



**HEALTH SCIENCES**

MSc Child Life & Pediatric  
Psychosocial Care Program

**Master of Science Child Life and Pediatric Psychosocial Care Program  
(CLPPC)**

**Stream 1  
Clinical Education Handbook**

**This Clinical Education Handbook is a supplement to the  
MSc Child Life and Pediatric Psychosocial Care  
Program Handbook**

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## TABLE OF CONTENTS

<b>WELCOME &amp; OVERVIEW</b> .....	3
Introduction to Child Life Clinical Education at McMaster University .....	3
Clinical Education Learning Objectives .....	3
<b>COURSEWORK &amp; EXPECTATIONS</b> .....	4
Year 1 Curriculum .....	4
Year 2 Curriculum .....	4
<b>ROLES &amp; RESPONSIBILITIES</b> .....	5
Clinical Education Coordinator .....	5
Clinical Site .....	5
Clinical Preceptors/Internship Supervisor .....	6
Clinical Intern .....	7
McMaster University, Faculty of Health Sciences Professional Behaviour Code of Conduct for Learners .....	8
<b>PLACEMENT PROCESS</b> .....	8
General Guidelines .....	8
Internship Application Timeline .....	9
Pre-Placement Requirements .....	9
o Affiliation Agreements .....	9
o Health Clearance .....	9
o Vulnerable Sector Police Screen .....	10
o Learner Health & Safety Education .....	10
<b>COMPETENCY &amp; EVALUATION OF CLINICAL SKILLS</b> .....	11
Evaluation Process .....	11
Formative Assessment .....	11
Summative Assessment .....	12
Addressing Performance/Professionalism Issues .....	12
Evaluation of Clinical Internship Experience - Students .....	13
Evaluation of Clinical Internship Experience – Clinical Preceptors .....	13
<b>GUIDELINES FOR CLINICAL EDUCATION</b> .....	13
Intern Attendance at Clinical Placements .....	13
Interruption of Placements .....	14
Dress Code .....	15
Workplace Safety and Insurance Board (WSIB) .....	15
Harassment and Discrimination .....	16
Conflict of Interest .....	16
<b>GLOSSARY OF TERMS</b> .....	17
<b>APPENDIX A:</b> Child Life Certification Commission - Clinical Experience Verification Form .....	18
<b>APPENDIX B:</b> Student Internship Agreement .....	19

## WELCOME & OVERVIEW

### **Introduction to Child Life Clinical Education at McMaster University**

Welcome to clinical education within the Masters' of Science, Child Life and Pediatric Psychosocial Care (CLPPC) program for Stream 1 learners. This handbook has been written to provide information regarding guidelines, policies and procedures for child life interns, preceptors/internship supervisors and faculty members. Handbooks are reviewed and revised each year. Child life interns are responsible for reviewing and abiding by the information provided in this handbook

Our program is situated within the Department of Pediatrics and Faculty of Health Sciences at McMaster University. We believe that the clinical education and training of future Child Life Specialists (CLS) must consist of a well-balanced evidence-based curriculum that integrates theory, clinical application and practical hands-on experience in hospital and community settings. Over the course of the two-year full-time program, students will acquire new knowledge and clinical reasoning skills in a variety of areas related to child life practice and psychosocial care. Students will complete over 700 hours of clinical education training supervised by a Certified Child Life Specialist (CCLS). The clinical education portion of our program takes place in the second year of study and includes a 13-week placement in the fall semester, and a 13-week placement in the winter semester.

Clinical education placements are an essential component within this professional education program to integrate and apply theory to practice. Placements run alongside the online synchronous clinical skills seminar courses to reflect on, expand and integrate the experiential learning taking place. The goal is to establish minimum entry-level competence within the scope of child life practice across identified domains. This expectation is reflected in the assessment and evaluation process. The following guidelines are followed and documented on the ACLP/Child Life Certification Commission (CLCC) Clinical Experience Verification Form (Appendix A).

The CLPPC Stream 1 program follows the academic and clinical training guidelines set by the ACLP to prepare students in their eligibility for professional certification. Students in Stream 1 surpass the minimum number of clinical hours currently required by the ACLP (600 hours) to meet certification eligibility guidelines. For more information about professional certification with the ACLP, please visit <http://childlife.org/Certification/>. Achieving a passing score on the certification exam through the ACLP leads to the professional designation of a Certified Child Life Specialist (CCLS).

### **Clinical Education Learning Objectives**

1. To develop child life clinical skills based upon theoretical and conceptual knowledge of the scope of child life practice.
2. To identify learning goals and objectives for each of the two internships, building upon previously acquired knowledge and skills.
3. To participate in the range of child life services and programs available at the placement sites.
4. To contribute to the functioning of the host child life program by participating as a junior team member.
5. To evaluate one's performance on an on-going, daily basis.
6. To establish a mutually determined time **each week with the preceptor** to evaluate progress each week; the needs of the infants, children, youth and families; the effectiveness of interventions; a plan for continued development of intern skills; and for on-going feedback on performance.
7. To actively participate in a minimum of three intern performance evaluations in each placement with the preceptor and CEC.
8. To demonstrate reflective practice and consolidation of learning through completion of child life clinical curriculum.

## **COURSEWORK & EXPECTATIONS**

The curriculum for Stream 1 of the CLPPC program is designed for a professional and practice-focused graduate degree. Students will learn about pediatric psychosocial assessment and interventions, critically examine ethical issues, and apply theoretical knowledge and patient and family-centred care principles to diverse pediatric clinical settings. Students will also understand the foundations of clinical research, engage in critical reflection, and incorporate the appraisal of evidence to improve reasoning and clinical decision-making skills.

Stream 1 provides academic and clinical training (two 13-week internships) to prepare students with knowledge, clinical skills, and professional behaviours to practice as entry-level child life specialists.

