ACLP Bulletin

A PUBLICATION OF THE ASSOCIATION OF CHILD LIFE PROFESSIONALS

SPRING 2023 | VOL. 41 NO. 2

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Published quarterly in February (Winter issue), May (Spring Issue), August (Summer issue), and November (Fall issue). Submission deadlines for consideration for each issue are as follows: Winter - November 1, Spring - February 1, Summer - May 1, Fall - August 1. For more information on submitting articles, please see Submission Guidelines in the ACLP Bulletin section of the ACLP website.

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ASSOCIATION OF Child Life Professionals

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Front cover photo provided by Sherry Treichel,
Children's Hospital Health Sciences Centre, Winnipeg, MB

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CEO Shares

by Alison E. Heron, MBA, CAE

Welcome to Spring!

Spring is lovely, representing new beginnings, flourishing flowers, and milder temperatures. It's a season of renewal and we are excited to extend that growth and development as we host our second Emotional Safety Summit before the start of ACLP's Child Life Annual Conference in Grapevine, Texas, on June 13-14.

In 2019, the Association of Child Life Professionals (ACLP) held the first national Emotional Safety Summit, bringing healthcare professionals together to develop a four-pillar framework to serve as the foundation for this work. In 2023, ACLP will advance the conversation by hosting a second Summit to include leaders of healthcare organizations and associations with a vested interest in advancing the emotionally safe care of our pediatric patients. ACLP continues to focus on our 2022-2024 strategic priority area of Partnerships, Collaborations, and Connections goal to strengthen community and collaboration through engagement and leadership among the child life community, allied partners, and those we serve. Many invited non-child life organizations board and executive leadership plan to attend, including Beryl Institute, Society of Pediatric Nurses, Joint Commission, and American Academy of Pediatrics, to name a few led by our subject matter experts from the ACLP Patient and Family Experience Committee and facilitator Lowell Aplebaum, FASAE, CAE, CPT, CEO of Vista Cova.

We are also excited to have patient families attend to share their stories. Together, we can transform healthcare by making emotionally safe medical care the standard of practice in pediatrics.

The 2023 Child Life Conference is quickly approaching! While virtual events are convenient and accessible, nothing compares to in-person events' distinctive and incomparable experiences. They foster authentic human connections, promote collaboration, and offer meaningful engagement and personal development opportunities. The conference includes informative and relevant sessions on various topics, including gender-affirming care, state custody requirements for hospitalized children, DEI initiatives, and emotional well-being.

Our Keynote Speakers, Dr. Nabil El-Ghoroury, Ph.D., CAE, and Rebekah Taussig, will share valuable and impactful information on managing burnout in child life and rethinking what accessibility and inclusion look like and transforming the patient experience. We are excited to offer hospital tours again, and I'm equally happy to attend my first hospital tour. New this year is the ACLP Aspiring Professionals Resource Center, a half-day event on Saturday,

June 17, dedicated to aspiring professionals.

Thank you to our conference sponsors, Disney and United Therapeutics Oncology, as well as our exhibitors for supporting ACLP's vision to foster community and enable learning through in-person networking and education. We have already surpassed our registrations and exhibitor attendance from last year and strive for continuous improvement and innovation at ACLP's annual conference.

We need YOU! Our 2024 Call for Abstracts will be open from July 1-31, 2023. We will be accepting submissions for 2024 ACLP Webinars as well as 2024 Conference Sessions. Our 2024 conference is May 23-26 at the Marriott Riverwalk in San Antonio, Texas. We encourage you to seize this opportunity to present your cutting-edge research, innovative ideas, and valuable insights invite you to submit proposals for webinars, conference presentations, conference posters, and conference intensives on topics such as gender-affirming care, DEI, emotionally safe care, research and innovation in child life, gun violence prevention and safety, etc.

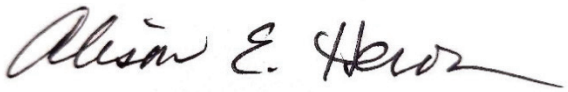
Gun violence is a public health crisis impacting children, families, and communities, and condolences are not enough. The child life community supports the children and families they serve as they navigate these crises in their schools and communities, and ACLP is here to help you. A new ACLP Gun Violence Prevention & Safety Advocacy Toolkit is available to offer recourse to make your voices heard. Resources include tips and best practices for contacting your elected officials, sample phone and email scripts to either support or oppose elected officials' stances on gun regulations, social media messages to share, and much more.

Every child deserves to feel safe in every aspect of their life.

Remember, hope is not passive; it is an active force that propels us forward. Hold onto it fiercely, nurture it, and allow it to guide your actions. You have the resilience, determination, and spirit to overcome any difficulty that comes your way.

Always keep sight of the fact that brighter days are on the horizon. Let us face the challenges with hope, strength in our spirits and the unwavering belief that we will emerge better together.

With heartfelt encouragement,



Alison E. Heron, MBA, CAE

President's Perspective

by Lindsay Heering, MS, CCLS

With our annual child life conference around the corner, we are excited to connect with our attendees, presenters, exhibitors, and sponsors in person. During the days leading up to the conference, the ACLP Board of Directors will meet in-person for the June 2023 Board meeting. Each group has submitted a Board report that communicates a summary of their progress since their Fall 2022 Board report and applicable action items for the Board (i.e., recommendations, requests for direction/clarity). We look forward to reviewing the reports and all the great work our committees, task forces, and work groups have done.

One agenda item for the June Board meeting is Academic Endorsement and Internship Accreditation. Both programs have been on a hiatus since the November 2021 Board meeting. During this time, the Board has conducted a comprehensive and evidence-based review to assess the viability and sustainability of our internship accreditation and academic endorsement programs as they exist today. External consultants were engaged in helping us gather and evaluate the best possible evidence to guide the ACLP Board's decision-making around the future of internship accreditation and academic endorsement. The Board looks forward to discussions around the future of both programs during our June 2023 Board meeting.

In March 2023, the ACLP's Staffing Crisis and Pathway to the Profession Think Tank proved to be a productive and invigorating event. The think tank focused on two of our top priorities: enhancing the pathway to our profession as well as promoting diversity, equity, and inclusion, which aligned with our 2022-2024 strategic plan. To ensure diverse representation, ACLP leadership carefully selected participants from all our stakeholder groups, including academic and program leaders, internship and rotation supervisors, and aspiring professionals.

We encouraged all participants to share their unique perspectives and experiences from their various roles. This allowed for a better understanding of the challenges facing our profession and the perspectives of other stakeholder groups. Lowell Aplebaum, FASAE, CAE, CPT, CEO from Vista Cova facilitated our two-day event, and he encouraged us to think big, innovatively, and differently. The group brainstormed recommendations that ACLP can implement, influence, and introduce to create positive change. Even though the ACLP does not have the authority or ability to implement changes within hospitals or academic institutions, ACLP is a key stakeholder in this conversation and gathered a diverse group to

facilitate a collaborative conversation to be able to explore ways that ACLP can better support the child life profession and optimize ACLP resources from financial, staffing, and committee focus perspectives. Draft recommendations and an operational plan will be presented to the ACLP Board of Directors for consideration at the June 2023 Board meeting.

This spring, we launched the new Pre-Internship Modules. These modules replaced our previous practicum standards and were designed to elevate inclusive pre-internship experiences, connect learning to our new internship readiness knowledge, skills, and abilities (KSAs), diversify and expand the pathway to the profession opportunities, and help aspiring professionals attain pre-internship academic requirements. Pre-internship experiences may include traditional hospital pre-internship placements while also encompassing broader community-based settings and experiences with non-CCLS supervisors who work with children and families in stressful situations. Aspiring professionals or supervisors can apply the modules to guide learning and KSA preparation. Portions of modules can be extracted, or they may be adapted or used in their entirety, in any order that makes sense for the pre-learning experiences.

