Education
University of Turku, Finland
- 1980 Therapeutic Play for Chronically Ill Children
XVI International Congress of Pediatrics
Barcelona, Spain
- 1978 Early Stimulation and Therapy through Play
1st International Symposium of the International
College of Pediatrics
Helsinki, Finland
- 1977 Communicating through Play
College of Nursing,
SUNY, Downstate Medical Center
Brooklyn, New York

- 1976 The Child Life Program: An Advancement in
Pediatrics
Association for the Welfare of Children in Hospitals
Sydney, Australia
- 1976 Child Abuse: A Family Problem
SUNY, Downstate Medical Center
Brooklyn, New York
- 1975 Grief and Loss
SUNY, Downstate Medical Center
Brooklyn, New York
- 1974 Nature of Play, Equipment and Materials
for the Hospitalized Child
SUNY Downstate Medical Center,
Brooklyn, New York
- Helping Children to Cope with Hospitalization
Brooklyn College, City University of NY
Brooklyn, New York

ADDENDA TO VITA

Speaking Engagements

- Speaker: Interviewed on New York Hypotheses, WNYC, January 25, 1974, NY
"The Child Life Program at State University Hospital, S.U.N.Y.
Downstate Medical Center."
- Speaker: Brooklyn College, February 25, 1974. "Helping Hospitalized
Children to Cope."
- Lecturer: College of Nursing, S.U.N.Y. Downstate Medical Center.
June 25, 1974. "Therapeutic Play for the Hospitalized Child."
- Speaker: The Soroptomist Club of Brooklyn, June 26, 1974. "Meeting the
Emotional Needs of the Hospitalized Child."
- Speaker: The Tiny Hearts Foundation, November 19, 1974. "Child Life at
S.U.N.Y. Downstate Medical Center."
- Speaker: The Friends of Downstate, November 21, 1974. "Helping Children
Cope with Loss."
- Lecturer: College of Nursing, S.U.N.Y. Downstate Medical Center,
December 10, 1974. "Nature of Play, Equipment and Materials for
the Hospitalized Child."
- Speaker: Kings County Medical Society Women's Division, January 14, 1975.
"The Child Life Program at Downstate."
- Lecturer: College of Nursing, S.U.N.Y. Downstate Medical Center.
January 28, 1975. "Grief and Loss."
- Panel Moderator and Chairperson:
College of Nursing and Brooklyn College, C.U.N.Y., May 2, 1975.
"Preparing Children for Cardiac Catheterization through Play."
- Speaker: The Psychology Club of Brooklyn College, October 15, 1975.
"How We Can Meet the Special Needs of the Hospitalized Child."
- Lecturer: College of Nursing, S.U.N.Y. Downstate Medical Center,
November 12, 1975. "The Hospitalized Child and Family."
- Speaker: Parents Association of P.S. 193 Brooklyn, December 9, 1975.
"Ways in Which Children Can Be Prepared for Hospital."
- Lecturer: College of Nursing, Downstate Medical Center, February 18, 1976.
"Children's Reactions to Stress."
- Lecturer: College of Nursing In-Service Education, April 8, 1976.
"Therapeutic Play and Observation of the Child in Hospital."
- Workshop Leader:
College of Nursing Continuing Education, S.U.N.Y. Downstate
Medical Center, May 19, 1976. "Child Abuse: A Family Problem."

- Lecturer: College of Nursing Methodist Hospital Continuing Education.
May 20, 1976. "Pertinent Pediatric Problems. Therapeutic Play."
- Guest Appearance:
WCCN - TV, Newcastle, Australia. July 15, 1976. Play Programs
In Hospitals.
- Guest Speaker: Association for the Welfare of Children in Hospitals, Hunter
Region Branch, July 15, 1976. "The Child Life Program at
Downstate Medical Center."
- Guest Speaker: Association for the Welfare of Children in Hospitals. Prince
of Wales Hospital, Sydney, Australia. July 21, 1976. "The
Child Life Program - An Advancement in Pediatrics."
- Radio Interview:
Station 2UE, Sydney, Australia. July 22, 1976
- Speaker: Pediatrics Department, Cowra Hospital, Australia. July 28, 1976.
"Hospitalized Children Need Play."
- Speaker: The Royal Alexandra Hospital for Children, August 4, 1976.
"Preparation for Hospitalization through Play."
- Lecturer: The North Sydney College of Advanced Education, Australia.
August 5, 1976. "Child Development in the Hospital Setting."
- Radio Interview:
The Australian Broadcasting Commission. Radio Australia.
August 6, 1976. "The Special Needs of the Hospitalized Child."
- Lecturer: College of Nursing, Downstate Medical Center. January 5, 1977.
"Play for the Pediatric Patient."
- Lecturer: College of Nursing, Downstate Medical Center. July 20, 1977.
"How to Communicate with Children through Play."
- Organizer and Speaker:
College of Nursing and Child Life Program, S.U.N.Y. Downstate
Medical Center, May 18, 1977. "Let's Respond to the Child and
Family in Hospital. Helping Children Understand Medical
Treatment."
- Guest Appearance:
WOR-TV "Straight Talk". August 16, 1977. "Preparation for
Hospitalization through Play."
- Lecturer: College of Health Related Professions, S.U.N.Y. Downstate
Medical Center. October 3, 1977. "Role of the Play Therapist."
- Lecturer: Grand Rounds, Department of Pediatrics, S.U.N.Y. Downstate Medical
Center, January 4, 1978. "Preparation through Play."
- Organizer and Speaker:
College of Nursing and Child Life, S.U.N.Y. Downstate Medical
Center, January 12, 1978. "Team Building: Preparation for
Procedures and Surgery through Play."