### **Year 1 Curriculum**

The courses taken in the first year of the CLPPC program are:

- CLPPC 700 Child Life Residency 1
- CLPPC 702 The Child, Youth and Family in Healthcare
- CLPPC 703 Educational Research Methods in Health Science Education
- CLPPC 705 Grief, Loss and Bereavement in Childhood and Adolescence
- CLPPC 706 Pediatric Psychosocial Assessment
- CLPPC 707 Evaluating Evidence: An Approach to Critical Evaluation of the Literature
- CLPPC 708 Child Life: Foundations of Play
- CLPPC 709 The Vulnerable Child & Youth
- CLPPC 712 Professional Ethics
- CLPPC 710 Child Life Residency II

### **Year 2 Curriculum**

The fall and winter semesters in Year 2 of the program are focused on clinical education. Each child life internship is paired with a synchronous, online clinical skills seminar course to consolidate learning and further the application and acquisition of skills, knowledge and professional identity.

Interns will complete supervised hours in two different clinical internship placements, most often at different sites. **CLPPC 715 Child Life Clinical Internship 1** is scheduled for the fall semester, and **CLPPC 716 Child Life Clinical Internship 2** is scheduled for the winter semester. Placement sites are either in hospital or community settings and may include providing support to children, youth and families in a virtual format when appropriate. Each clinical internship placement is designed to provide a minimum of 360 supervised hours over a period of 13 weeks. After successfully completing Child Life Clinical Internship 1 & 2, the intern will have over 700 hours of supervised clinical experience in child life settings. Interns will be assessed and given feedback at minimum, through a midterm and final evaluation with their clinical preceptor and the CEC.

**CLPPC 718 Child Life Clinical Skills Seminar 1** and **CLPPC 719 Child Life Clinical Skills Seminar 2** run in conjunction with the Child Life Clinical Internship courses. Both of these seminars take place in a synchronous online classroom over a semester (in fall and in winter). These seminars provide the opportunity for students to process experiences during placements, debrief with the CEC as faculty lead, clinical facilitators and fellow interns, and share clinical practice information and resources through presentations and discourse. A set curriculum of foundational, professional practice topics will be utilized and discussed, and guest speakers with expertise in specific areas will be invited to join clinical seminar sessions.

Following successful completion of the clinical components of the program, students will take the CLPPC 717/Program Planning & Evaluation and CLPPC 713/ Independent Master's Project courses.

## **ROLES & RESPONSIBILITIES**

### **Clinical Education Coordinator (CEC)**

The CEC is a Certified Child Life Specialist who holds a faculty position at McMaster University with a minimum of 8000 hours of paid clinical child life experience as a Certified Child Life Specialist (CCLS). The role of the CEC is to manage the clinical education component of the curriculum.

Responsibilities include:

- Acting as a resource and liaison between the placement sites and the university to ensure that all requirements for internships are met for all institutions involved with the CLPPC program
- Acting as the main point of contact for interns and preceptors throughout internships and with the MSc Program Director regarding any internship related concerns that may arise
- Reviewing and revising the clinical education handbook on an annual basis
- Ensuring a process exists for approving internship sites: review, monitor and evaluate sites
- Maintaining current list of affiliated clinical internship placement sites
- Maintaining a database of sites and preceptors
- Addressing student accommodation issues that affect the placement experience
- Disseminating information to the sites concerning the program philosophy, curriculum and guidelines
- Matching student educational needs with available sites
- Defining action steps to achieve competence relative to ACLP's Standards of Clinical Practice and Competencies (*see Clinical Intern section on page 7 for links to documents*)
- Monitoring individual intern progress throughout each placement (meeting at minimum every two weeks for clinical supervision) and assist the intern in developing strategies to meet his/her on-going learning objectives throughout the program
- Facilitating the interns' application of theory to practice
- Providing preceptor and intern support and address any concerns throughout the placement period at partner sites. For any preceptor or intern matters which directly affect the internship experience, the CEC should be made aware as soon as possible. This would include such matters as illness, vacation, change in internship hours or placement times, and any placements concerns related to performance or safety.
- Participating in intern evaluations (at weeks 5, 9 and 13) during Clinical Internship I & II. This will be completed in person or by video call
- Ensuring the internship curriculum is consistent with the CLC Child Life Clinical Internship Curriculum
- Attesting that all conditions and requirements set forth on both pages of the CLCC Clinical Experience Verification (Appendix A) form have been met (CEC signs the verification form at the end of the clinical internship year for all rotations/placement hours as the "Internship Coordinator or Designated Individual").
- Formulating and assigning each student's final grade for CLPPC 715/ Clinical Internship 1 and CLPPC 716/ Clinical Internship 2 courses
- Facilitating Clinical Skills Seminar courses weekly with the interns

### **Clinical Site**

The clinical site agrees to follow the ACLP's guidelines below in offering a child life placement. The selection of preceptors/internship supervisors will be made by the clinical site. Students should not be used in lieu of staff, but shall be under the supervision of a Certified Child Life Specialist who meet the minimum requirements below:

The clinical site agrees to:

- Ensure there is a current affiliation agreement between the clinical site and university before an internship placement begins
- Ensure all clinical preceptors meet the minimum requirements:
  - Maintains professional certification with the ACLP
  - Has at least 4000 hours of paid clinical experience as a CCLS, prior to being a preceptor
  - Supervises a maximum of one intern at a time
  - Has weekly meetings with the intern
  - Spends 80% of their workday in close proximity to the intern (i.e. intern is able to reach their preceptor if they need them)
- Provide the CEC with an updated list (upon request from the CEC) of available child life preceptors/internship supervisors that includes
  - Confirmation of certification status with the ACLP
  - Current number of paid clinical hours of child life experience as a CCLS (must meet or exceed minimum of 4000 hours)
- Provide a 13-week internship placement opportunity that consists of either:
  - Option A: one 13-week rotation (minimum 360 hours)
  - Option B: split placement between clinical areas over the 13 weeks; we recommend placement structure be full days on any given unit/clinical area if possible
- McMaster child life interns and clinical preceptors will follow an individual model (1 intern:1 preceptor) or split model (1 intern: 2-3 preceptors). When there is more than 1 preceptor assigned to the child life intern, one preceptor will be designated the “primary preceptor” and be present for all evaluations to ensure continuity and consistency for the intern.