"ACLP recognizes that practicums have become a barrier within the pathway to the child life profession. Pre-internship experiences are not required by the Child Life Certification Commission, and ACLP does not endorse practicums or other pre-internship programs. These modules are designed for sites and learners who may find them supportive." ~ACLP Pre-Internship Executive Summary

As my presidency comes to a close, I will be forever grateful for the ACLP and our child life community. As a young professional, I started volunteering on ACLP committees and have always loved and appreciated the opportunity to gain new knowledge and skills, to build connections and relationships throughout the child life community, and to contribute to the advancement of the profession. I never imagined I would one day be serving in the ACLP President role. It has been an honor and a privilege to work alongside our strong and dynamic Board of Directors, committee leaders, and ACLP staff, to serve our child life community, and to collectively lead positive change within the pathway to the profession, continue integrating diversity, equity, and inclusion into the interworking of our association, and further cultivate partnership development, awareness of the child life profession, and excellence in professional practice.

With sincere gratitude,

Lindsay K. Heering, MS, CCLS
ACLP President

From the Executive Editor

by Shannon Dier, MS, CCLS

"In the beginning, I never would have believed the amount of growth I accomplished over the semester. Throughout the semester, I reminded myself that I could do hard things, which allowed me to try things even if I felt like it wasn't perfect."

"Practicum has allowed me to expand my knowledge about not only child life but myself as well. I find myself to be so much more confident in myself that I can do things that may be challenging at times."

As I read these comments in my students' final journals, I felt a sense of renewal and hope. It is a tumultuous time to be a student in the child life field, and so it was encouraging and fulfilling to have these emerging professionals recognize their own growth. I hope they will be able to maintain this confidence and belief in their own resilience throughout their child life journeys. These comments also resonated with me as I considered how important this willingness to grow continues to be throughout our careers as child life professionals, as we strive as individuals to hone our clinical skills and as a field to establish and widen our scope of practice.

But what does personal and professional growth require? The articles in this Spring issue of *ACLP Bulletin* help answer different facets of that question.

Growth begins with passion and curiosity, exemplified by child life students who are eager to learn about and contribute to the profession. Through her pursuit of an independent study that truly extended beyond the classroom, Destiny England describes the valuable lessons learned about navigating hospital systems and interdisciplinary collaboration in addition to enhancing resources available to children and families. As professionals, passion and curiosity is sustained when we challenge ourselves to practice in new ways. This is seen as author Annah George reflects on the growth that resulted from transitioning to a new clinical area and through this year's Mary Barkey Award winner, Shaindy Alexander, who continually inspires her colleagues as she expands child life practice into community support and virtual settings.

Growth for the profession also requires challenging the status quo and thinking creatively and compassionately about how to push the field forward. Two articles from ACLP committees encourage us to reconsider taken-for-granted norms. From the Volunteer Recognition and Engagement Committee, Sana Shooshtari brings us an interview with the co-chairs of the Pre-Internship Work Group that helps illuminate the effort and intentionality behind recent updates to the Pre-Internship

Modules. Ruthie Charendoff, a member of the Diversity, Equity and Inclusion committee, provides a thought-provoking article about reconsidering rooming practice in ways that are gender-affirming and inclusive.

Growth is not about perfection. Instead, growth requires giving ourselves, and others, grace. The field of child life tends to attract high-achieving personalities with a tendency toward perfectionism, and we hold ourselves to incredibly high standards. As Kristin Brown shares in her recounting of lessons learned over ten years of practice, "it's okay to want to continue growing, to try new things, to step outside your comfort zone, and even to try something and decide you don't like it." Focusing on progress, not perfection, can help us overcome the paralysis induced by the fear of making a mistake.

The final requirement for growth is support. None of us is actually "self-made"; we depend on our peers, mentors, and community to nurture us as well as challenge us. For me, the article that illustrates this best is about this year's Distinguished Service Award winner, Jill Koss. As a young child life specialist, I was able to blossom within the supportive environment created under her leadership. Knowing that Jill would always have my back, I grew in confidence to advocate for patients and families and ultimately for myself. This steady feeling of support and encouragement is one that I seek to emulate with my own students and colleagues so that they can feel confident to explore and to try new things and to grow.

As for the Bulletin Committee, we continue to grow and change as well. This issue I welcome Katie Walker and Stephanie Whitten into the newly created role of Editor. As experienced committee members, they will be available to provide more individualized author support at all stages of the writing process as well as lead some committee projects. We also welcome eight new committee members even as we bid farewell to those rolling off the committee after two (or more!) years of support. Did you know that *ACLP Bulletin* is produced almost entirely by volunteers? Other than our ACLP staff liaison, all of the editing, reviewing, and writing of articles is provided by child life professionals who volunteer their time and expertise. I am so grateful for all of you!

As always, I end by inviting you to consider writing for *Bulletin*. If you have an idea but aren't sure where to start, please join Morgan and me for a writing workshop during Child Life Conference in June. Whether you want to write for Bulletin, your hospital newsletter, or an online outlet, we want to share what we've learned about crafting impactful professional pieces to communicate about child life practice. If you already have an article in mind, email us at bulletin@childlife.org.

10 YEARS LATER

by Kristin Brown, CCLS, Certified Child Life Specialist, Nemours Children's Hospital, Florida

10 Years
120 Months
3,652 Days
87,648 Hours
5,258,880 Minutes
315,532,800 Seconds

No, this isn't the start of a song, it's how long I've been a child life specialist (CLS). When broken down to those numbers, it's incredibly eye-opening to see how much of my life has been consumed by working in this field. It has been a wild journey full of some of the highest of highs and the lowest of lows, personally and professionally. As I start my 10th year of practice, I've found myself thinking, "Yeah, I wish I would've known that when I was starting out," and telling my interns that I'm going to teach them "real life child life" practice that's beyond the textbooks. Maybe it's time I share 10 real life child life lessons learned with the greater child life community.

1. IT'S NO LONGER A COMPETITION. IT'S OKAY TO STAY IN YOUR LANE.

In the child life world, it feels like we are conditioned to compete from the minute we consider following this career path. As students, we go up against our classmates, who are often our closest friends, competing for the same experiences that are necessary to become a CLS. But what happens when you check off the successful completion of the certification exam? What happens when you start your first job as THE child life specialist? Many of us to feel like we still must one-up our teammates, whether it is trying to see more patients in a day, overcommitting yourself to committees and projects, or going after too much professional development all at once.

No one says the race is over. There's no checkered flag that says, "welcome to the highway of child life, choose your lane and enjoy the ride as you become your best self."

That's what it should look like all along, but especially when you're no longer a student. We're all allowed to be our own CCLS, with our favorite distraction toys, our least favorite procedures to support during, and our non-clinical work that fills our cup. It's in the act of bringing those differences together that a truly well-rounded, encouraged, and supported child life team is formed. So, whether you're in the left express lane, cruising along in the middle, or taking this journey at a slower pace to meet your needs of being the best specialist you can be, it's okay to be in any of those lanes at any given time. More than that, it's okay to stay in that lane and move along with the flow of child life traffic. Don't try to merge because you see someone else going at what feels like a faster pace. Trust yourself and stay in your lane.