Guest Speaker: Child Life and Youth Services, Bellevue Hospital, New York City.
February 2, 1978. "The Team Approach in Preparing Children for
Hospital Events."

Organizer and Speaker:
College of Nursing and Child Life, S.U.N.Y. Downstate Medical
Center. April 27, 1978. "Parenting and the Newborn -
Infant Stimulation."

Guest Speaker: School of Nursing, State University of New York at Stony Brook
and Department of Pediatrics, Nassau County Medical Center.
April 28, 1978. "Parents and Professionals in Birthing and Child
Health Care."

Papers presented:

13th Annual Conference, Association for the Care of Children
in Hospitals, Washington D.C. June 7, 1978. "The Benefits
of Students in a Child Life Program." "Developing Parenting
Skills."

Paper Presented:

First International Symposium of the International College of
Pediatrics. Helsinki, Finland. June 21, 1978. "Early Stimulation
and Therapy through Play."

Guest Speaker: Pediatrics Department, Huddinge Hospital, Stockholm, Sweden.
June 27, 1978. "Parents & Children in Hospital."

Lecturer: Department of Pediatrics, Eskilstuden Hospital, Sweden,
July 1, 1978. "Preparation for Hospitalization."

Lecturer: Department of Pediatrics. Staten Island Hospital, New York.
May 18, 1978. "Preparation of Children for Pediatric Care."

Guest Lecturer:

College of Nursing, State University of New York at Stony Brook.
April 20, 1979. "Providing a Therapeutic Play Program for
Hospitalized Children."

Paper Presented:

14th Annual Conference Association for the Care of Children
in Hospitals, Los Angeles, California. June 4, 1979. "The
Work of Students with Terminally Ill Children."

Guest Lecturer:

Department of Nursing, Nassau Hospital, New York. April 17, 1980.
"Therapeutic Play for the Hospitalized Child."

Moderator: College of Nursing, S.U.N.Y. Downstate Medical Center.
June 6, 1980. "Growing Up in the Hospital - The Child With
Long Term Illness."

Guest Speaker: Columbia University Teachers College, New York. July 9, 1980.
"Meeting the Needs of the Chronically Ill Child through Play."

Paper Presented:

XVth International Congress of Pediatrics, Barcelona, Spain.
"Therapeutic Play for Chronically Ill Children in Hospital."
September 12, 1980

Workshop Leader:

Association for the Care of Children in Hospitals, New Jersey
Medical School. October 13, 1980. "The Family in the Pediatric
Health Care System."

Guest Lecturer:

The Baystate Medical Center, Springfield, Massachusetts.
"The Emotional Needs of Hospitalized Children." April 7, 1981.

Guest Speaker: Samfundet Folkhalsan, Health Department, Helsinki, Finland.
September 30, 1981. "How the Play Therapist Can Support the
Emotional Development and the Physical Health of the Child."

Principal Speaker:

Department of Pediatrics and the Committee for Post Graduate
Education, Medical Faculty, University of Turku, Finland.
October 1, 1981. "Educating Medical and Nursing Students to
Meet the Emotional Needs of Chronically Ill Children in an
Acute Hospital."

Guest Speaker: Department of Pediatrics, University Hospital, Umea, Sweden.
"Preparation for Hospitalization." October 6, 1981. "Caring
for the Chronically Ill Child." October 7, 1981.

