



## **Clinical Internship Accreditation Standards**

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The Internship Excellence Task Force will work to re imagine, revise, and implement a sustainable process to support and recognize high-quality clinical training programs and supervision.

Currently accredited programs will have the ability to maintain their internship accreditation through the end of their five-year cycle if they submit their annual maintenance forms and fees and adhere to the internship accreditation standards. Internship programs also have the option to not move forward with their accreditation maintenance.

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Internship Accreditation Oversight Committee

# Clinical Internship Accreditation

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The Association of Child Life Professionals defines the accreditation of clinical internships in child life as an assurance that a program meets the minimum standards and requirements set forth in the Standards for Academic and Clinical Preparation Programs in Child Life as found in the most current *Official Documents of the Child Life Council* as well as the Essential Curriculum Topics for Child Life Clinical Internships. Accreditation is a voluntary two-step process of self-study and external review intended to evaluate, enhance, and publicly recognize quality child life clinical internship programs. This process is intended to evaluate the extent to which a program meets the competencies defined by the essential internship curriculum topics and the practice analysis, and to promote the interests of students through continuous quality improvement of learning and professional practice.

**Clinical Internship:** An experience for interns in the field of child life that leads to demonstrated competence in all domains. This experience should include training and education in a manner that results in entry-level professional competence of the intern. An internship experience can be offered at one site or as a consortium.

**Clinical Internship Coordinator:** Individual person who assumes responsibility for developing and implementing the clinical internship.

- Maintains professional child life certification throughout the clinical internship
- Has a minimum of 8,000 hours paid child life clinical experience as a Certified Child Life Specialist (CCLS) prior to taking on the supervisory role
- Has provided successful clinical rotation supervision of at least 3 child life interns, supervising each intern for a minimum of 240 hours
- Is responsible for the educational development and guidance of the intern in the clinical setting, including:
  - Validates the clinical rotation supervisor receives training on supervision skills prior to supervising their first intern, using ACLP resources and Intern Supervisor's Manual for Child Life Clinical Internship Programs as guides
  - Demonstrating, modeling & teaching professional behaviors and skills
  - Defining action steps to achieve competence relative to Association of Child Life Professionals' (ACLP) Standards of Clinical Practice and Competencies (see Official Documents of the ACLP)
  - Setting learning goals/objectives
  - Creating and maintaining an effective learning environment
  - Providing opportunities for exploring ethical issues as well as diversity, equity, and inclusion
  - Providing feedback regarding professional boundaries
  - Facilitating the individual's application of theory to practice
  - Orienting the individual to the placement site and policies
  - Monitoring performance by observing the individual's progress and providing opportunities for discussion, feedback, and growth

- Works with the clinical rotation supervisors throughout the internship to educate, evaluate, mentor and coach interns who wish to pursue a career in child life
- Ensures that the internship curriculum is consistent with the ACLP Child Life Clinical Internship Curriculum, ensuring the utilization of the Child Life Clinical Internship Curriculum Modules
- Ensures educational opportunities for interns are available to help them gain knowledge and experience in relation to the child life competencies
- Serves as a liaison between the child life department and academic institutions
- Ensures a systematic evaluation process, including criteria for scoring evaluation
- Ensures a systemic process for dismissal
- Follows the ACLP clinical internship offer and acceptance recommended deadlines
- Provides oversight and guidance to clinical rotation supervisors
- Attests that all conditions and requirements set forth on both pages of the verification form have been met
- Has weekly meetings with the interns

**Clinical Rotation Supervisor:** Person who assumes responsibility of intern during his/her rotation and provides direct and formal supervision. Interns can be assigned up to 2 clinical rotation supervisors per rotation, where 1 of the 2 must serve as the primary supervisor. Each of the two supervisors must meet the criteria below.