2. NOT EVERYONE IS GOING TO LIKE YOU, AND YOU MUST BE OKAY WITH THAT.

So much focus is placed on building rapport with your teams, both child life and multidisciplinary, but for some that can quickly and easily turn into wanting to be liked by everyone. Then if everyone doesn't want to be your bestie, it must mean you're not a good enough CLS, and you need to try harder. But that isn't reality. We aren't in middle school anymore; we are grown adults who come to work to do a job. That's it. Making friends is a bonus, but not the goal and not the requirement. If someone doesn't like you, that is not a reflection of you as a person or your professional skillset. If someone doesn't like you, that is a choice THEY made for THEMSELVES to meet the current needs of their life. So practice telling yourself that it's okay for someone not to like you, practice giving them grace, practice not letting it get in the way of your work or your happiness at work, because I can assure you there will come a time when you too say, "I just want to do my job, I don't need or want to be friends with everyone."

3. YOU WILL ALWAYS BE ADVOCATING AND EDUCATING FOR YOUR ROLE AND SELF.

Real life child life? This is harder to swallow than the number of traumas, death, broken families, and so on that we see. This is what can lead to burnout faster than experiencing compassion fatigue from the pure sadness we witness in this field. The reality is no matter how long we're a part of a team, how long child life has been established in the hospital, how many times you bend over backwards to be there when you're called, you will always have to explain your purpose, your role, and your benefit. It doesn't make sense because we follow the rules, hold ourselves to professional ethical standards, and constantly think about the role and impact of each person in each room. But while we are educated and trained on focusing on the psychosocial and emotional side of medical care, our fellow multidisciplinary team members are literally trained to keep humans alive. That's it, that's the priority: keep them alive and safe. They may say they love child life and value us so much, but their focus is on life or death while we focus on the individual as a whole person. That's the magical thing about child life and what makes us so good at our jobs. But that's also the double-edged sword in the battle of having to advocate constantly. It doesn't feel hard to us to say "IV? Okay, that equals child life." But for a nurse it may look more like "IV? Okay, supplies, holder, get the line, start the meds, stabilize the patient, support the family, hurry up before the doctor gets mad or my other room calls out." As

exhausting and frustrating as it is to feel like we're always giving others grace, it's part of the reality. Just know you're not alone in your frustrations and exhaustion, as I think I can say that we've all wished we wouldn't have to explain ourselves ever again.

4. IT REALLY IS OKAY TO SAY "NO."

5. IT'S REALLY OKAY TO ASK FOR HELP.

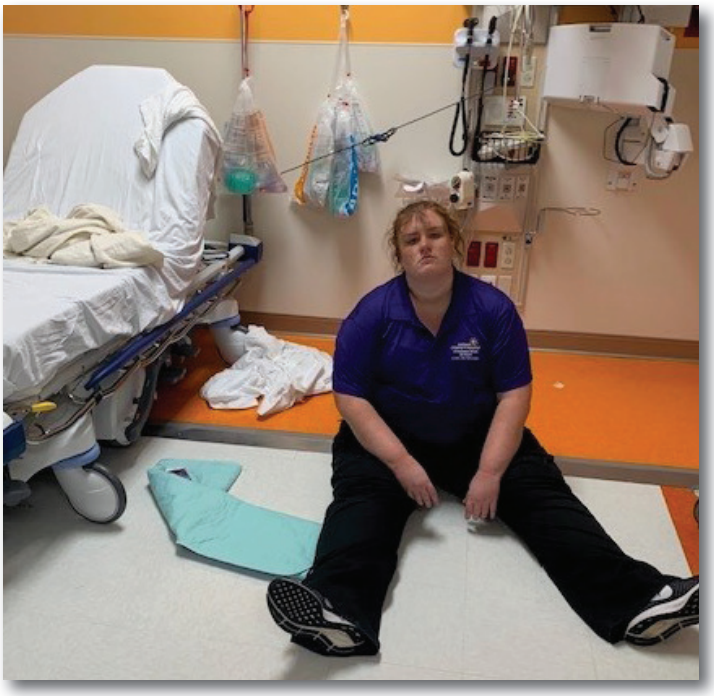
I want to combine 4 and 5 because they go hand in hand. You've heard the saying "You can do anything, but not everything," or "You can't be everything to everyone." The reality is that, despite what people think, we are in fact not magic creatures. We are human beings that need to eat, go to the bathroom, take a minute to breathe and process what we just experienced, and more. There are times where we have to say no to preserve our physical and emotional well-being. There are times where we have to say no because we have the self-awareness to know that going in that room in a certain state of mind would not be in the best interest of that child. And there are times when we may have to say no, but someone else could say yes. And let me be clear, that does not and should not inflict any ounce of shame on your being. Whether it be we're asking for help covering a procedure so we can eat lunch or we're asking for helping to meet a patient on suicide watch because we've experienced that in our personal life too recently, asking for help is always an incredibly self-aware and brave act of doing the right thing, no matter how big or small it feels. The point of working within a team is to utilize each other's role and skillsets for the betterment of the patients and families we serve.

6. THE GRASS ISN'T ALWAYS GREENER ON THE OTHER SIDE.

No matter where you go, no matter the size of the hospital or the size of the team, or the use of and value placed on child life, it will never be perfect. We as human beings are not and cannot be perfect, and while most of us are pretty good at not holding ourselves to that standard, we're not always so good at giving others the grace we give ourselves. It's easy to let someone else sit in the supervisor chair and say what you would do differently if you were them, but the reality is you just don't know until you're put in that situation. Finding ways to cope and deal with the inevitable stress and frustrations that arise requires kind of child life-ing ourselves. We must recognize that nobody will ever perform perfectly to meet everyone's expectations and needs. But, I'm also not saying to stay in what may be a truly toxic work environment and just brush it off. You can and likely will experience examples of a negative workplace culture no matter what career you choose, and when we walk away from a situation that is doing more harm than good, that's when we learn, and grow, and do better for others because we're doing better for ourselves.

7. NO ONE OUTSIDE OF CHILD LIFE WILL TRULY UNDERSTAND THE HEAVINESS WE OFTEN FEEL IN OUR ROLE.

This is a big one. Yes, there are other clinicians who also experience patient death, who experience child abuse or traumas, or watch kids be placed in foster care, but I cannot count the times other professions have said to me "I could never do what you do." We can hold a baby while they die and then go to another room and be expected to be fun and happy and cheerful.



