Educating Interns in a Child Life Program:

The Agency Supervisor's Perspective

by Joan M. Chan

When I first met Marie, she was awaiting her fourth cadaveric kidney transplant. Who was this ghostlike, yet fiery elfin child who hobbled along dragging a cumbersome, plastic right leg that never seemed to belong to her? A little girl just 7 years old. What brief passage in my textbooks had ravaged her childhood? Marie bore a mindless, indifferent fluke of nature: cystinosis, a rare, fatal, genetic disease. Marie was two years old when discovery of cystine crystals deposited throughout her body confirmed the diagnosis of Fanconi syndrome.

When Marie was 5 years old, she received her first kidney transplant. Rejection and transplant nephrectomy ensued. Within the next 2 years, surgeons would perform two additional kidney transplants: both kidneys were rejected. During this period, complications of angiography led to Marie's right, below-the-knee amputation.

The dry, unyielding, haunting facts of Marie's chronic deterioration speak for themselves. She experienced numerous hospitalizations and separations from her family. Massive nose bleeds, precipitated by Marie's incessant nose picking, terrified her mother and led to seven emergency hospitalizations and transfusions. Each Monday and Thursday, for a minimum of 4 to 5 hours, Marie underwent hemodialysis. My job as a Child Life intern was to help Marie negotiate the maze of pain, helplessness, terror, anger, and annihilation itself, locked within her experience.

Excerpt from log of
Patricia Taner Leff

Joan M. Chan is Director of the Child Life Program and Clinical Assistant Professor in the Department of Pediatrics Downstate Medical Center, Brooklyn, N.Y.

Working with hospitalized children in the Child Life Program at State University Hospital, Downstate Medical Center, Brooklyn, New York, is a unique field placement for student interns. Since the Program's inception in 1973, our two main goals have been:

1. to be a model therapeutic play program for pediatric patients,
2. to provide supervised field work experiences for student interns in a health setting.

Students knowledgeable in child development theories with previous experience in working with healthy children, and interested in examining a potential career in the health field seem attracted to the setting. They are young adults striving to obtain maturity and adulthood. Many are uncertain of the profession they wish to enter, but are anxious to gain knowledge of various types of vocations. Child Life, a relatively new profession, offers a good introduction to the health care setting.

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State University Hospital is a tertiary care facility situated in a high risk urban area. Our internships are designed to help college students understand the implications of hospitalization for children (and their families) from infancy through 18 years of age. We expect interns to adopt a holistic approach to help ease the psychological and developmental stresses of our patients. They supplement the professionals in fostering growth and development of patients through play activities. As an agency supervisor, my responsibility is to help the interns make significant contributions to the Child Life Program, gain a thorough understanding of the special needs of hospitalized children and their families, and achieve personal growth. I accomplish this by continued and careful sharing of knowledge regarding patient care and professional issues, and by providing ongoing support.

All pediatric patients suffer pain, discomfort, emotional distress when they are hospitalized. However, not all children can express their feelings or relate in the same manner as when they are well and intact. Patients often enter an unfamiliar institution with strange sights and smells, staffed by unknown people who often inflict pain. There are those suffering from chronic, often life-threatening conditions who are frequently re-admitted for lengthy or repeated stays. As hospitalized children bring their damaged organs and illnesses to us for healing, they also bring themselves: a growing, developing infant, toddler, preschooler, little boy or girl, a young adolescent. They bring their own fantasies, feelings, and fears concerning their ill-

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nesses, others' abandonment of them, mutilation, and death. In addition they bring the wishes and fears of their families reacting to the profound stress of their child's illness.

For example, in our hospital, we have children with tracheostomies, with congenital heart disease requiring open heart surgery, with end-stage renal disease requiring hemodialysis treatment or transplantation, or with various forms of cancer. Our patients, families, staff (including interns) are faced with the prospect of death for a more extended period than in the past. Along with prolongation of life, we have thus become increasingly concerned with the quality of life, the impact of severe illnesses on children, the impact of multiple separations from the family.