Guest Lecturer:

The Nordic School of Public Health, Gottenberg, Sweden.
October 8, 1981. "Hospitals and the Care of Handicapped
Children."

Panel Member: New York City Head Start Program, December 2, 1981. "Preparing
Pre-School Children for Medical Events."

Guest Lecturer:

Staten Island Hospital, Department of Pediatrics, April 29, 1982.
"Parenting the Hospitalized Child."

Guest Lecturer:

Xiamen University, Department of Pediatrics, China, May 28, 1982.
"Developmental and Emotional Needs of Hospitalized Children."

Guest Speaker: Nurses Association of China, Nanking, June 15, 1982.
"Psychological Aspects of Children's Hospitalization."

Guest Speaker: The Railway Medical College, Department of Pediatrics, Nanking
June 17, 1982. "Infant Stimulation and Parent Infant Bonding."

Panel Speaker: Teachers College, Columbia University, November 12, 1982.
"Parent Programs in a Hospital Setting."

- Guest Scholar: Cornell University, Ithaca. School of Human Ecology and Family Studies. April 18 - 19, 1983. "Effects of Hospitalization on Children & Their Families - a Review of Research Studies." "Field Study in a Child Life Program." "Humanizing the Hospital Experience for Children, Families, and Staff."
- Guest Lecturer: Tomkins County Hospital, April 18, 1983. "The Role of the Child Life Therapist in the Health Team."
- Lecturer: College of Health Related Professions, Downstate Medical Center. August 3, 1983. "Communicating with Hospitalized Children and Their Families."
- Speaker: Pediatric Grand Rounds, S.U.N.Y. Medical Center, October 26, 1983. "The Role of the Child Life Program in the Health Care System."
- Guest Lecturer: Syracuse Medical Alumni Association & Office of Graduate and Continuing Medical Education. S.U.N.Y. Upstate Medical Center, Syracuse, New York. November 9, 1983. "Child Life Program: A Family Centered Approach to Pediatrics."
- Lecturer: Department of Maternal and Child Nursing, Wilson Memorial Hospital, Binghamton, New York. November 10, 1983. "Communicating with Hospitalized Children."
- Speaker: Broome County Child Development Council, Binghamton, New York. November 11, 1983. "Preparation Approaches for Young Children Entering Hospital."
- Lecturer: Department of Health Science, C.U.N.Y. Brooklyn College. November 15, 1983. "Humanistic Approaches to Meeting the Needs of Terminally Ill Children."
- Speaker: Board of Trustees & Women's Division; Children's Medical Fund, Long Island Jewish Medical Center. January 1984.
- Speaker: Department of Dentistry, Long Island Jewish Medical Center. "The Contribution of Child Life in Dentistry." March 1984.
- Speaker: International Congress of Pediatrics, Washington, D.C. May 9, 1984. "Therapeutic Intervention for the Dying Child and Family."
- Speaker: Children's Medical Fund, Long Island Jewish Medical Center. June 4, 1984. Child Life Program.
- Lecturer: Helsingborg Hospital, Department of Nursing. October 11, 1984. "Preparing Children and Families for Hospital Care."
- Guest Speaker: Nordic Association for the Care of Sick Children's Needs, Stockholm, Sweden. October 13, 1984. "Treating Children With Chronic Health Problems - Humanistic Approaches to the Health Care of Children."

CURRICULUM VITAE

Joan M. Chan

~~1216 East 28th Street~~ 9360 Monona Drive
~~Brooklyn, New York 11210~~ La Mesa, CA. 91942
~~(718) 338-0507~~ (619) 466-4760.

Date of Birth: December 12, 1932

Education

University of Sydney, Australia
Bachelor of Arts, 1954
Diploma of Social Studies, 1955

Certificate of the Australian Institute of Almoners, 1956

Columbia University School of Social Work, New York
Master of Social Work, 1965

Employment History

1989 - 1990 Education Consultant, Child Life Department
Schneider Children's Hospital of Long Island Jewish
Medical Center

Responsible for designing and implementing a
clinical training program for Child Life fellows
and interns, formalizing a staff development
program and acting as a consultant to staff on
clinical issues.

1989 - 1990 Advisor and Co-Instructor,
Graduate Adjunct Faculty,
Graduate School of Education,
Bank Street College of Education, New York

Responsible for establishing and teaching, in
conjunction with two other adjunct faculty members,
the first two courses leading to a major in
Child Life within the Department of Special
Education.