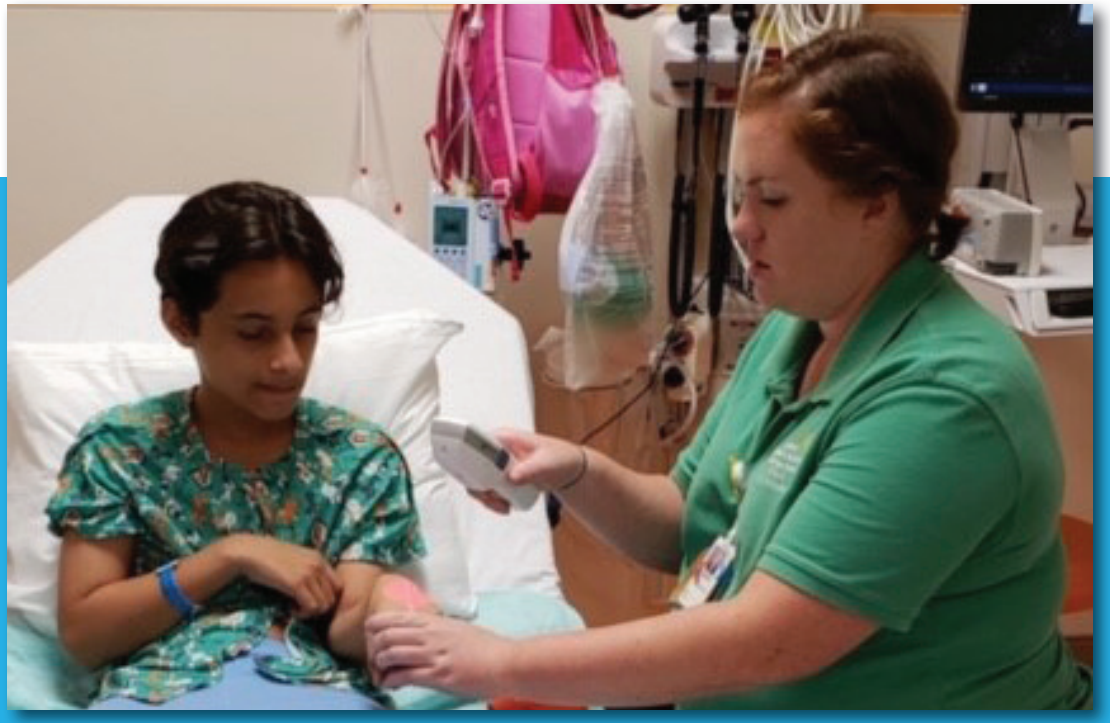
We can tell a child their parent is not coming back to the hospital for them and then go to a teambuilding meeting where we've planned all the activities and games. We know child life is a unique bubble of a world, even in the healthcare field. Just don't forget that when it feels like no one else understands, there's always another child life bubble floating by, ready to be the most supportive and empathetic bubble.

8. SELF-CARE REALLY IS THAT IMPORTANT, BUT IT'S MORE THAN JUST READING AT NIGHT OR EXERCISING DAILY.

Bubble baths, exercise, reading, cooking, Netflix, tattoos, dogs, goat yoga, and more. These might be the ideas that first come to mind when someone starts talking about the importance of self-care. All of these activities are great ways to practice taking care of your body, getting out whatever energy your body is experiencing, or doing things that bring you joy or peace. But what should come to mind is taking self-care beyond just the physical movement and care of our body and beyond a checklist of daily activities. Self-care can look like setting and practicing boundaries, such as leaving work on time, taking a lunch break away from your desk, filling your cup outside of your clinical role, saying no at times, and so on. There is so much more to self-care than the surface level of bubbles in a bath. Choose to dive deeper and find ways to practice self-care for your whole being, during the workday and after.

9. IT'S OKAY FOR YOUR PASSIONS AND GOALS WITHIN THE FIELD TO CHANGE OR EBB AND FLOW WITH TIME.

You may have spent your entire child life student career craving the chance to work with oncology patients or NICU siblings or patients with special needs. You may have denied ever feeling the pull to lead a team or to be a mentor or teacher. You may have let yourself only think of child life within the four walls of a hospital. Whatever it is you thought your future in child life would look like, I'm here to tell you it's okay to change your mind, to move around to different hospitals, to try different units. Yes, some specialists do stay in the same hospital, within the same unit, working within the same patient population for their entire career, and that's great if that's what fills their cup. I learned for me that I could not stay in one place and do the same things for my entire career. It's okay to want to continue growing, to try new things, to step outside your comfort zone, and even to try something and decide you don't like



it and walk away. There is no right or wrong way to be a CLS and establish longevity in this career. The only right thing you can do is to stay true to yourself, making sure you're making choices that encourage and support the life you want to live personally and professionally.

10. CHILD LIFE IS NOT THE END ALL, BE ALL.

If you only take away one thing, let it be this statement. Yes, we are amazing humans, compassionate specialists, and kind teammates. Yes, the work we do typically produces the best outcome. But we are not the end all, be all, for two primary reasons. First, the greater good is keeping children healthy, alive, and resilient to the physical world around them. Second, we simply can't be everything to everyone all the time. Trying to be this superhuman being is what causes us to learn all the above lessons and more. If we simply took a step back and looked at the work we do, the impact we have, the legacy we're leaving in each of our own unique ways, we would see that it's more than enough. Reflecting back on ten years of child life practice, I realized how much it would have helped my personal and professional development along the way if someone had simply acknowledged the realities of being a child life specialist. So, in whatever chapter of your child life story you find yourself in, I hope this has validated some of your feelings and normalizes some of your experiences. I hope this provides encouragement that you're not alone. I hope this shows that, no matter how long you've been a child life specialist, it's okay to keep learning lessons and growing into your best self.

2023 DISTINGUISHED SERVICE AWARD RECIPIENT: JILL KOSS

by Katie Campbell, CCLS, Cook Childrens' Medical Center

Jill Koss

How does one exactly capture the essence, impact, and legacy of Jill Koss? Jill has provided many years of remarkable service to the field of child life, not only as a child life specialist, but as a leader, an encourager, and a dreamer. Jill began her career in child life at East Tennessee Children's Hospital in 1990. She arrived in Texas and began her career at Cook Children's in 1991. Jill joined a team that was growing and beginning to establish itself within the medical center. In those early years, Jill was a natural leader and was constantly working hard to meet the needs of patients and families throughout the hospital. "Even before assuming a leadership role in the department, Jill was respected as a visionary and a leader. Her strong patient-and-family-centered values, abiding professionalism, and work ethic have resulted in her steadily assuming greater responsibility, expanded leadership roles, and unquestionable impact on the quality of care across a growing health system. From her days as a young child life specialist, to her current role overseeing multiple services and programs, Jill has embodied excellence in our profession, always staying true to the mission of child life, to do everything in her power to positively influence each child's and family's healthcare experience" says Chris Brown, former Child Life Manager at Cook Children's. Jill was an early leader of the self-directed work teams that led the child life department, and by 1999 she was named a clinical coordinator for the department. In 2003, Jill became Director of Child Life and by 2006 was named Director of Family Support Services where she continues to serve today.

While brainstorming and trying to capture who Jill Koss is and what she means to the Child Life Department at Cook Children's and to the field of child life, the analogy of a tree resonated. Being from the south, surely she is a strong, established oak tree! Jill has spent the length of her career growing and establishing roots at Cook Children's.

Under her leadership, the child life department has grown from a handful of child life specialists to over 80 staff. Jill has advocated for and pioneered programs such as the Creative Artist in Residence Program, the Sit...Stay...PLAY Facility Dog Program, and the Camps For Kids Program, which is a collection of camps for children with chronic health conditions. Additionally, Jill has been creative in developing programs through our partnership with Teammates for Kids and Child Life Zones. All in all, Jill leads child life specialists, activity coordinators, an artist in residence, music therapists, dog handlers, music and television producers, therapeutic clowns, volunteer coordinators, teachers, child life educators, and many more. Jill has also been a champion for programs and has raised awareness on ideas that impact children all across the hospital system. She has led programming and initiatives for patient-and-family-centered care, psychosocial practice, and emotional safety; helped establish a system-wide pain management program called The Comfort Menu; and has led the way in a sibling center that will open in Spring of 2023 for brothers and sisters of patients coming to the outpatient clinics.

Jill has made it her mission to transform the interior of Cook Children's Medical Center. Changing the grey walls of Cook Children's into a more child friendly atmosphere with soothing colors and whimsical artwork has been led and entirely hand selected by Jill herself. These programs and opportunities are true culture changes that have impacted the whole healthcare system. "Jill is a strong and motivated leader that provides clear direction and vision for her teams. The latest example of this is her work in emotional harm and pulling together cross-functional teams, as well as child life, to elevate emotional harm as a priority as much as zero physical harm has been in healthcare. She believes deeply in this movement and is leveraging best practices to create a roadmap that changes the way we think about care for our families" says Megan Chavez, Cook Children's Health Care System's Vice President of Patient and Family Experience.