### **Clinical Preceptors/Internship Supervisor**

The Clinical Preceptor or Internship Supervisor is a Certified Child Life Specialist (CCLS) employed in a clinical setting, to work with infants, children, youth and families. Child life clinical preceptors are responsible for providing on-going intern supervision, evaluation and feedback. S/he must hold professional certification with the ACLP, and have more than 4000 hours of paid experience as a Certified Child Life Specialist prior to taking on the preceptor role. This aligns with clinical supervisor requirements established by the ACLP Child Life Certifying Committee to enable candidates’ eligibility for certification.

The preceptor’s specific activities include:

- Supporting and understanding the CLPPC program philosophy and goals and being aware of curriculum content, clinical education objectives and evaluations
- Providing the intern with orientation to the placement site
- Reviewing the intern’s learning plan and encourage the inclusion of additional goals and objectives that reflect learning opportunities within the setting.
- Facilitating and supervising the intern’s acquisition of clinical skills and knowledge related to the placement by providing appropriate learning opportunities for the intern to meet their learning objectives
- Creating a climate in which the intern can practice self-evaluation and reflective skills
- Creating a climate in which the intern can give and receive feedback
- Encouraging the intern’s use of resources, including connections to other health care professionals (HCP’s) that will enrich the learning experience.
- Meeting **weekly** with the intern to review the activities of the week, providing feedback in a meaningful and timely way on the intern’s performance, and planning for future intern responsibilities, learning goals and opportunities
- Identifying any areas for on-going development of knowledge and/or skill. **Raise any areas of**

*concern related to intern performance with the CEC as soon as the issue becomes apparent to enable collaborative planning.*

- Completing formative and summative evaluations with intern participation. Submitting a written evaluation regarding intern performance and recommending a final rating of intern performance to the CEC.
- Communicating with the CEC, as needed, regarding expectations of interns and evaluations
- Attesting that all conditions and requirements set forth on both pages of the CLCC Clinical Experience Verification (Appendix A) form have been met and signing for the hours completed under their supervision (each clinical preceptor signs the verification form as a “clinical rotation supervisor”)

### **Clinical Intern**

The intern has been admitted to the CLPPC program as a result of an intensive admission process that includes submission of academic transcripts, written information, academic and professional references, and Multiple Mini Interviews (MMI). Successful completion of both the coursework and internships will prepare students for eligibility to apply for certification through the ACLP.

The specific activities of the intern throughout the internship placements include:

- Following all policies and procedures of the facility, including those regarding dress and conduct
- Supporting the CLPPC program philosophy and goals, and represent the program appropriately
- Demonstrating a commitment to the learning process, and the development of clinical skills by taking responsibility for his or her own learning
- Working collaboratively with preceptors, other health care professionals and caregivers to provide quality services
- Completing a learning plan and reviewing this with the preceptor and CEC in the first 2-3 weeks of placement.
- Updating their professional e-portfolio throughout the clinical education year
- Demonstrating effective use of personnel and learning resources available within the placement setting
- Identifying new goals and objectives, as these arise, throughout the placement. These are to be reviewed with the preceptor and CEC.
- Seeking, accepting and responding to feedback regarding daily activities and skill development and providing appropriate and constructive feedback to the preceptor and team members
- Actively participating in all evaluations with the preceptor and CEC, demonstrating the development of self-evaluation skills
- Disclosing and managing in a timely way any limitations that may affect the student’s ability to do the essential components of clinical activity, or that may put other staff or patients/clients at risk

Demonstrating professional behaviour consistent with the [ACLP: ACLP Official Documents \(childlife.org\)](https://www.childlife.org) for which each student is responsible for understanding and applying the content:

- Mission, Vision and Values
- Child Life Code of Ethics
- Position Statement on Diversity, Equity and Inclusion
- Social Networking Guidelines
- Child Life Competencies (Updated in 2016)

## McMaster University, Faculty of Health Sciences

### [Professional Behaviour Code for Graduate Learners, Health Sciences \(mcmaster.ca\)](https://www.mcmaster.ca/healthsciences/professional-behaviour-code-for-graduate-learners)

In all aspects inside or outside of the academic and clinical settings, students will follow the McMaster University, Faculty of Health Sciences Professional Behaviour Code of Conduct for Learners. Please note that breaches to this Code of Conduct will be investigated, and where appropriate, sanctions applied. You are required to review and follow this Code of Conduct.

## **PLACEMENT PROCESS**

### **General Guidelines**

Child life interns participate in two 13-week internship placements throughout the CLPPC program. Clinical placement sites include those within Canada who meet site requirements and have a current affiliation agreement with the university on file. International placements *may* be possible at the discretion of the CEC, and must have a current affiliation agreement in place.

The following guidelines have been put in place to ensure transparency and a fair process for all interns. The goal is to provide learning opportunities for each intern that allow him/her to gain the appropriate knowledge, skills and professional behaviours required for entry level practice as a child life specialist.