Play (including manipulation of materials, art, creative writing, medical doctor play) is the primary tool in the Child Life Program, because it has an important role in learning, coping with stress, and in gaining some aspect of control and mastery. Play is natural for children. In the hospital, it brings normalcy to an otherwise confusing environment. To develop a therapeutic milieu, we have designed a playroom to provide the space, materials and personnel to give support to children and their families. The patients often express their feelings about their illness, and/or handicap and hospitalization in this safe, child-oriented environment, where no painful treatments or procedures ever take place. There is a free choice of materials, and play activities are conducted by professionals supplemented by interns.

Objectives in Educating Our Student Interns

We have developed several objectives in educating interns in order to help our sick and handicapped children, both humanely and scientifically.

In the hospital setting, opportunities are afforded to help interns:

1. Deepen their understanding of the meaning of human development (i.e. physical, neurological, mental, personal and social).
2. Recognize the special and individual needs and reactions of hospitalized children and their families during a crisis period.
3. Develop appropriate techniques to encourage therapeutic play with sick and handicapped children.
4. Develop an ability to communicate with hospitalized patients, their parents and other members of the health team.
5. Develop the ability to be reflective, non-interfering, empathetic, growth-promoting therapeutic agents with sick children and their families.
6. Understand the diverse needs and background of other members of the intern group, thus working cooperatively with them.
7. Observe how illness and hospitalization interrupt the growth and development of children.

Selection Process

Prior to acceptance in the Child Life Program we ask that each intern be interviewed by their campus internship program co-ordinator and read our Student Volunteer Manual, which contains information about the goals of the program, description of patients and wards, requirements, guidelines for observing, recording, etc. Then, if they are still interested, and deemed appropriate to the Child Life internship, they may be referred to me, as agency supervisor, for an interview.

In order to provide a meaningful educational experience for our interns, and in view of the lengthy time (a minimum of 4 eight hour days a week for a semester) a careful selection of the intern must be made. A very strong commitment to the Program's goals is elicited in the initial interview prior to acceptance. The student is also asked to spend some time observing patients, their families, and other staff and interns in a playroom session prior to making a decision. In addition to the educational requirements, interns must exhibit a degree of enjoyment of children, and sensitivity to their needs through warmth, understanding, flexibility and creativity. They must also demonstrate

satisfactory relationships with adults and emotional stability. As an agency supervisor, my priorities are both to provide quality patient care as well as positive educational experiences for our interns.

Role of the Intern

The goal of the intern is to contribute to the optimal well-being of our pediatric patients. By focusing on the child rather than the child's illness, interns establish and maintain interpersonal relationships through observation, play, and conversation, thereby helping sick children and adolescents to understand what has been done to them in medical and nursing care. To do this effectively the student needs to be knowledgeable and understand the significance of the child's medical diagnosis, the age of onset, course and severity of the illness. As supervisor, I discuss these issues with the interns during the pre-conferences held before each play session. In addition, each intern is expected to elicit further information about the child's medical and psycho-social situation, and to assess needs and develop treatment goals by speaking with other health professionals, the patients themselves, and family members.

Effective communication skills can only be carried out if the intern has a good understanding of the psychological reactions as well as the physiological status of the child. A trusting relationship is established through satisfying and constructive verbal and non-verbal interchange. This is often a difficult task, however. Interns must learn to recognize such behaviors as egocentricity, constricted interests, heightened anxiety, emotional dependence, and insecurity as normal reactions of hospitalized children and their families.

In their advocacy role, interns are expected to support sick and/or handicapped children's rights. Patients need to be informed in developmentally appropriate ways about the nature of their illness and treatment to help them cope and function. Interns accomplish this by providing play or activities for patients to express feelings about their illness, family relationships and attitudes toward staff. Interns' reports of these activties enable the professional staff to be better informed and to help patients cooperate more appropriately with their treatment.