While Jill was busy growing deep sustainable roots at Cook Children's, she also began to "branch" out and engage in work outside of the hospital walls that was still making a deep impact for children. Jill facilitated programming and education to support children in Honduras, Romania, Malaysia, Hong Kong, and Kuala Lampur. Jill gave of her time to care for children in orphanages, provide play opportunities for hospitalized children, and teach professionals who share a passionate vision of caring for and advocating for children. Because of these educational partnerships, child life specialists in each of these countries are providing psychosocial education to medical professionals and psychosocial support to patients and their families. Raelene Sortiau believes "Her dedication and contribution to our program, our people, and our community are invaluable. Jill's personal investment in our students, faculty, and myself are priceless. She opened doors for us in Romania through her integrity and vision for our program that would further the child life principles and practice in a part of the world that had never experienced anything like it before."

Jill also began finding ways to engage on a deeper level with the ACLP. Jill's lengthy years of service includes her participation on multiple committees. Sharing of her voice and perspective led to her joining the ACLP board as a member-at-large, and most recently, serving as President. She continues her work with the ACLP today as an advocate for diversity and equity training and as a member of the Governance Committee. Jill believes in the power of a child life specialist's ability to make a difference, and she works tirelessly to ensure that child life specialists are empowered and impactful wherever they work.

As someone who has grown up under the shade of Jill's giant oak tree, I have benefited from her

leadership. I have learned what it means to truly be present with a patient and family and ride the roller coaster of cancer treatment with them. I have found my voice and ability to advocate for a perspective that some have yet to consider. I have developed a love for camping and will never underestimate the power that camp can have on a patient's life for a lifetime. I have learned to be reflective around my actions, celebrate small wins, and to continue to refine and develop my skill set. I have heard Jill's voice cheering me on, believing in me, and challenging me to take a step I had yet to consider. I have grown from our "rumbles" and have truly learned to respect and hear both sides of an issue. I also realize I am one of so many that has benefited from Jill's shade tree. Her ability to encourage, trust, and develop those around her speaks volumes to her leadership.

I believe the Child Life Department at Cook Children's, children around the world, and the ACLP are better because of Jill's ability to believe and see what is possible. She has the ability to dream and understand what a tiny acorn can become. Jill's ability to be persistent and remain resilient, even when she has met resistance or has been told "no," has taught others around her to also be persistent. Jill is absolutely a leader, a champion, an advocate, an encourager, an empowerer, and someone who has led a career full of distinguished service and is still going. Thank you, Jill Koss our Boss!
Thank you for making us better.

2023 MARY BARKEY CLINICAL EXCELLENCE AWARD WINNER: SHAINDY ALEXANDER

by Sabina Spataro, BASc, CCLS, Labatt FAmily Heart Centre, the Hospital for Sick Children, Toronto, Ontario

A mentor is often defined as someone who is experienced and trusted. These are two words that only begin to describe Shaindy Alexander. Personally speaking, Shaindy has always been there when you need her. She is a compassionate shoulder to cry on, an attuned soundboard to discuss a difficult case with, and a creative mind to collaboratively plan a therapeutic activity with. Ten years ago, I walked into my first professional child life role and was lucky enough to find myself sharing an office space with Shaindy, who unofficially became my child life mentor. Her supportive and approachable nature is why many other child life specialists would also use the word "mentor" when talking about Shaindy.

Shaindy has spent over 20 years working at Sick Kids Hospital in Toronto. You can often find her connecting with kids using "Hermin," a googley-eyed puppet that she began using with patients at the beginning of her career when she needed a quick distraction item and pulled Hermin from the treasure box. Hermin is now known hospital-wide. He is worn by many staff including nurses and can be found hanging from their stethoscopes. This simple gesture helps patients feel more at ease and is used as an aid by healthcare staff to build rapport with their patients. To help patients learn more about the hospital, Shaindy created "Ask Hermin" teaching videos on YouTube, addressing some of kids' most-asked questions about various procedures and tests with Hermin investigating the answers.

Shaindy has been an essential member of many interprofessional teams across the hospital, including burns and plastics, complex care, oncology, and critical care. Most recently Shaindy expanded her broad child life knowledge and joined our hospital's Pediatric Advanced Care Team (PACT). Under a one-year contract, Shaindy initially joined the team in the role of Grief Support

Coordinator. Shaindy felt strongly that her child life skills acquired over the years could be used and adapted to help support grieving families, and she advocated to the selection committee that a child life specialist would be a good fit for the role. At the end of the year contract, in the words of Adam Rappaport, the medical director of the PACT team, "Shaindy was a resource we could not let walk away." Recognizing the need for psychosocial support for patients and families who are in the community, the team developed the role of Community Psychosocial Support, which would combine her child life skills and passion for grief support to be able to serve patients and families who are at home. In this role since 2019, Shaindy has been able to meet families wherever is best for them – at home, in hospice, or virtually – to ensure children who have palliative care needs are supported.

Shaindy's motto is "we can't keep them from suffering, but we can try to keep them from suffering for the wrong reasons," and in her community work she is applying this to families no matter their location. The ability to provide child life support while patients are not in the hospital is essential. As we know, siblings are often absent from the hospital, which has been especially true during the past few years. When faced with this challenge during the pandemic, Shaindy leaned in. Her unparalleled ability to connect and build rapport with siblings allows for them to feel that they too have a trusted member of the healthcare team who is there for them.

Shaindy has always been committed to continuing to improve the quality of care for patients and families. Top of mind for her are the patients who are at home. These patients are often isolated from friends, not attending school on a regular basis, and in and out of the hospital. Shaindy knew that she had to create ways for teenagers to connect with their peers who have a shared lived experience. Rising to the challenge, Shaindy was creative and received funding to pilot a new peer-support group for seriously ill teenagers using virtual reality. Using this technology, teenagers can create their own avatar and meet each other virtually while they are either at home or in a hospital bed. Connection to fellow peers is essential in supporting this population and aids in their coping, and Shaindy is providing teenagers the opportunity to do so in a novel way.

Shaindy's commitment to the child life profession, leadership, and research is witnessed by many who get the chance to work alongside her. We look forward to her continued hard work in advancing support for patients and families in the community. Congratulations to Shaindy for winning this year's Mary Barkey award!

CHILD LIFE ON THE PICC TEAM:

A Reflection on Transitions and Holding a Unique Child Life Role in the Hospital

by Annah George, BA, CCLS, Cincinnati Children's Hospital Medical Center

Child life specialists know that transitioning to a new unit, team, or population creates its own set of challenges and difficulties. It can present many unknowns and leave you feeling unprepared and doubting your clinical skills. Recently, I made the transition from being the most senior staff member on a four-person outpatient surgery child life team to entering the world of my hospital's PICC (Peripherally Inserted Central Catheter) team. I was ready for a change in my professional journey and wanted to work with a new patient population and set of challenges. The PICC team had previously used a child life specialist on their team; however, the position had been vacant for several months when I made the transition to this role. I was venturing into a team filled with vascular access professionals who had a different set of priorities, tasks, and personalities to learn and who provided services to patients all over the hospital rather than being part of a designated unit. I was no longer in an area where I felt confident in the population, procedures, and interdisciplinary staff. In this article, my goal is to share some of the difficulties I have faced in making this transition, strategies I have developed to cope and grow through these difficulties, and what I have learned as a professional.