- Maintains professional child life certification throughout the clinical internship
- Has at least 4,000 hours paid child life clinical experience prior to taking on the supervisory role
- Has participated in training on successful supervision skills and practices prior to supervising first intern
- Is responsible for the educational development and guidance of the intern in the clinical setting to include:
  - Demonstrating, modeling & teaching professional behaviors and skills
  - Defining action steps to achieve competence relative to ACLP's Standards of Clinical Practice and Competencies (see Official Documents of the Child Life Council)
  - Setting learning goals/objectives
  - Creating and maintaining an effective learning environment
  - Providing opportunities for exploring ethical issues
  - Providing feedback regarding professional boundaries
  - Facilitating the individual's application of theory to practice
  - Orienting the individual to the placement site and policies
  - Monitoring performance by observing the individual's progress and providing opportunities for discussion, feedback, and growth

It is important for clinical rotation supervisors to:

- Schedule private, weekly, formal, uninterrupted supervision meetings with the intern
- Have no dual relationships with the intern (family member, spouse, friend, etc.)
- Arrange for alternate supervision of the intern by another CCLS in his/her absence

- Monitor the fulfillment of required hours
- Directly observe the intern in order to monitor and evaluate performance
- Model for and then observe the intern demonstrating a minimum, entry-level professional competence
- Have regular and consistent contact with the intern
  - Only scheduled hours will be counted towards the intern’s 600 hour minimum
  - At least 80% of the intern’s scheduled hours per rotation must be spent under the direct guidance of the primary or secondary rotation supervisor
  - Please see the chart below for examples of classifying occurrences taking place during scheduled clinical hours

<b>Occurrences with Supervisor*</b> <i>Taking place during ≥ 80% of intern’s scheduled hours</i>	<b>Occurrences without Supervisor*</b> <i>Taking place during ≤ 20% of intern’s scheduled hours</i>
Observing patient care with supervisor	Attending weekly meetings with internship coordinator
Providing patient care with supervisor present	Any occurrence (i.e.: shadowing, assignments) when supervisor is unavailable
Independently providing patient care with supervisor oversight	Attending an in-service without supervisor
Attending an in-service or weekly meeting with supervisor	Working on other occurrences (i.e.: reading articles, writing journal entries, other learning events)
Working on patient care occurrences (i.e.: documentation, pre-visit phone calls, unit rounds, chart review)	

\*Supervisor refers to either the intern’s current primary or secondary clinical rotation supervisor.

**Accreditation:** The process whereby the ACLP Internship Accreditation Oversight Committee (IAOC) grants public recognition to a clinical internship (independent and/or consortium) that meets the established eligibility expectations. The accreditation process provides professional judgment as to the quality of the clinical internship and encourages continued improvement; thereby protecting patients and families by ensuring competent child life professionals.

**Child Life Clinical Internship Program Consortium:** Two or more independent institutions or organizations that combine to provide a clinical internship. The consortium must consider itself one clinical internship. A formal agreement must exist between the two or more organizations that jointly sponsor this experience. One individual must serve as the consortium clinical internship coordinator and have primary responsibility for the program and communications with the ACLP staff and/or IAOC. Each member organization in the consortium site must designate a clinical rotation supervisor for the program within that organization who is employed by the organization and meets all ACLP clinical supervision criteria.

**Competency:** Set of specific knowledge, ability, capability, skills, judgment, attitudes and values that every entry-level professional child life specialist is expected to know and perform for employment in child life.

**Curriculum:** Established learning experiences presenting the knowledge, principles, values and competencies that are intended outcomes of the clinical internship.

**Eligibility Expectations:** Specific fundamentals for clinical child life internship experiences seeking accreditation from the ACLP.

**Entry-Level Professional:** Term used to specify performance expected of the child life professional at the beginning of his/her professional career. Entry-level child life specialists are expected to have demonstrated competence in the domains defined by the ACLP, inclusive of self-reflection, critical thinking skills, and the ability to apply theory to practice.

**Exposure:** Experiences in which the child life intern has the opportunity to learn, gain knowledge of, observe or partner in relation to specific competencies, however may not yet have the opportunity to practice independently.

**Meaningful Feedback:** Response provided to applicants, whether granted accreditation or not, that is intended to promote continuous quality improvement of the internship experience.

**Narrative:** Written explanations and interpretations provided to offer clarity and descriptors to verify the clinical internship's eligibility for accreditation; inclusive of specific examples that address the expectation. Supporting documents will demonstrate the information provided in the narrative.

**Opportunity:** Planned learning experiences in which knowledge, understanding and theory are applied to real-life situations; may be augmented by role-playing, simulation, case studies, and/or other experiences in which interns actually perform tasks which contribute to acquisition of the competencies.