#### Guidelines:

1. The process of intern placement matching is done on an individual basis with the CEC based on intern learning needs and goals, past experiences and availability of placement sites each year. Some placement sites require an interview (either in person or by video/conference call) while others do not.
2. All interns will begin a professional e-portfolio in their first semester of the program that will later be used as part of the application process. Some sites have additional application requirements.
3. Interns **must not** arrange their own individual placements directly with sites. Interns will have the opportunity to state preferences for placement sites during the first year of study, however the match between intern and placement site will be determined by the CEC who takes into account the needs of the program, community partners, current and future interns. Interns will not contact any site, facility or member of the personnel from any facility related to placement recruitment.
4. No intern is guaranteed a particular placement through our program, however the CEC will work together with the intern to facilitate the placement process. This may include support with interview skills, one-to-one meetings to discuss goals and learning needs, and guidance as needed.
5. Changes in assigned placements will not be considered except in exceptional circumstances, to be determined by the CEC, at his/her discretion. The CEC may request documentation/supplementary information during the decision-making process.
6. All expenses incurred while completing placements are the responsibility of the intern. Interns should consider possible expenses such as relocation, rent, commuting, parking, additional medical coverage and food. Interns are expected to provide their own means of transportation (driving, public transportation, other) to each assigned clinical placement site and to cover all costs associated with the placement (e.g. travel, parking, accommodation).
7. Interns should be prepared to be placed at placement sites across Canada as availability of placements within each geographical area is dependent on which sites and clinical preceptors offer placements during each semester. Some geographical areas may or may not have placements available within them. Due to the varied number of placements available each year (dependent on availability of qualified preceptors, staff maternity leaves, staff changes,



- etc.), the CEC works to ensure that the interns are placed in areas that will expose students to a wide range of learning opportunities between their two internship placement courses.
8. All interns must sign the “Student Internship Agreement” (see Appendix B) prior to attending CLPPC 700: Child Life Residency 1 to proceed with enrollment in the CLPPC program.
  9. The final decisions regarding intern placement assignments are made by the CEC and informed by the outcomes of the placement interviews/application reviews. Interns will meet with the CEC several times prior to placement decisions being made to identify preferences for placement sites; however, the final decision regarding assignments rests with the CEC.
  10. Interns will complete placements in a broad range and scope of settings over their two internship placement courses. This may include community or hospital settings with a range of patient populations from birth to 18 years of age.
  11. Remedial placements may be required in the event that an intern requires a placement outside of the fall or winter internship placements (due to leave of absence or remedial placement needs), a placement will be identified in a timeframe that is commensurate with all demands of the program and clinical placement sites at that time.
  12. Interns will follow the work hours of their clinical preceptor and may be required to attend evening and weekend hours. It is the intern’s responsibility to meet the requirements for clinical placement hours in order to meet the degree requirements of the program.
  13. The CLPPC program assessed a fee of \$1,200 (\$600 for each term - fall and winter) to account for the additional costs associated with the clinical placement matching process. The fee is payable with tuition in year 2 of the program.

### **Internship Application Timeline**

The following timeline is anticipated for the 2022-2023 clinical internship placement process. Interviews may take place outside of this timeline at the CEC’s discretion

<b>Clinical Education Semester</b>	<b>Confirmed List of Available Placements Released</b>	<b>Interviews</b>	<b>Internship Placement Matches Confirmed</b>
Fall	April	April-May	May-June
Winter	September	September/October	October

### **Pre-Placement Requirements**

#### *1. Affiliation Agreements*

It is the responsibility of the CEC to review affiliation agreements at the beginning of each academic year to ensure all placement sites open to intern applications are in good standing with McMaster University.

Interns may suggest possible internship placement sites that are not currently part of our internship program. The CEC will contact the site to ensure they meet the CLPPC Stream 1 guidelines for clinical sites, and will start the affiliation agreement process, if appropriate, in cooperation with the McMaster affiliation agreement representative.

#### *2. Health Clearance Process*

Completion of a Health Screening Record is a mandatory requirement for all learners in the CLPPC Stream 1 program. Although the clinical education component of the program starts in the second year of study, health clearance can take up to six months to complete. Health clearances must be complete before interns can apply for internship placements.

Health Screening Records are not viewed by the CLPPC program faculty. They are to be submitted to the health screening website no later than July 15 of the first year of the program and the annual TB update

submitted no later than July 31<sup>st</sup> of the second year of study. Health Screening information can be found at <https://fhs.mcmaster.ca/healthscreening/> and a detailed outline of [FHSHealthScreeningRequirements.pdf \(mcmaster.ca\)](https://fhs.mcmaster.ca/healthscreening/documents/FHSHealthScreeningRequirements.pdf). For quick access to the documents, please see the links below:

Year 1 Health Screening Record:

<https://fhs.mcmaster.ca/healthscreening/documents/Year1HealthScreeningRecord.pdf>

Returning Students (see “Returning Upper Year Students – Annual TB Update Form”):

<https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

How to Submit your Documentation:

<https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

For questions about the Health Screening Record process, please view the Health Screening Frequently Asked Questions page <https://fhs.mcmaster.ca/healthscreening/healthscreeningfaqs.html> or contact **Patricia Hartnett** at 905-525-9140 ext 22249 or [hrsadmin@mcmaster.ca](mailto:hrsadmin@mcmaster.ca)

### 3. *Vulnerable Sector Police Record Check*

In order to be in good standing in our program, all students must have a valid vulnerable sector police record check on file (police record checks are good for one year from the date they were provided). As a condition of your offer, you must provide a Police Records Check Vulnerable Sector Screen no later than July 31<sup>st</sup> of the year you are accepted into the program. **An original copy dated AFTER the offer of admission date must be received by the FHS Professionalism office by July 31 otherwise your offer of acceptance may be revoked.** Note that the original copy you submit will not be returned to you (so please ensure you have your own copy for your records).

The second Police Records Check Vulnerable Sector Screen must be submitted to the FHS Professionalism office **before the expiry date of the records check on file (from year 1)**. Please note that although many placement sites require interns to have a Police Records Check Vulnerable Sector Screen within one year of the last week of placement, other sites may require more frequent checks and child life interns are responsible for meeting the requirements of their placement site (and covering all costs associated with additional police records checks).

If you have any questions about how to obtain a police records check please visit [http://fhs.mcmaster.ca/pcbe/police\\_records\\_check.html](http://fhs.mcmaster.ca/pcbe/police_records_check.html) for more information and resources.

### 4. *Learner Health & Safety Education*

All interns will need to complete the learner health and safety education modules located on Avenue to Learn during their CLPPC 710 Residency 2 course (prior to beginning CLPPC 715 Internship 1). Each module requires the learner to pass a knowledge test affirming they understand the content. The CEC receives a report to confirm that all students have completed these mandatory trainings. Students will not be permitted to start their internship until these trainings are successfully completed.