The PICC team at Cincinnati Children's Hospital consists of a small group of registered nurses who are specially trained to place PICC lines on

patients. This procedure is either done at the bedside in one of our multiple critical care units or in an interventional radiology room using a fluoroscopy machine. Patients may need a PICC line for multiple reasons, and patients with a variety of diagnoses may require a PICC line. I quickly transitioned from supporting outpatients in a lower acuity setting to now supporting patients with significant diagnoses, in multiple critical care units, some of whom may have just received devastating news. I was unfamiliar with critical care patients at the time I joined the PICC

team, and I needed to learn about the NICU, PICU, CICU, and oncology units. I spoke with the child life specialists on those units to help me learn and understand those populations, but I still felt alone on my new team. I was no longer surrounded by like-minded clinicians who shared my credentials and similar training, but rather skilled RNs with different backgrounds and priorities. In the past, I could easily debrief with my child life team and use them as a sounding board for my assessment and intervention ideas. On this PICC team, I quickly realized that I needed to find a new sense of confidence and trust in my clinical skills, as I did not have that group of child life specialists to consult with throughout the day.

I needed to develop strategies to navigate this new position. I had important goals of supporting patients and families, maintaining and growing my clinical skills, and establishing rapport and meaningful relationships with the PICC team. I immediately began providing procedural support for these patients and families when I joined; however, I was unsure of how to best advocate for the patients and how the dynamics of the PICC team would influence the support I provided. I spent much of my time in the first weeks and months observing my new team. I wanted to learn work styles, personalities, dynamics, and workflow. I knew that if I wanted to build a strong working relationship with this team, I first needed to understand them and learn everything I could.

I wanted to integrate slowly and respectfully. In my experience, coming on too strong on a new team can create feelings of animosity, intimidation, and distance. I got to know these nurses as people and as the highly skilled clinicians they are. I began building personal relationships with these nurses and remained as present as possible throughout the day. I stayed in their office during down time to listen to their challenges and work processes, and I accompanied them to procedures even when child life support was not needed. I observed everything they did throughout the day so I could fully understand the best ways to support the whole team. I wanted to make it clear that I was invested in this team and dedicated to providing support for these families. Through building relationships, I found "my people." I found nurses who had an appreciation for child life, who understood how assessment was used to determine interventions, and with whom I could have open and candid conversations. Having these people allowed me to feel more confident in my support of patients, and I slowly started to feel stronger and more competent in my new role.

The fact that so much of this role was new to me created some clinical challenges. There were times I felt uncomfortable, said something wrong, or felt that I was in the way. This was the first time in my career that I was working with critically ill patients. I needed to regularly ask my new team what various machines and equipment were for, and I learned about equipment, diagnoses, and conditions that were new to me.

I learned to adapt my usually upbeat and energetic approach to be more calming and soothing and to advocate for lower stimulation in these ICU environments. Learning new skills and adapting old ones are growing pains that accompany any new role. I met these challenges with questions. I reached out to staff members that could help me learn and give me guidance on the best ways to understand and support these new populations. I asked questions about what I could do to best advocate for patients during procedures. I frequently asked for feedback from the PICC team on my performance. I asked if my child life practice was meeting their needs and expectations. I listened to all the feedback provided and did my best to utilize this feedback in implementing new techniques and interventions into my practice.

All of these new unknowns, learning, and growth proved to be stressful and exhausting at times. Not only had I transitioned from being the senior staff member on my child life team to the new

child life specialist on a team of only nurses, our PICC team was seeing some of the sickest patients in the hospital. I was now entering rooms with patients on ventilators and other lifesaving machines, rooms where codes were being called, and rooms where families were at the lowest point in their lives. This was a huge adjustment, and I needed to find ways to take care of myself. With all of the effort I was putting into supporting families and integrating into my new team, I also needed to put effort into self-care and protecting my emotional health. I continued to utilize "my people" on the PICC team and also found other child life specialists in high acuity areas to debrief with when needed. I found routines to help me compartmentalize the stressors in my day in a way that allowed me to continue to provide support to families. I found that sometimes I needed to take a break from the PICC team office after a difficult case. A brief walk in the hospital concourse or even stepping out to scroll through my phone for a few minutes helped me take some time to reset on my own before our next case. I learned that finding even a few minutes of alone time is important to me when I am almost always surrounded by a team. I also always use the time on my drive home to decompress. I take this time to think about each patient I had that day, what happened, the support I provided, and what was difficult about the situation. I think through and process this while I am completely alone on my drive. Once I pull into my garage, I do my best to leave the stressors of my day in my car.

Within a few months, I started to feel comfortable in my new role. I found that the relationships I was building with these nurses not only benefited me but also benefitted the patients and families. My role on the PICC team started to work like a well-oiled machine. The nursing staff had seen my interventions, advocacy, and family centered care. They knew me as a person and began trusting me to fully integrate into the team and to use my best clinical judgment with patients. I fully recognized this when we were attempting to place a PICC on a patient with extreme anxiety who was very distressed even before starting the procedure. This patient was not responding well to my support and was unable to implement any coping strategies due to their level of upset. The PICC nurse stopped setting up her supplies and asked for my thoughts on how to proceed. I felt confident to advocate to completely stop the procedure to avoid further traumatization for this patient. The PICC nurse and I advocated to the patient's medical team for a sedation plan that would make the patient more comfortable during the procedure in the future. I felt that the PICC team trusted my assessment of the patient and situation, and we were able to work together successfully to provide better care for our patient. I now feel confident to advocate with my team daily on what I feel would best support each patient and family.

Joining a small, specialized team completely comprised of nurses came with its challenges and a learning curve, but now that I have been with the PICC team for over a year I can say with full honesty that I love my new role. I feel validated and understood in my role and have established meaningful relationships and friendships with my nursing team. Joining a new team or branching out into a new territory can be uncomfortable. For any child life specialist in this situation, remember that growing pains are normal: take your time to adjust, find your people, and have trust in your skills and yourself. It will all be worth it in the long run!

RE-THINKING ROOMING PRACTICES IN PEDIATRIC HOSPITALS

Another Approach to Gender-Affirming Care

by Ruthie Charendoff, CCLS

In pediatric hospitals with shared rooms, room assignments are often determined by infection control, age, and sex. While NICUs often have large bays or rooms with infants of all sexes, other pediatric units group children and their families based on their sex assigned at birth. However, families of transgender and gender non-conforming (TGNC) youth may prefer a different arrangement if given a choice, and child life specialists can advocate within health care systems to question and change traditional room assignment policies.

The number of TGNC young people is growing rapidly, and as child life specialists, we must be ready to provide inclusive care for them. There are 300,000 transgender teens in the United States (Ghorayshi, 2022). Transgender teens make up 1.4 percent of the teen population, but more notably, trans teens make up a disproportionately large percentage of the entire transgender population. While teens ages 13 -17 make up 7.6 percent of the U.S. population, they make up 18 percent of the transgender population (Ghorayshi, 2022). The TGNC community is also growing among younger children, with triple the amount of children identifying as gender diverse in 2021 compared with 2017 (Respaut & Terhune, 2022).

Transgender and gender non-conforming youth can and do live happy and healthy lives, but some

of them experience gender dysphoria. Gender dysphoria is "the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics" (Mayo Clinic, n.d.).

Gender dysphoria puts teens at a substantially higher risk for poor health, including depression, anxiety, and suicide (Kimberly et al., 2018). Medical care that is designed to affirm individuals' gender identities mitigates the negative effects of gender dysphoria. It is crucial, therefore, that medical teams provide gender-affirming care to these teens who can be at higher risk for negative health outcomes.