The type of assignment made to each intern depends on past educational experiences, personal level of maturity and needs of the Child Life Program. Generally, the role of the student is limited to direct involvement with individual or small groups of children in the Playroom. After some experience, when the interns have assimilated the goals and philosophy of the program, and have developed skills and techniques in therapeutic play, they are assigned to individual bedside activities with terminally ill children. Interns are given a choice in these assignment.

As a student progresses in the internship, she is expected to assume responsibility for the maintenance and supervision of the playroom, materials and equipment. They are also expected to contribute a special project to the program in the form of creating preparation materials for procedures and surgery, creating puppet shows, or developing patient educational materials. The project is tailored to the intern's special interests and talents.

To prevent interruption of normal development which often takes place during hospitalization, on-going assessments of the needs of patients and their families as well as re-evaluation of relationships are carried out and recorded by the interns. In their attempts to help the family be a partner in the health care team, interns observe and discuss with other health professionals various techniques in handling crisis situations. Because of their continued presence on the wards, they are able to observe how parents and children are given information, treatment alternatives, and possible outcomes.

Supervision

The support networks we provide in Child Life are individual and group supervision. This support is necessary because of the stress created by working with children who have complex, chronic illnesses (and their families). In the Child Life Program supervision is given through group conferences 30 minutes prior and 30 minutes after each play session. In the pre-

conferences, interns' assignments are made and background medical, psychosocial information is provided for every child expected to attend the playroom or those to be given bedside activities. The specific handicap (with any special limitations) of each child is discussed, along with the plan of treatment for the day, and suggestions for suitable and favorite play materials. Every attempt is made to assign the same intern to the same child during the child's entire hospital stay. In order to maintain consistency and continuity of treatment, interns write up their activities after every session for review by the supervisor.

The post conference is held after every session. The supervisor generally makes an opening remark to elicit a general reaction to the play session. Interns are also asked to make pertinent observations of their child's behavior through play, interactions between parents and child, communication between other personnel (administering treatments) to the child, and to describe their reaction to the situation. The supervisor gives recommendations for play materials and alternate ways of handling the child during the play session. At this time interns may also question or seek ideas as to what sort of guidance to give parents as they consider effects of medical treatments and decisions and reflect on their reactions.

It is not unusual for interns to feel uneasy and guilty about revealing to the entire group observations and information they have obtained. The supervisor tries to help them accept the need for developing skills in the critical evaluation of the medical, emotional, developmental and social data they observe. Every attempt is made to help the interns see that discussion and objective evaluation of their experiences are part of the learning process, and need not imply punitive or unfavorable criticism of the child, family, or the intern.

Individual supervision is offered to interns through a one hour weekly session. Prior to these meetings interns are required to hand in their written logs containing their feelings and reactions to the hospital setting, patient assignments, relationships with supervisors and/or peers. It is during these conferences that the interns' emotional reactions to the internship and professional aspirations are explored. Priorities are also clarified so that interns may be helped to function more effectively.

I am pleased with myself as I notice myself being firmer with my handling of the children. If a child is in the wrong, like grabbing a toy away from another, I've learned to immediately intervene and say "We do not grab it out of another child's hand -- you will get your turn when --- is finished. In the playroom we share all the toys." I used to be aware of all these rules, but was always afraid to enforce them. One of my fears was that the children would not listen to me and they would dislike me. It's still a little hard for me to do this, but I am much farther along from where I started out. Also, I gather that I used to be more afraid of children than I am now. Both being too overpowering or weak in front of children was of major concern to me. I find when you are sure of yourself and your actions the child will pick it up immediately -- if you are insecure the child will also pick it up and make life miserable. The child needs someone solid and sure in order for him to feel safe and comfortable. Is it a wonder that neurotic parents breed neurotic children? The children respond better toward a person who is comfortable and sure of what they are doing and saying. I find this is so in my case.

Understanding their own individual needs, weaknesses and strengths requires a great deal of self-examination on the part of the interns. Sorting out thoughts and feelings is a joint process for interns and

the supervisor. We try to encourage expression of feelings, so that interns may sharpen their awareness of how stress affects their patients, the families, and themselves.