1983 - 1988 Director, Child Life Department
Schneider Children's Hospital of
Long Island Jewish Medical Center,
New Hyde Park, New York

Responsible for establishing and administering
clinical programs including four inpatient units
and one ambulatory care unit. Set up a closed
circuit TV system, a children's and family resource
library, and a children's art gallery.
Developed policies and procedures, volunteer and
student manuals and an orientation book for

children. Carried out budget formulation and control and set up a quality assurance program. Hired, scheduled and supervised a staff of four full-time and six part-time professionals, students and volunteers to meet the special needs of sick children and their families.

1985 - 1988 Assistant Professor of Pediatrics,
Health Sciences Center,
State University of New York at Stony Brook,
New York

1983 - 1990 Assistant Clinical Professor,
School of Nursing,
Adelphi University,
Garden City, New York

1978 - 1984 Clinical Assistant Professor of Pediatrics,
State University of New York,
Downstate Medical Center
Brooklyn, New York

Responsible for the curriculum design and implementation of a Child Life component in the psychiatry clerkship for third year medical students. Duties included delivering lectures, conducting small group seminars, and evaluating the students' clinical performance.

1973 - 1983 Director, Child Life Program
State University Hospital,
Downstate Medical Center,
Brooklyn, New York

Responsible for establishing the Child Life Program through initial fundraising efforts, resulting in institutional support; developing clinical programs on three inpatient units with full-time and part-time professionals, assistants, students and volunteers.

1974 - 1976 Adjunct Lecturer, Department of Health Sciences
& Brooklyn College, City University of New York
1979 - 1983 Brooklyn, New York

Responsible for the design, implementation and supervision of a new course, "Health and the Hospitalized Child".

- 1971 - 1972 President, Downstate Nursery School
Downstate Medical Center, Brooklyn, New York
Founded the parent cooperative nursery school.
- 1965 - 1967 Social Worker, Maimonides Hospital
Brooklyn, New York
- 1959 - 1964 Field Supervisor, Department of Social Work
University of Sydney, Australia
Social Work Supervisor,
The Royal North Shore Hospital,
Sydney, Australia

Certification

Certified Child Life Specialist, Licence No. 034
Certified Social Worker (CSW) The University of the
State of New York, Licence No. 000899

Professional Society Memberships

Association for the Care of Children's Health
Child Life Council
New York Metropolitan Child Life Directors Association

Honor and Awards

Fulbright Fellowship to the U.S.A., 1964
Citation of Merit, Mayor of New York's Volunteer Awards, 1976
Establishment of the Joan Chan Fellowship in Student Training
by the Children's Medical Fund of New York, 1988

Other Professional Activities

- 1990 Chairperson, Program Review Committee,
Child Life Council
- 1987 - 1990 Consultant and Member - New York Metropolitan
Child Life Directors
- 1987 - 1989 Member-at-Large, Executive Board, Child Life
Council
- 1986 - 1987 Chairperson, Education Committee, Child Life
Council
Responsible for organizing the Child Life Council
Annual Meeting on Professional Issues, 1987
- 1984 - 1986 Committee Member, Child Life Council Program
Review Committee

1984 - 1988 Member of the Professional Advisory Board
Maternal/Child Health Visiting Nurses Services, NY

Publications

Leff, P., Chan, J. & Walizer, E., Challenges for Young Health Care Professionals: Self Understanding and Reaching out to Sick Children and their Families. Children's Health Care In press, 1990.

Leff, P., Chan, J. & Walizer, E., Talking to Parents: Enhancing Parent-Professional Relationships. Children's Hospital Quarterly, 1, 2, 1-4, 1989.

Chan, J., The Child Life Program at Schneider Children's Hospital, Children's Hospital Quarterly, 1, 79-81, 1989.

Chan, J. & Leff, P., Play and the Abused Child: Implications for Acute Pediatric Care, Children's Health Care Journal of the Association for the Care of Children's Health, 16, 3, 169-176, 1988.

Chan, J., Quinn, R., Rhoney, P., Student Manual for the Child Life Program, Schneider Children's Hospital of Long Island Jewish Medical Center, 1988.

Chan, J., Volunteer Manual for the Child Life Program, Long Island Jewish Medical Center, 1988.

Chan, J., Your Stay at the Children's Hospital. Schneider Children's Hospital of Long Island Jewish Medical Center, 1987.

Clarke, E., Chan, J., Longman, C., Wojtasik, S., Program Review Guidelines, Child Life Council, 1987.

Chan, J., Environmental Considerations in Promoting Adjustment of Children to the Health Care Setting. Interface (publication of the National Headquarters of the Australian Association for the Welfare of Children in Hospitals), 10 (1), 12-18, 1986.