Gender-affirming care has many facets. Some of them are more medical, including puberty blockers, hormone therapy, and gender-affirming surgeries, which need to be prescribed by medical providers. There is another side to gender-affirming care, though, that can be performed by anyone in the hospital, and that is social affirmation. This includes affirming a young person's hairstyle, dress, name, pronouns, and restroom of choice. Many hospitals are making it easier for medical professionals to engage in social affirmation by providing pronoun stickers to staff and utilizing features in electronic medical records to highlight a patient's preferred name and pronouns when you pull up their chart. When it comes to shared rooming, however, many hospitals have not shifted to a gender-affirming model and continue to room patients based on sex assigned at birth, rather than patient gender or preference (Appel, 2011).

Many hospitals in the United States assume that patients want to share a room with someone of the same sex, and therefore don't provide them with any other options. Many Canadian hospitals, however, are allowing mixed gender rooms in all hospital departments to get patients out of the emergency room and into rooms faster (Appel, 2011). These hospitals don't require patients to room with someone of a different gender but ask them their preference to find them a bed more quickly. By asking patients whether they have a gender preference for a roommate, these hospitals are providing the potential for gender-affirming care in not making an assumption about gender based on sex assigned at birth, while also optimizing the use of space in the hospital by filling as many open beds as possible. Rogers (2002) conducted a study that supports this decision. He found that patients generally would accept a mixed-gender room if it meant they got faster admission.

In camp and school settings, the research has found that mixed-gender room assignments benefit many participants. One study found "gender identity and birth sex to not be drivers of friendship development among the LGBTQ campers in this context, while campers' assigned cabin was a significant predictor of friendship development" (Gillig & Bighash, 2019). All-gender cabins have also been shown to help increase self-esteem and decrease anxiety and depressive symptoms (Gillig & Bighash, 2021). Child life specialists who work in a camp setting can and

should help advocate for all-gender housing at retreats and camps. While not all families may want to opt into all-gender housing, gender-affirming programs often create some gendered and some all-gender rooming options so that all families' needs can be met.

Creating the option of mixed gender rooms (without requiring it) could be hugely beneficial, not only for TGNC patients, but for all patients in allowing them to have more control and autonomy over their stay while also speeding up the admission process. As child life specialists, we can help advocate to adapt hospital policies to allow for the choice of mixed-gender rooms. This supports not only our own set of child life ethical principles of autonomy, beneficence, justice, and nonmaleficence, but also many hospital policies that include non-discrimination statements based on gender identity. Pronoun stickers and pride flags are a great start, but they are not enough. Gender affirming care requires us to think not only of individual interactions with patients and families, but of hospital design that promotes the development and autonomy of each patient and family.

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BEYOND THE CLASSROOM:

Master's Program Independent Study

by Destiny England, Graduate Student, University of Iowa

As a student pursuing a career in child life, it can feel difficult to make an impact prior to becoming certified, so I was excited to pursue opportunities to contribute to the field. Through my graduate program director and instructor, I discovered an academic course that allowed students to create an individualized learning experience under the supervision of a faculty member. This is what pushed me to pursue completing an independent study in my master's program at The University of Iowa. An independent study is a unique learning opportunity that allows a student to engage in and explore a topic they find interesting in the field they're studying. Independent studies are often completed with guidance from a faculty member and available for credit at some universities. The end result is a final project showcasing the work the student has done all semester.

During the second semester of my graduate program, I was fortunate enough to help with a support group through Wonders & Worries, a non-profit that provides professional support to children and teens during a parent's serious illness. The 6-week support group I assisted with was led by two certified child life specialists, and the primary goal of this group was to help children who had a parent diagnosed with cancer. I quickly became interested in how child life specialists provide psychosocial support and services to children of adult cancer patients. I decided to focus my independent study on the curation of resources for adult cancer patients to assist them in helping their child through the parent's

diagnosis, as well as implementing these resources on our hospital's website.

The initial phase of my project consisted of evaluating the resources available to patients at The University of Iowa Hospitals and Clinics through the Holden Comprehensive Cancer Center website. During my evaluation, I found that the website had very minimal information available regarding how to help children through an adult's diagnosis. I compiled a list of what resources were available through the website and compared this to what other hospitals' websites offered for patients and families. Then, I created an outline of broad topics that could be added to our hospital's website to provide more information regarding an adult's cancer diagnosis. Additionally, I met with two patient and family life specialists (both

certified child life specialists) and the Adolescent & Young Adult Cancer Program Coordinator at the University of Iowa to discuss what they felt patients and families needed to help them cope with their loved one having cancer. We reviewed what resources they provided for patients and families and discussed what resources I could find that would help fill in the gaps. Based on the CCLSs' recommendations and feedback from patients and families, I created a comprehensive list of resources including booklets, handouts, and additional websites that aimed at helping adults learn what children understand about cancer and provided suggestions on how to initiate conversations with children about cancer.

After I had the resource lists developed, the next step was to pull the resources together in a mock website to present to the hospital's Clinical Cancer Center Operations committee in hopes of getting the information put onto their website. I created the mock website through Wix to give the committee a concrete representation of what this information would look like on the hospital website. I included sections on how to talk to children about cancer, developmental considerations for ages 0-18, links to packets the patient and family life specialists provided to families, additional websites such as Wonders & Worries, and a resource list of children's books for families to download. Additionally, I worked with the director of the Patient's Library at the hospital to ensure all of the books were available at the hospital library if a patient or family wanted to check them out during a hospitalization. During my presentation, I emphasized the need for more resources to be readily available to patients and families on the website, and the committee discussed how this information could be marketed to patients and staff. They decided to send my ideas to the marketing team to evaluate. After the marketing team's evaluation, they plan to implement these resources on the website. Additionally, the information I created will be included in the welcome folder given to newly diagnosed adult patients as an additional resource for these families.

My independent study took five months to complete and is still in the process of being implemented at the hospital. Through this study, I learned a multitude of lessons and gained

How to Talk to Children about Cancer

What are some broad tips?

- Use the word "cancer" when telling children.
  - Say, "Mommy has cancer and the doctors are helping her feel better" instead of, "Mommy is sick with a mass."
  - Children and teens might find out from other people. These could be friends, other family, school, or the Internet. It is vital that they hear it from you first.
- Decide:
  - What you will say
  - Where the talk will take place
  - Who will be part of it. This could be siblings, other family, or the health care team.
- Use words that are easy to understand based on your child's age.
  - Start by asking your child what they know about cancer. Ask what they think is going to happen to the person with cancer.
- Be ready to give honest answers. It is okay not to have all the answers.
- Ask your child to write down questions, worries, or feelings they may have.

What are tips for each age group?

Infants or Toddlers (0-2 years)

valuable knowledge. First, I realized there were gaps in resources available to patients and families that would benefit them in their journey through coping with a new cancer diagnosis. Second, I was able to see how impactful the role of a patient and family life specialist was and how a child life specialist can provide patient and family-centered care and support within an adult hospital setting. Finally, I gained an understanding of how important interdisciplinary collaboration was in order to succeed in creating and implementing my independent study project. I learned that making connections with various committees, including marketing, the child life team, and the Clinical Cancer Center Operations committee, helped me be successful in addressing a gap in resources while staying within my scope as a child life student.

My advice to students looking for a way to make an impact before becoming certified is to research opportunities to get involved that allow you to keep growing as a student and future professional. For example, look into what courses your university offers, such as an independent study, or seek out projects through a mentor, faculty member, or a professional in the field. Finally, find a topic that you're passionate about and run with it. You never know what doors will open for you and what you can do to help patients and families during your journey to becoming a certified child life specialist.