When I first heard today that Eddie died, the words had little effect on me. Maybe I didn't really believe it. In the morning, I know I walked slower when I heard Eddie died, but I don't know what I thought. It started hurting when I saw the effect it had on other people. I didn't know how to talk about death. Or have any way of expressing my feelings, except crying to myself.

Excerpt from log of Donna Cohn, former intern

"I didn't know how to talk about death."

In addition, the socio-cultural background of our patients is often very different from that of the interns. This needs to be shared and related to patient adjustment problems.

Stacey said that her mother would not come to pick her up (on discharge from the hospital). This thought alone caused her to be a very insecure little girl. She now avoided talking about mother altogether; she had given up hope. The child knew her mother very well -- she was constantly feeling the pain of abandonment. Mother left Stacey in the hospital for fourteen days after she was supposed to be released. During that time she changed her phone number and left her job. It took the police to find her and issue her a warrant to pick up the child. Stacey was going home. She had to come back to the clinic every Friday morning. If she didn't go for treatment, the statistics said that she would be dead within a year. I knew as she left the hospital her case would be out of our hands. Mother called the hospital later in the week. She said that she was not bringing Stacey back but would look for a hospital closer to her home. Stacey went home in December. She received no treatment that I am aware of. This November she became a statistic. I question if treatment could have cured Stacey. I wonder if she could have led a normal life. I try to hold back my anger -- to hold back feelings of hate for a woman I don't even know. I try to understand. Sometimes I don't even want to try.

Excerpt from log of Nancy Cincotta, former intern

Evaluation

Evaluation of each student's progress is a continuous process interwoven with the functions described above. It begins with the supervisor's first meeting with the intern. Immediate impressions are obtained during the two playroom observations sessions. The manner in which the interns conduct themselves, how they respond to their assigned families, how they accept supervision and how they relate to other staff members and to other students are continually assessed. Gathering and sharing this information with the interns is important in helping them in the role of Child Life assistant.

At the completion of their clinical experience in the Child Life Program, interns are given a final evaluation of their performance and are requested to complete an evaluation of the program.

Relationship between Campus Coordinators and Agency Supervisors

Open, direct communication between campus internship coordinators and agency supervisors is critical to a successful internship program. The need for an on-site visit by the campus coordinator to the agency hosting interns prior to placement cannot be overemphasized. The coordinator and the agency supervisor should develop a close working relationship and set parallel goals and objectives for their respective activities with the student interns.

In addition, before sending a student to the agency for an interview the campus coordinator should provide the supervisor with information on the potential intern's academic record, and an assessment of the student's level of functioning, adaptability, maturity, and ability to function under stress. Without this information the agency supervisor will have difficulty determining whether her internship will be appropriate and ultimately successful for both the program and the intern.

Interns usually spend more time in their field placement than on campus, thus diminishing, if not eliminating sustained contact with faculty. (Hopefully contact on

some regular basis will be established and maintained with the intern by the campus coordinator.) As a result, the agency supervisor must also make a great investment and commitment to developing an intense and mutually satisfying relationship with the interns in order to help them make substantial contributions to the program and emerge with a positive sense of self.

I am currently a registered pediatric nurse. My decision to pursue a nursing profession came after four years of liberal arts and early childhood education courses at Brooklyn College. The turning point came when I joined the Child Life Program five years ago as an intern for part of my clinical experience required by Brooklyn College. The Child Life Program contained all the ingredients necessary to help formulate my personal and professional life. Some of the ingredients were as follows: working with different types of children on a long and short term basis; group discussion after each session with close supervision; ongoing supervision with Mrs. Chan to deal with the problems and crises that arise while working in the hospital setting; a feeling of contribution and growth in the program and in myself. Without my involvement in the program I seriously doubt I would be in the health profession today.

Excerpt from the log of
Linda Cohen Wollman, former intern

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