The following modules are completed by each student/intern prior to beginning their clinical education year:

- Health and safety orientation
- Fire safety education
- Emergency code education

- WHMIS
- AODA training
- N95 respirator (they will have mask fitting completed and will know their size for their fall placement)
- Slips, trips and falls education
- Ergonomics education
- Violence in the workplace education
- PHO – Chain of transmission
- PHO – Health Care Provider Controls training

## **COMPETENCY & EVALUATION OF CLINICAL SKILLS**

### **Evaluation Process**

Communication amongst the intern, preceptor and CEC is essential to evaluation of clinical skills for CLPPC interns. The evaluation process is one that involves both formative and summative assessment. The evaluation tool is a vehicle for communication and discussion around the intern's self-evaluation, and the preceptor(s) evaluation of the intern's skill development and competency for entry level practice as a child life specialist. Interns are expected to demonstrate increasing levels of clinical skill, competence and independence over their two internships. Intern progress is overseen by the CEC and child life preceptors. Intern progress is also regularly reviewed by the Program Student Affairs Committee. We expect the development of self-evaluation skills so that the intern becomes an active participant in the evaluation process. Self-evaluation is an important aspect of professional development for a career in child life.

If an intern requires more time, support or resources to master the expected skills, it is important for the intern, preceptor and CEC to identify the best format and resources for addressing the issues and student learning. **Identification of concerns should happen as early as possible so that resolution can occur quickly.**

*Interns who do not meet minimum expectations following their final evaluation in Child Life Clinical Internship 1 or Child Life Clinical Internship 2 may need to complete additional internships.*

*Minimum expectations for Clinical Internship 1 include passing all course requirements and achieving >75% of ratings from their preceptor at category 3 (continued improvement) in each competency domain (assessment, intervention, professional responsibility).*

*Minimum expectations for Clinical Internship 2 include passing all course requirements and achieving >75% of ratings from their preceptor at category 5 (job entry) in each competency domain (assessment, intervention and professional responsibility). Completing additional internships involves an additional expense to the intern. A recommendation for remediation strategies must occur no later than the week 8 evaluation. Please see below for the steps in addressing performance and/or professionalism issues.*

### **Formative Assessment**

Formative assessment methods include those which allow for in-process, continuous feedback on the intern's performance on an ongoing basis throughout their clinical internship experience. During each of the intern's 13-week placements, the following tools will be used to consistently monitor progress and provide consistent feedback on their progress and skill development. Students must keep a copy of all forms for their records from each internship placement.

#### *1. Internship Workbook*

Each intern will maintain a personal workbook (online) throughout each internship. The workbook contents contain at minimum, a log of clinical hours accrued by week, a learning plan (including learning opportunities and goals), weekly reflections and clinical skill logs. The CEC reviews and provides feedback on each intern's workbook regularly which also informs individual clinical supervision meetings to monitor progress and skill development across the clinical education year. Workbook access can also be given to clinical preceptors.

## 2. *Formative Evaluation*

Interns and preceptors are expected to meet in person on a weekly basis to discuss progress, provide feedback to one another and make goals/plans for the following week. The formative evaluation tool is to be completed by the both the intern and preceptor (each complete their own copies) and then submitted for review by the CEC once completed and signed. The tool allows for ongoing feedback and monitoring of progress on a consistent basis throughout the internship, leading up to the summative evaluation using the full intern evaluation tool. The formative evaluation tool is used at the first evaluation and may be used for the second evaluation point (if feedback and progress indicates the intern would benefit from having the full evaluation tool at the second evaluation point).

### **Summative Assessment** (Completed during final week of each internship)

The evaluation tool used during the final week of each clinical internship is *adapted* from the ACLP Evaluation Tool for Child Life Interns ([Microsoft Word - InternEvaluationTool.doc \(childlife.org\)](#)).

The evaluation tool is an extension of the formative evaluation tool used for formative feedback earlier in the internship and is used as part of the grade assignment for the intern as part of the Child Life Clinical Internship course requirements. Both numeric and narrative evaluation feedback are used to indicate level of student competency. A final recommendation from the preceptor is made to the CEC based on all ratings of the individual sub-tasks in each domain (based on the benchmark for that internship) combined with the written narrative evaluation. Based on all evaluative evidence, including academic coursework graded by the CEC, the CEC assigns the final overall performance outcome of each student in both clinical internship courses as either satisfactory (pass) or unsatisfactory (fail).

If the final overall performance outcome identified by the CEC differs from the preceptor's recommendations, OR if both the CEC and the preceptor recommend a fail, the CEC will present this information to the Program's Student Affairs Committee (PSAC) for review. This committee will make a final decision regarding the overall rating taking into consideration supporting evidence provided by the CEC, the preceptor, and the student. That evidence will be used in committee deliberations to determine if a student's performance has met the competency expectations for the internship course. A "pass" standing in the internship final evaluation, and signed Clinical Experience Verification Form is needed to meet the minimum requirements of internship courses.

### **Addressing Performance/Professionalism Issues**

In keeping with the professional graduate status of this CLPPC Stream 1 program, it is important that any issues related to the performance or professional behaviour of an intern or preceptor is dealt with as soon as possible. This contact should not wait until midterm or final evaluation time, as early communication affords the opportunity to manage issues and collaboratively implement strategies as early as possible. We welcome your questions and the opportunity to work together on strategies for learning and management of issues. The recommendations from our program in dealing with performance and/or professionalism issues are:

#### *Step 1 – Identify the Issue Early*

Interns and preceptors are encouraged to bring any concerns to the CEC as soon as they arise. The formative evaluation tools used at weeks 5 and 9 of the clinical placement also serve to highlight areas of

performance or professionalism that need particular attention; however, an issue may arise outside of these scheduled evaluation periods. If the issue is with intern performance, it should be highlighted by the preceptor, to the intern and then brought to the CEC for continued monitoring and support as needed. If the issue is with the intern/preceptor relationship, both the intern and preceptor are encouraged to maintain open communication and engage the support of the CEC.