**Recognition:** Public acknowledgements via the ACLP, whereas accredited clinical internships are denoted.

**Reviewer:** Individuals who applied and were selected to objectively review clinical internships for eligibility of accreditation.

- a. Chief Reviewer: Member of the IAOC who will review Sub-section A.
- b. Content Reviewer: Two blind reviewers assigned to Sub-sections B and C.

**Rotation:** Defined block of time, equivalent to or greater than 6 weeks or 240 hours, with one consistent clinical rotation supervisor. Rotation must consist of focused, supervised learning experiences planned to develop competence.

**Supporting Documents:** Files, sample assignments, policies, in-service outlines or other documents used by the clinical internship that demonstrate how the clinical internship meets the eligibility expectations for accreditation and supports the narrative descriptions.

## Sub-Section A

Clinical Supervision: **ALL expectations are MANDATORY for accreditation**

### ACCREDITATION ELIGIBILITY EXPECTATIONS

#### 1. CLINICAL INTERNSHIP COORDINATOR

Clinical internship coordinator:

- a. Maintains professional certification
- b. Has at least 8000 hours of paid experience as a CCLS, prior to coordinating an internship experience. Has provided successful clinical rotation supervision of at least 3 child life interns, supervising each intern for a minimum of 240 hours
- c. Ensures a systematic evaluation process, including criteria for scoring evaluation
- d. Has weekly meetings with the intern
- e. Ensures a systematic process for dismissal
- f. Follows the ACLP clinical internship offer and acceptance recommended deadlines
- g. Ensures that the internship curriculum is consistent with the ACLP Child Life Clinical Internship Curriculum, ensuring the utilization of the Child Life Clinical Internship Curriculum Modules
- h. Validates the clinical rotation supervisor receives training on supervision skills prior to supervising their first intern, using ACLP resources and Intern Supervisor's Manual for Child Life Clinical Internship Programs as guides
- i. Provides oversight and guidance to clinical rotation supervisors

#### 2. CLINICAL ROTATION SUPERVISOR

**Interns can be assigned up to 2 clinical rotation supervisors per rotation, where 1 of the 2 must serve as the primary supervisor.**

Clinical rotation supervisor:

- a. Maintains professional certification
- b. Has at least 4000 hours of paid experience as a CCLS, prior to supervising interns
- c. Has participated in training on successful supervision skills and practices prior to supervising first intern
- d. Assumes responsibility for educational development and guidance of interns
- e. Supervises a maximum of one intern at a time.
- f. Has weekly meetings with the intern
- g. Has regular and consistent contact with the intern; both supervisor(s) and intern working at least 80% of the same scheduled hours

## Sub-Section B

Internship Requirements and Structure: **ALL expectations are MANDATORY for accreditation**

ACCREDITATION ELIGIBILITY EXPECTATIONS
<b>1. APPLICATION AND SELECTION PROCESS REQUIREMENTS</b>
<p>Clinical internship will ensure a fair, equitable and unbiased application and selection process as evidenced by meeting the following requirements:</p> <ul style="list-style-type: none"><li>a. Use the Internship Readiness Common Application, without additional components</li><li>b. Use one or more of the following to assess student's academic preparation: Option 1: Eligibility Assessment, Option 2: Unofficial Transcripts, Option 3: Status of Child Life Certification Commission Required Coursework</li><li>c. Use an online application portal or email option for application and documentation submissions</li><li>d. Does not require or accept an application fee</li><li>e. Does not require or accept headshot photos of applicants</li><li>f. Use major GPA if a minimum is required versus overall GPA or eliminate use of a minimum GPA altogether</li><li>g. Accept only un-official transcripts during the application process. Programs can request official transcripts from candidates who receive an offer with that program</li><li>h. Only offer virtual interviews/phone interviews to all selected candidates regardless of geographic location, financial ability, etc.</li></ul> <p>If any of these requirements is an organizational requirement for your program, please submit documentation from your organization.</p> <p>In addition to the narrative, please submit evidence/documentation from your website and public facing brochures to demonstrate how these requirements are communicated to applicants.</p>
<b>2. INTERNSHIP STRUCTURE</b>
<p>Clinical internship offers:</p> <ul style="list-style-type: none"><li>a. A combined 600 hours of clinical experience</li><li>b. Of the 600 hours, a minimum of 2 rotations that are at least 6 weeks (240 hours) in length with no more than 2 clinical rotation supervisors per rotation, with one serving as the primary supervisor; the remaining 3 weeks (120 hours) can be completed in whatever way the clinical internship deems appropriate.</li></ul>