Chan, J., Educating Interns in a Child Life Program. Journal of Experiential Education, 6, 2, 20-26, 1983.

Chan, J., Leff, P., Parenting the Chronically Ill Child in Hospital, Children's Health Care Journal of the Association for the Care of Children's Health, 11, 9-16, 1982.

Chan, J., Cincotta, N., Training Students to Work with Terminally Ill Children in a Child Life Program, The House Staff and Thanatology, De Bellis, R., et al., Arno Press, New York, 1981.

Chan, J. Preparation for Procedures and Surgery through Play, Pediatrician, 9, 3-4, 210-219, 1980.

Chan, J., Baranowitz, A., Guidelines for Assessing the Emotional Needs of Children Hospitalized for Cardiac Surgery, Psychosocial Aspects of Cardiovascular Disease, ed. Reiffel J., et al. New York Columbia University Press, 1980.

Leff, P., Chan, J., Reflections of a Medical Student in a Child Life Program, Journal of the Association for the Care of Children in Hospitals, 5, 20, 1977.

Chan, J., Preparation for Hospitalization, Procedures and Surgery through Play, The Australian Nurses Journal, 5 (4), 41, 1976.

Representative Presentations (detailed list available upon request)

- 1990 Association for the Care of Children's Health
Annual Meeting, Washington D.C.
Panel presentation: Talking with Parents
- 1989 Children at Risk, Lausanne, Switzerland

Challenges in Administering Child Life Programs
Student Training: Issues in Design and Administration
Annual Child Life Council Meeting on Professional Issues
Anaheim, California
- 1988 Meeting the Developmental Need of Children in the
Health Care Setting
Children's Hospital, Nanjing, China
- 1987 Administrative Issues
Developing a Policy and Procedures Manual
Child Life Council Meeting on Professional Issues
Halifax, Nova Scotia, Canada
- 1986 Family Oriented Care for the Hospitalized Child
Grand Rounds, Department of Pediatrics
SUNY at Stonybrook, New York

The Role of Child Life in a Teaching Hospital
Grand Rounds, Department of Pediatrics
Prince of Wales Hospital, Sydney, Australia
- 1985 Program Review Guidelines: Field Experiences
from a Pilot Study
Child Life Council Annual Meeting
Boston, Massachusetts
- 1984 Family Oriented Care for the Chronically Ill Child
in Hospital
NOBAB Symposium & Nordic Association for the Care of
Sick Children in Hospitals
Stockholm, Sweden

- Therapeutic Interventions for the Dying Child and Family
International Congress of Pediatrics
Washington D.C.
- 1983 Child Life Programming: A Family Centered Approach
to Pediatrics
Syracuse Medical Alumni Association and Office of
Graduate and Continuing Medical Education
Syracuse, New York
- Effects of Hospitalization on Children and their
families: A Review of Research Studies and Field Study
in a Child Life Program
School of Human Ecology and Family Studies
Cornell University, Ithaca, New York
- 1982 Parent Programs in a Hospital Setting
Teachers College
Columbia University, New York
- Infant Stimulation and Parent Bonding
The Railway Medical College, Department of Pediatrics
Nanjing, China
- Preparing Children for Medical Events and
Hospitalization
New York City Head Start Program
- 1981 Educating Medical and Nursing Students to meet the
Developmental and Emotional Needs of Chronically Ill
Children in an Acute Hospital Setting
Department of Pediatrics & Committee for Post Graduate
Education
University of Turku, Finland
- 1980 Therapeutic Play for Chronically Ill Children
XVI International Congress of Pediatrics
Barcelona, Spain
- 1978 Early Stimulation and Therapy through Play
1st International Symposium of the International
College of Pediatrics
Helsinki, Finland
- 1977 Communicating through Play
College of Nursing,
SUNY, Downstate Medical Center
Brooklyn, New York

- 1976 The Child Life Program: An Advancement in
 Pediatrics
 Association for the Welfare of Children in Hospitals
 Sydney, Australia
- Child Abuse: A Family Problem
 SUNY, Downstate Medical Center
 Brooklyn, New York
- 1975 Grief and Loss
 SUNY, Downstate Medical Center
 Brooklyn, New York
- 1974 Nature of Play, Equipment and Materials
 for the Hospitalized Child
 SUNY Downstate Medical Center,
 Brooklyn, New York
- Helping Children to Cope with Hospitalization
 Brooklyn College, City University of NY
 Brooklyn, New York