### *Step 2 – Developing a Plan*

We encourage the intern and preceptor to develop a written plan of action to address any issues related to performance and/or professionalism. If an intern is not performing up to standard or progressing in their skill set, the preceptor should first inform the intern in writing (CEC should be copied on all communication) and then should sit down with the intern (and CEC if necessary) to develop a written plan for how the intern is expected to develop the skills required and demonstrate improvement in the areas of concern highlighted by the preceptor. The written plan should include:

- Details of specific concerns with intern performance
- Learning objectives not being met or addressed due to poor performance
- Learning objectives to be achieved or behavior changes expected (provide timeline where appropriate)
- Any modifications required of the placement site to meet the above learning objectives and/or behavior changes
- Time schedule and plan for evaluation of outcomes

### *Step 3 – Monitoring & Evaluation*

The CEC will work together with the intern and preceptor to monitor progress on a weekly basis, assess the written plan and evaluate the outcomes through regularly scheduled meetings with the intern and preceptor. In cases where the intern does not improve, he/she must complete an additional clinical internship placement at the intern's expense.

### **Evaluation of Clinical Internship Experience – Students**

Interns are provided the opportunity to complete an evaluation of their clinical placement and clinical preceptor(s) at the end of each internship. The feedback that is provided through the *Student Evaluation of Internship Form* should be articulated in a clear and professional manner. The CEC collects both site and preceptor feedback, summarizes main themes of strength and areas for improvement at the end of each clinical education year. Feedback is shared with placement sites (child life or program managers) and preceptors once they have had more than 2 interns and as requested by preceptors and internship sites. Feedback is never shared in connection with intern names or identifiers.

### **Evaluation of Clinical Internship Experience – Clinical Preceptors**

Clinical preceptors will be given the opportunity to provide feedback on our clinical internship program at the end of each academic/internship year to promote ongoing, program evaluation through the CEC. Our program seeks feedback on issues such as evaluation processes, communication, support and learning needs to monitor and revise the Child Life Clinical Internship courses as needed.

## **GUIDELINES FOR CLINICAL EDUCATION**

### **Intern Attendance at Clinical Placements**

For the duration of each of the two 13-week clinical internship placements, interns are expected to attend and actively engage every day, following the work schedule of their preceptor (this includes observing statutory holidays if the placement site observes the holiday; may include working weekends and/or evenings if preceptor is scheduled to work during this time).

Absence from placement is treated as if the intern was a working employee of the placement site. Interns must follow reporting guidelines of their placement site as well as notify their preceptor and CEC as soon as possible. Missed days/shifts are also recorded in the online workbook under “clinical hours accrued”. Missed clinical placement shifts will need to be made up in their entirety. See the table below for exceptions and documentation required for specific types of absences (exceptional circumstances).

If an absence from placement occurs, it is the intern’s responsibility to communicate with the preceptor and CEC regarding the date they are able to return to placement. At that time, it will be determined how many hours the intern must make up for due to their absence. Once returned to placement, the intern and preceptor will make a plan for replacing hours lost, as long as it does not cause any undue hardship or extra work/commitment from the preceptor’s regularly scheduled hours. The CEC will stay informed of the plan to help support the intern and preceptor.

For illnesses, interns are given 4 days allowance for their own health/medical issues without the need for a doctor's note and these missed hours are not required to be made up at another date/time. The intern is still responsible for informing the site (as per placement site guidelines), preceptor and CEC in a timely fashion if they need to take personal days for illness/medical issues.

If the intern misses more than 4 days for illness/medical/other reasons, they will need to make up the time in its entirety, consulting with the CEC first before discussing a plan to make up time with their preceptor. Any absence from placement that exceeds 4 days and cannot be made up may necessitate a withdrawal from a placement. Depending on the circumstances surrounding prolonged absence, the CEC may recommend a failing grade for that clinical internship course.

Extra hours accumulated during one clinical internship cannot be carried forward to meet the minimum number of hours for the second clinical internship; however, they can be used toward the total number of hours accumulated for the purposes of applying for certification eligibility with the ACLP. Planned/unplanned absences cannot be used to end a placement early or to have evaluations completed earlier than scheduled.

**Interruption of Placements**

*1. Unplanned Student Absences & Required Absence-Supporting Documentation*

Missed placement time due to issues beyond the interns’ control such as an unexpected illness, injury or compassionate leave are the only reasons prior approval is not required by the CEC. In the case of such absences, the CEC must be notified immediately so that alternative arrangements can be made, contact with the placement site and preceptor can occur in a timely fashion and a plan can be put in place both for the absence of the intern from the placement site and a plan for making up missed placement time.

**Required Absence-Supporting Documentation**

Medical Reasons – Pre-Scheduled Appointment	Written verification of the appointment must be provided from the physician or medical office, when the planned absence request is submitted in writing
Medical Reasons (missed more than 4 days of placement in total over the internship)	A letter signed and dated from your physician verifying the dates of absence from placement and date the intern is able to return to placement must be submitted to the CEC as soon as it is available. McMaster’s policy requires that you “be seen by a physician at the earliest possible date, normally on or before the date of missed work”

Death of a Family Member or Friend	Provide one of the following: <ul style="list-style-type: none"> <li>• A letter from the funeral home confirming that you attended the funeral</li> <li>• A death certificate</li> <li>• An obituary</li> </ul>
Jury Duty	Submit the original official notice and a photocopy. The photocopy will remain on file.
Wedding	Absences for weddings will only be granted if those getting married are in your immediate family or you are in the wedding party.
Other	The CEC may request additional supporting documentation if absences occur for reasons outside of those stated above.