## Sub-Section C

### Clinical Competencies

#### Domain 1: Professional Responsibility

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**1. PROFESSIONAL DEVELOPMENT**

Provides interns with opportunities to:

- a. Orient to hospital and departmental regulations, policies and procedures, e.g. patient rights and responsibilities, HIPAA regulations, diversity training
- b. Be exposed to ACLP Code of Ethical Responsibilities, professional boundaries, Evidence Based Practice (EBP) statements, history of profession and official documents
- c. Set goals and track progress in collaboration with the clinical rotation supervisor through regular feedback and evaluation.
- d. Be exposed to medical terminology
- e. Be educated on ACLP involvement, e.g. the student and professional forums, volunteer opportunities
- f. Develop self-reflection skills
- g. Practice professional interviewing skills

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**2. PROFESSIONAL RELATIONSHIPS**

Provides interns with opportunities to:

- a. Foster patient and family centered care
- b. Enhance communication and collaboration to maximize positive outcomes
- c. Expand knowledge of multidisciplinary team and/or community resources to learn role delineation
- d. Demonstrate awareness and understanding of professional boundaries

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**3. DOCUMENTATION**

Provides interns with opportunities to:

- a. Become familiar with various documentation guidelines and formats, e.g. APIE, SOAP
- b. Complete documentation independently in the medical record

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**4. EDUCATION**

Provides interns with opportunities to:

- a. Educate multidisciplinary staff
- b. Participate in community education related to pediatric health care issues, e.g. community outreach, teddy bear clinics, school re-entry
- c. Develop communication skills when working with community and special visiting groups
- d. Develop presentation and public speaking skills, e.g. within child life department, to community groups, medical staff

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**5. ADMINISTRATIVE RESPONSIBILITIES**



Provides interns with opportunities to:

- a. Track internship hours
- b. Demonstrate ability to meet assignment deadlines
- c. Accept and acknowledge donations
- d. Balance clinical and administrative responsibilities
- e. Observe the child life role in various environments, e.g. site visits, shadowing of other child life staff

## ACCREDITATION ELIGIBILITY EXPECTATIONS

### 6. VOLUNTEERS

Provides interns with opportunities to:

- a. Be exposed to and participate in the volunteer management process, e.g. selecting, orienting, placement and dismissal
- b. Provide guidance and feedback with volunteers
- c. Provide recognition with volunteers

## Clinical Competencies Domain 2: Assessment

## ACCREDITATION ELIGIBILITY EXPECTATIONS

### 1. STRESS POTENTIAL

Provides interns with opportunities to:

- a. Elicit relevant information from the child and family, e.g. play, rapport building
- b. Elicit relevant information from the medical record and the multidisciplinary team
- c. Interpret health care data, e.g. illness-specific considerations, anticipated outcomes
- d. Assess the relevance of observed and learned data
- e. Prioritize child life services based on patient needs

## ACCREDITATION ELIGIBILITY EXPECTATIONS

### 2. DEVELOPMENTAL VARIABLES

Provides interns with opportunities to:

- a. Perform informal developmental assessments
- b. Anticipate potential reactions based on theoretical framework
- c. Identify when a child is at developmental risk

## ACCREDITATION ELIGIBILITY EXPECTATIONS

### 3. PSYCHOSOCIAL VARIABLES

Provides interns with opportunities to:

- a. Interpret psychosocial factors, e.g., temperament, anxiety level
- b. Interpret individual family needs, strengths and goals

- c. Interpret family norms, practices and preferences, e.g., cultural, spiritual
- d. Interpret child and family coping style and strategies

**Clinical Competencies**  
**Domain 3: Clinical Interventions**

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**1. PLAY**

- Provides interns with opportunities to:
- a. Facilitate play in an effort to encourage expression, build rapport, process information, and promote development and normalization of the healthcare environment
  - b. Demonstrate ability to translate developmental theories of play into practice
  - c. Foster skills in providing different types of play; inclusive of normative, developmental, medical, adaptive and therapeutic play
  - d. Choose and utilize appropriate play materials and techniques
  - e. Demonstrate skill in incorporating play, e.g., issue specific, developmental, expressive, as a part of the child life plan of care