ACLP PRE-INTERNSHIP WORK GROUP SPOTLIGHT

Co-Chairs Hilary Woodward and Nicole Gandolfo

The following is transcribed from a virtual interview conducted by Sana Shooshtari, B.A.

Name: Hilary Woodward

Pronouns: She/Her/Hers

Title: CCLS, Pediatric Emergency Department, New York Presbyterian Morgan Stanley Children's Hospital at Columbia University Irving Medical Center

Committee/Committee Role: Co-chair of the Pre-Internship Work Group

Name: Nicole Gandolfo

Pronouns: She/Her/Hers

Title: CCLS, Child Life Manager, Nemours Children's Hospital, Delaware

Committee/Committee Role: Co-chair of the Pre-Internship Work Group

Q: What is your role in the Pre-Internship Work Group? How did you get into that position?

Hilary: I'm a co-chair of this work group. Unlike a typical committee that has a chair and chair-elect, Nicole and I share the chair responsibilities as co-chairs. My involvement began when I participated in the ACLP Internship Think Tank which happened virtually back in the summer of 2020, so part of my role in the co-chair relationship was to think about how we can bring some of those ideas and discussions that came from that Think Tank into our charter for the work.

Nicole: My role in this work group is as the other co-chair. I came into this position through previous work creating some of the modules first as a member and then a chair of the Practicum Task Force back in 2018 and 2019.

Q: What is the charge of the Pre-Internship Work Group?

Hilary: Our primary charge was to revise the previous Practicum Modules (now referred to as the Pre-Internship Modules) with a diversity, equity, and inclusion lens as well as to align the modules with the newly released guidelines associated with the Internship Readiness Common Application and Internship Readiness Knowledge, Skills, and Abilities (KSAs).

Nicole: After the revisions were made, the other responsibility for our group was to come up with a dissemination plan to the child life community. How do we communicate best with key stakeholders so that the revised modules are accessible to the child life community?

Q: What is one thing your committee has accomplished in the past year that you're most proud of?

Nicole: I'm extremely proud of the work that we did to revise the Pre-Internship Modules. The request of the work group in the initial charter was to update only the DEI Module; however, after reviewing all the modules, we recognized that we needed to go further and revise all the modules. We reached out to the ACLP Executive Board to request permission to change our charter. This request was approved and so our work group began revising all the modules so that they were in alignment with each other, ACLP's DEI goals, as well as the Internship Readiness work. By aligning the Pre-Internship Modules with the KSAs needed for internship readiness, we were ensuring that these modules would help programs support and sustain experiences that would train aspiring child life specialists to be prepared for internship. Our work group had a very tight timeline, so I'm incredibly proud of how efficiently and effectively the group worked. The fact that we were able to accomplish so much in such a short amount of time was substantial and a testament to how hard the group worked.

Hilary: I hope the child life community will see how impactful the changes are. Given the close alignment of the Pre-Internship Modules with the KSAs, we're hopeful that this will be a helpful resource for members in our community to think about how they support students in their journey to internship readiness. I also hope that our community sees how we've intentionally woven different DEI resources into the modules. The work group wanted to ensure that DEI topics were integrated into all the modules and not seen as a standalone topic since DEI is woven into everything we do as a CCLS. We tried to pare-down the resources in each module to make them as accessible as possible for students regardless of whether they're currently in a child life course as well as to accommodate different learning styles (i.e. articles, video clips, closed captions, etc).

Q: How do you see these new Pre-Internship Modules being useful to the child life community?

Hilary: The work group was guided by the fact that practicum experiences have been valuable for many students entering the field of child life; however, at the same time, they have also become a barrier to many people trying to enter

the field of child life. The work group tried to balance how different types of experiences are going to help different types of applicants be able to demonstrate KSAs on the internship readiness common application. We're hoping that these modules will be helpful for a certain group of students. This is not meant to be overly prescriptive in that every pre-internship student needs to use these modules to be internship ready. This is ONE resource and tool a student could use to prepare for internship.

Nicole: Hilary has a really important point with that statement and how the work group was intentional about ensuring these new modules are not overly prescriptive. One of the ways that we tried to do that was through the language used throughout the modules. For example, using the term "supervisor" instead of "child life specialist" recognizes that a supervisor at a camp for medically fragile children might not be a CCLS; however, this experience would be extremely valuable. By being mindful and intentional with the language used, the work group tried to showcase that there are a lot of different avenues that one could take on their journey to becoming a child life specialist. We wanted to create something that allowed for more pathways to achieve pre-internship preparation and ultimately into the profession.

Q: What is something that you hope people can take away from the work that you've done?

Hilary: One of the things the work group thought about while developing these new Pre-Internship Modules is that we know that there are CCLSs who are interested in giving some of their time to support aspiring professionals but might not have the resources or capacity to facilitate an internship. What we're hoping is that these modules could potentially allow some of those folks to be able to support students on their journey to internship readiness and to make that opportunity a bit more accessible. Specifically, we're hopeful these resources might be of assistance to people who find themselves outside the hospital settings because we know there are many, many individuals in these roles doing great work and who would have a lot to contribute to aspiring professionals.

Nicole: I know that the child life community (and I mean that in the global sense) has been looking for support around creating these preparatory experiences to reduce barriers as well as to find ways to be more inclusive and diversify the profession. These new Pre-Internship Modules can be one tool to help reduce some of those barriers with hopefully very little burden to programs that are looking to set up these kinds of experiences. The modules could give individuals who may not fit a traditional pathway more opportunities to use this curriculum to enhance their learning and ability to meet the KSAs for internship readiness.

CALENDAR

UPCOMING EVENTS AND IMPORTANT DATES

JUNE 8: NICU Affinity Group

JUNE 15-18: 2023 Child Life Conference

JUNE 28: LGBTQIA+ Affinity Group

JULY 1: Call for Abstracts: 2024 Professional Development Submissions Opens (ACLP Webinars & Conference)

JULY 6: CLPDC 2023 Q2 Data Entry Opens

JULY 7: International Conference Scholarship Application Opens

JULY 11: ACLP Webinar: Stitching the Quilt: Developing Diversity, Equity, and Inclusion in a Child Life Program

JULY 13: NICU Affinity Group

JULY 13: Community-Based Affinity Group

JULY 17: Mentorship Program Application Opens

JULY 21: ACLP Webinar: The Beauty and the Mess: Adolescent Group Programming

JULY 24: International Conference Scholarship Applications Close

JULY 26: LGBTQIA+ Affinity Group

JULY 31: Mentorship Program Application Closes

JULY 31: Call for Abstracts: 2024 Professional Development Submissions Closes (ACLP Webinars & Conference)

AUGUST 3: ACLP Webinar: Incorporation of a Developmental Screening Tool into Multidisciplinary Care Plans for Pediatric Burn Patients

AUGUST 10: NICU Affinity Group

AUGUST 14: ACLP Webinar: Making Every Interaction Count: Developing a Dedicated Interdisciplinary Volunteer Program for Patients with Congenital Heart Disease

AUGUST 15: Certification Exam Window Opens

AUGUST 15: Member of Color Affinity Group

AUGUST 16: Member of Color Affinity Group

AUGUST 23: ACLP Webinar: Expanding Inter-Professional Collaboration: A Child Life Elective for 4th Year Medical Students

AUGUST 23: LGBTQIA+ Affinity Group

AUGUST 30: Certification Exam Window Closes

AUGUST 31: 2024 Mary Barkey Award and Distinguished Service Award Applications Close