*2. Planned Student Absence*

Any planned student absences must be made with a formal request in writing to the CEC including the time away as well as a proposed plan to make up the missed learning. The formal request must be submitted a minimum of 3 weeks in advance of the placement commencing. All situations for planned absences will be assessed on an individual basis by the CEC. If the request is approved, the CEC will communicate the plan with the preceptor as soon as possible. The interns’ request may not be granted if the placement site and preceptor are not available to accommodate the intern’s request, or there is no make-up time available in the placement.

*3. Placement Schedule*

Prior to beginning the first day of placement in either of the two 13-week child life clinical placements, the intern is expected to make contact with their preceptor to discuss their daily schedule and start time. Interns are expected to be ready to start their day with their preceptor at the scheduled time. We recommend that all interns plan to arrive to placement at least 15 minutes prior to their scheduled start time to ensure they have ample time to set-up and prepare for the start of their day. If an intern is late to placement, they should contact their clinical placement site and preceptor as soon as possible. Subsequent late arrivals to placement should involve notification to the CEC and it would be in the placement sites judgment to terminate a placement for consistent lateness in consultation with the CEC. Time management and being on time to placement is also part of the formative and summative evaluation process, and should be highlighted by the preceptor to the intern and the CEC as soon as it becomes an issue.

**Dress Code**

As an intern representing the CLPPC program, the Faculty of Health Sciences, Department of Pediatrics and McMaster University, as well as the placement site, your appearance and attire should reflect the role of a working professional. We ask that you respect the dress code in place at your clinical placement site, and follow the guidelines provided by your preceptor and child life department. Professional appearance is part of your formative and summative evaluations for each placement. There is no official uniform for a child life specialist and expectations may differ within each clinical area at each placement (e.g. scrubs worn in same day surgery area). For this reason, we ask that you adhere to all site-specific dress code requirements.

**Workplace Insurance & Safety**

During unpaid training placements, most interns are eligible for WSIB benefits for work-related injuries or diseases. In those placements where the site is not covered by WSIB, or has not applied for the

Workplace Safety Insurance Act (WSIA), students are eligible for accident insurance called ACE INA by the Ministry of Training for University and Colleges. A Work/Education Placement Agreement Form must be completed prior to any clinical placement beginning. Claims requests and reports are coordinated by McMaster University. If an accident resulting in injury happens during placement hours, follow the steps below immediately:

- Notify the preceptor and/or placement facility student coordinator AND the CEC
- Complete the [McMaster injury/accident report](#) available online and email it to [fhsso@mcmaster.ca](mailto:fhsso@mcmaster.ca) and the CEC

For more detailed information, please refer to the [McMaster Faculty of Health Sciences Safety Office](#) webpage.

Students may also be asked to complete workplace injury/accident reports and follow the procedures of their placement site in addition to McMaster protocol.

### **Harassment and Discrimination**

All interns have access to the Equity and Inclusion office at McMaster University (accessible via the web at <https://equity.mcmaster.ca/>)

The Equity and Inclusion Office (EIO) is a central resource where expertise is proactively drawn upon by administrators, faculty, staff and students: to advance unit-specific and institutional equity, diversity, inclusion and accessibility goals; to enact inclusive excellence principles; and to establish respectful living, learning and working environments that are free from harassment and discrimination, and sexual violence including through timely and procedurally fair investigative and alternative dispute resolution processes.

The McMaster policies make provisions for students working off campus in University-sanctioned academic activities. The McMaster policy can be accessed at: <http://hres.mcmaster.ca/policies>

### **Conflict of Interest**

A potential conflict of interest may arise when an intern takes a placement with a preceptor who is previously known to them either personally or professionally. The evaluation process can be impacted, consciously or unconsciously, when a conflict of interest occurs. In order to ensure a fair evaluation process for all interns, we ask that interns disclose to the CEC if they have been matched at a placement site with a preceptor they previously had a relationship with of any kind that may impact their placement experience. This is part of the placement matching process and the CEC will make a final decision to determine if a conflict of interest is present and how it will be managed in the best interest of the intern's learning goals and overall placement experience.



## GLOSSARY OF TERMS

**Association of Child Life Professionals (ACLP):** Established as a nonprofit organization in 1982, the ACLP (formerly Child Life Council) is the leading membership association for child life professionals. ACLP provides members with professional development programs and resources, administers the examination-based child life certification program, facilitates the exchange of professional knowledge and best practices, and distributes information about the needs of children experiencing stress and trauma.

**Child Life Certification Commission (CLCC):** With the revision to the bylaws that was approved by the ACLP membership in May 2018, the Child Life Certifying Committee has become the Child Life Certification Commission. This is not a separate organization; CLCC will remain part of ACLP but will have different authority. CLCC now has the authority for making decisions regarding all essential certification activities including policies related to eligibility requirements, certification standards, exam development and administration, selection of subject matter, disciplinary actions for certification-related matters. The commission is comprised of 12 commissioners who also oversee several committees: item writing, item review, exam assembly, recertification audit, communications, appeals, ethics, nominating.

**Child Life Placement/Internship:** The terms child life placement and internship are often used interchangeably within McMaster and the clinical community. These terms are used to describe the supervised clinical experience to facilitate knowledge, professional identify and development of clinical skills and clinical reasoning in accordance with the competencies outlined by the Association of Child Life Professionals. The placement or internship experience is collaborative among the university, students, preceptors, patients and families.

**Clinical Education Coordinator (CEC):** Develops and manages the clinical education component of the CLPPC Stream 1 program.

**Preceptor/Internship Supervisor:** A child life specialist with over 4000 hours of paid work experience as a Certified Child Life Specialist (CCLS) who is responsible for personal instruction, training and supervision of a child life intern. The term internship supervisor may be used interchangeably within clinical communities. In addition to teaching and mentoring the intern, the preceptor is responsible for the evaluation and documentation of the intern's performance during the placement period.

### Resources

Sweett, B., Munn, E.K., Graca, S, 2012. Internship Supervisor's Manual For Child Life Clinical Internship Programs. Child Life Council. Arlington, Virginia, USA.