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**2. SUPPORT**

- Provides interns with opportunities to:
- a. Offer psychosocially and developmentally appropriate support that is responsive to specific needs of children and families
  - b. Demonstrate the ability to translate lifespan development and family system theory into practice
  - c. Assist with transitions in care, e.g. levels of care, school re-entry, between care settings, foster care, adult care and/or home
  - d. Facilitate coping strategies and educate children and families about coping responses, models and styles
  - e. Choose and utilize appropriate distraction and support tools, materials and techniques

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**3. INTEGRATED AND/OR EXPRESSIVE THERAPIES**

- Provides interns with opportunities to:
- a. Plan, facilitate and evaluate therapeutic interventions
  - b. Identify integrative therapy needs, e.g. guided imagery, massage, yoga, pet therapy
  - c. Learn about the expressive and/or creative arts therapies, e.g. music, art, dance

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**4. TECHNOLOGY**

Provides interns with opportunities to utilize and incorporate current technology to:

- a. Create a therapeutic plan of care
- b. Facilitate communication
- c. Support specific developmental needs of patients
- d. Enhance child life programming, e.g., live video production, special visitors

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**5. PALLIATIVE AND END OF LIFE CARE**

Provides interns with opportunities to:

- a. Utilize assessment of patient and family to create meaningful interventions during the palliative care and bereavement experience
- b. Explore concepts of death and dying and be exposed to or provide grief and loss support for children and families
- c. Be exposed to or facilitate legacy building and meaningful, memory making
- d. Demonstrate understanding of the cultural impact during significant illness and the bereavement experience
- e. Explore personal responses to death through self-reflections

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**6. COPING STRATEGIES**

Provides interns with opportunities to:

- a. Translate assessment of patient pain and implement non-pharmacological pain management interventions
- b. Translate assessment of patient response to hospitalization and/or illness, e.g., anxiety, fear, sadness, separation
- c. Advocate for the patient’s individual coping needs, e.g., positioning and environment
- d. Observe, demonstrate and independently facilitate procedural support
- e. Design therapeutic interventions that support the interdisciplinary plan of care

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**7. ENVIRONMENT**

Provides interns with opportunities to:

- a. Assess and adapt healthcare environment to provide developmentally supportive care
- b. Create and maintain therapeutic and safe environments for individuals and groups
- c. Create accessibility to play opportunities within the healthcare environments, e.g., play spaces in isolation, waiting spaces etc.

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**8. SOCIAL INTERACTIONS**

Provides interns with opportunities to:

- a. Plan, implement and facilitate group programs; inclusive of special events and group activities

- b. Connect patients in an effort to facilitate coping
- c. Connect patients and families with community resources, e.g., Starlight, Caring Bridge, camps, Make a Wish

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**9. ADVOCACY**

Provides interns with opportunities to:

- a. Empower families in the care of their child
- b. Collaborate with patients and families to develop and use advocacy skills
- c. Be exposed to or advocate for disclosure of information while respecting the family's wishes
- d. Support child and family rights and responsibilities
- e. Practice advocacy skills in multidisciplinary interactions, e.g. family meetings, care conferences, psychosocial rounds, medical team, etc.

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**10. PATIENT AND FAMILY EDUCATION AND PREPARATION**

Provides interns with opportunities to:

- a. Use developmentally appropriate language
- b. Choose and utilize developmentally appropriate tools and techniques
- c. Demonstrate appropriate response to individual patient and family preferences
- d. Validate patient and family understanding
- e. Become familiar with educational resources for families

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**11. THERAPEUTIC RELATIONSHIPS**

Provides interns with opportunities to:

- a. Adapt introduction of child life services and role based on varying circumstances
- b. Build and maintain therapeutic relationships that are clear, boundaried, and responsive
- c. Develop self-reflection skills and awareness in the therapeutic relationship process

**ACCREDITATION ELIGIBILITY EXPECTATIONS**

**12. PATIENT AND FAMILY CENTERED CARE**

Provides interns with opportunities to:

- a. Apply understanding of child, family, and health care variables in development of child life plan of care
- b. Adapt goals and interventions based on ongoing assessment
- c. Incorporate siblings and family members in interventions
- d. Empower families in the care of their child