## Appendix A



# Child Life Certification Commission Clinical Experience Verification Form

Effective January 2019

The Child Life Certification Commission cannot bestow competence on individuals, but rather recognizes it. It is the responsibility of academic and clinical preparation programs to put forth competent individuals who are prepared to establish eligibility to sit for and pass the certification exam.

The purpose of this form is the verification of internship hours for the purpose of establishing eligibility for the Child Life Professional Certification Examination. The internship hours being verified should involve training and education in a manner that results in minimum, entry-level competence in each of the areas of the Child Life Professional Certification [Exam Content Outline](#). All concepts and relevant skills delineated therein are required for a complete training experience.

### Clinical Rotation Supervisors

Clinical rotation supervisors must meet the following criteria:

1. Maintains professional child life certification throughout the clinical training program
2. Has a minimum of 4,000 hours paid child life clinical experience prior to taking on the supervisory role
3. Is responsible for the educational development and guidance of the applicant in the clinical setting.

Clinical rotation supervisors must:

- Have daily contact with the individual, working at least 80% of the same hours
- Have no dual relationships with the individual (family member, spouse, friend, etc.)
- Arrange for alternate supervision of the individual by another qualified CCLS in his/her absence
- Model for and then observe the individual demonstrating a minimum, entry-level competence
- Directly observe the individual in order to monitor and evaluate performance
- Schedule private, weekly, formal, and uninterrupted supervision meetings with the individual

### Important Notes

- ◆ Candidates are permitted to accrue the required clinical hours at more than one institution. This form must be completed by each institution.
- ◆ Candidates submitting this form who completed the internship with remote supervision must have previously obtained authorization through the [Extenuating Circumstances Policy](#). The internship coordinator must indicate on this form that remote supervision was approved.
- ◆ Photocopies of the original form are accepted as documentation when establishing eligibility for the exam.
- ◆ Exam candidates are encouraged to keep a copy of this form for their records.

### Instructions

Complete the requested information on the following page and submit by upload to the applicant's record, fax to 571-483-4482, scan/email to [certification@childlife.org](mailto:certification@childlife.org) or mail to:

Association of Child Life Professionals  
1820 Ft. Myer Drive Ste 520  
Arlington, VA 22209

### Internship Coordinator

Internship coordinators must meet the following criteria:

1. Maintains professional child life certification throughout the clinical training program
2. Has a minimum of 4,000 hours paid child life clinical experience prior to taking on the supervisory role
3. Is responsible for the educational development and guidance of the applicant in the clinical setting.

In lieu of a formal internship coordinator, a designated clinical supervisor must be named to fulfill this role and complete the verification form. The designated individual must meet the clinical rotation supervisor requirements.

Internship coordinators must:

- Be responsible for oversight of internship program with the support of the clinical rotation supervisors.
- Work with the clinical rotation supervisors to educate, evaluate, mentor, and coach interns
- Ensure educational opportunities for interns are available to help them gain knowledge and experience in relation to the [Exam Content Outline](#)
- Serve as a liaison between the child life department and academic institutions, where applicable
- Schedule private, weekly, formal, uninterrupted supervision meetings with the individual
- Provide intern with the Clinical Experience Verification Form at the completion of the internship

Applicant Name \_\_\_\_\_ Institution Name \_\_\_\_\_

CLCC-Approved Remote Supervision Yes or No (circle one)

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**Clinical Rotation Supervisor 1**

Name (printed) \_\_\_\_\_ CCLS # \_\_\_\_\_

Dates of supervision from \_\_\_\_\_ to \_\_\_\_\_

By signing this form, the clinical rotation supervisor attests to meeting the supervisor requirements and directly observing the intern successfully perform or be trained in the skills identified on the [Exam Content Outline](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Clinical Rotation Supervisor 2**

Name (printed) \_\_\_\_\_ CCLS # \_\_\_\_\_

Dates of supervision from \_\_\_\_\_ to \_\_\_\_\_

By signing this form, the clinical rotation supervisor attests to meeting the supervisor requirements and directly observing the intern successfully perform or be trained in the skills identified on the [Exam Content Outline](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Clinical Rotation Supervisor 3**

Name (printed) \_\_\_\_\_ CCLS # \_\_\_\_\_

Dates of supervision from \_\_\_\_\_ to \_\_\_\_\_

By signing this form, the clinical rotation supervisor attests to meeting the supervisor requirements and directly observing the intern successfully perform or be trained in the skills identified on the [Exam Content Outline](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Internship Coordinator or Designated Individual**

Name (printed) \_\_\_\_\_ CCLS # \_\_\_\_\_

Interns must be trained on all items on the [Exam Content Outline](#) by one of the following: clinical rotation supervisor or internship coordinator. By signing this form, the coordinator (or designated individual) attests that he/she meets the internship coordinator requirements and that all these elements were included in the training experience. By stating that the applicant exhibits minimum, entry-level competence, you attest that he/she has been adequately trained relevant to the [Exam Content Outline](#), supervised by an appropriately-qualified CCLSs, and during this period, the applicant has demonstrated minimum, entry-level competence in all areas of the [Exam Content Outline](#): (Check one)

Yes       No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Number of Hours Completed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**HEALTH SCIENCES**  
MSc Child Life & Pediatric  
Psychosocial Care Program

Appendix B

**Master of Science in Child Life & Pediatric Psychosocial Care  
Stream 1**

**Student Internship Agreement**

I understand that during the MSc in Child Life & Pediatric Psychosocial Care program I will be required to successfully complete two (2) clinical internship placements (13 weeks each). I understand that my placement site may be located outside of my home province (placement sites are in provinces across Canada) for either or both placements, and any cost incurred during my placement is my responsibility (travel, accommodation, transportation, food, etc.).

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign a scanned copy to [Error! Hyperlink reference not valid.childlife@mcmaster.ca](mailto:childlife@mcmaster.ca) no later than August 1 of the year you are accepted into the program.