

A COMPREHENSIVE FOUR-YEAR CHILD LIFE MAP FOR STUDENTS

Amanda Newberry

Auburn, Alabama

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FOREWORD

Dear Reader,

Being a child life student is hard. Believe me, I know. I was in your shoes not so very long ago. Making it through the college experience at times felt like I was driving down the wrong lane of the interstate at night with no headlights and no map. Of course, there were people who helped along the way. You must learn to seek out help. I've created this comprehensive map to help get you successfully negotiate your Child Life concentration. There may still be times when you feel like you are driving down the road at night with no headlights only this time you'll have a map as an additional resource.

The field of Child Life is relatively new in comparison to the rest of the medical field. Many hospitals still do not have Child Life Specialists on staff, and those that do are full of medical professionals who do not understand the importance or necessity of our career. Because of these facts, *Child Life is a very competitive field*. There is a lot for students to overcome in order to see success in our chosen field. We have to help ourselves, pulling ourselves up by our bootstraps, as they say. The only person who can prepare you for this career is you. This map is meant to be an ideal version of what your Child Life education should look like. We students know all too well that ideal is rarely reality. Thus, feel free to rearrange and edit this map to fit your needs (after all, it is *your* journey).

Work hard. Take the initiative. Do not lose heart. Embrace your failures. Enjoy the journey.

-Amanda

THE FOUR-YEAR-PLAN

Freshman Year

Considering most students have no clue about what they want to do during their freshman year, I'm pretty proud that you are reading this book already! If you are reading this and you are not a freshman, that's okay. Just start here and reorganize your map accordingly. Here are some things to accomplish Freshman year:

- Get a small part-time job working 5-10 hours a week in a child care setting (nanny, kindergarten, after-school, even church nursery).
- Meet with your advisor to set up a 4 year plan of classes.
- Take core classes. Doing so will ensure that you have the prerequisites you need to take higher level classes down the road. It also will safeguard against you graduating late if you do decide to change your major. You can check out the College of Human Sciences' Plan of Study below, or at http://www.humsci.auburn.edu/acad/files/hdfs_childlife.pdf to see what classes they recommend.
- Get involved on campus. Former Child Life students interviewed for the purposes of this project all mentioned how important campus activities were to them on both personal and professional levels.

Sophomore Year

So you made it through your first year at Auburn. Congratulations! Here are some things to work toward during your sophomore year:

- Start the process of completing your ABI and FBI clearing letters. You may not be able to complete volunteer or practicum work without them. You definitely cannot do your internship unless they are on file with the HDFS office. Pick up the paperwork and instructions in 203 Spidle Hall. The forms are good for three years.
- Officially declare your major if you haven't already done so. This will allow you to register for major classes.
- Continue working with a child-related volunteer organization or in child-related employment.
- Continue being involved on campus and consider joining an honor society, if you are eligible, to beef-up your résumé.
- Be a present, active, and studious participant in your HDFS classes. Building lasting relationships with these professors will help you develop networking opportunities. These professors also will be the ones you are eventually going to ask for letters of recommendation.
- Consider getting involved in undergraduate research. Research is growing more important in the child life world, and getting started now is a great way to "sell" yourself in an interview.
- Consider working in an alternative child-related setting such as a camp. Some camps even offer practicum experience. More information about practicum experience is

coming up later in this map. Working with healthy children is part of a good résumé experience.

- Begin developing your résumé. You can add to it as you gain more experience. You will get help starting this in HDFS 2030. See the resources section of this map for examples. Remember, while the experience is important, you are also developing letters of recommendation.
- Begin researching hospitals that you are interested in applying to for internships. Making a list now will help you later. Also, consider adding some “Plan B” internship locations to your list. Consider adding non-hospital settings like Give Kids the World, Storybook Farm, Camp Smile-A-Mile, or Magic Moments as well as smaller, less well-known hospitals. For more information on your “Plan B”, check out the section entitled, *I Didn’t Get an Internship*. It never hurts to be prepared.

Junior Year

Can you believe it? You're almost there! Here are some things to work on this year:

- Practicum and volunteer work are your MAIN priorities this year. Try to gain 150 or more hours working under a Child Life Specialist to be a competitive internship applicant. Make sure you are demonstrating great work ethic, enthusiasm and *initiative* to your supervisors here, as these relationships will result in your most important letters of recommendation for your internship.
- Be sure to take the Hospitalized Child course (HDFS 4500) in the fall and the Therapeutic play (HDFS 4510) in the spring during or before your practicum experience. **Plan ahead! These classes are only offered certain semesters!** Online versions of these classes (HDFS 4503 and HDFS 4513) may be available in summers.
- Join the Child Life Council. There is a fee to join, but being a member gives you perks and tips that will help you be the best Child Life Specialist you can be. It also has a list of hospitals where you can intern or gain practicum experience, and you have to be a member to apply to some internships.)
- Continue working hard in your HDFS courses in order to build relationships with professors that will lead to powerful letters of recommendation.
- Attend one of the Mandatory Internship Orientation meetings. Your internship application materials are due two semesters in advance of the semester you plan to intern. For more information, see the HDFS Internship Director and or keep an eye out for posters in Spidle or emails. Plan ahead! There are NO Internship meetings in the summer.
- Consider attending a Child Life Seminar. Child Life Seminars are classes taught by a hospital's Child Life Staff. They are opportunities for students like us to learn outside of

the classroom in a hands-on environment. There are many hospitals that offer these, but Children's Healthcare of Atlanta and Children's of Alabama usually offer one in the fall. Look for emails from Dr. Sailors regarding other opportunities.

The Summer after Junior Year

Sure, it's summer, but you can't take it too easy just yet. This part of the journey is what it's all been leading up to. It's time to apply for internships! Things to do this summer:

- Have a list of at least 20-25 places where you would like to apply, along with the contact person, due date, and address for each. Print this list, along with your résumé, and make appointments with 2 professors, 1 child life specialist (preferably your practicum or volunteer advisor) and a professional of your choosing by the end of June. At your meeting, ask them to write a letter of recommendation for you and thank them for their time. Give them plenty of notice, as YOUR DELAY IS NOT THEIR EMERGENCY! Request the letters be returned to you at least 2 weeks prior to your post-mark date. (The post-mark date is usually Sept 5)
- When applying, consider a range of Child Life programs. Applying to large programs, small ones, well-known ones, and lesser-known ones will give you a wide range of options. Each has something to offer. Getting an internship is the most important thing. Where you intern doesn't matter as much. Also, when compiling a list of places you are interested in, do not forget to check and make sure that Auburn has an internship affiliation agreement with that hospital. If Auburn doesn't have an agreement, it is possible that a new one can be worked out. Each year students branch out and new agreements are formed. This, however, is not a certainty. To be safe, apply to some hospitals that have agreements with Auburn. This list is updated almost every semester so check with the HDFS Internship Director, Dr. Sailors, for more current information.

- Be sure to write thank you notes to all of the people who wrote letters of recommendation for you.
- Register your classes with the Child Life Council to have them approved. Do this early, as the Child Life Council will not do class approvals during certain months.
- Send your résumé to Career Development Services' eResume Review and have them check it before you mail it out.
- Practice interviewing. Career Development Services can help with this too. Later in the Interview Preparedness Section, I will provide a list of practice interview questions.
- Be sure to send your completed internship applications in priority mail. Have the Postal Service give you receipts which include the date you mailed it and the address of each hospital.
- Consider taking HDFS 4950, Death and Dying. The importance of bereavement skills cannot be overstated for Child Life Specialists. Keep in mind that this class is ONLY offered during summer semester. It will count as a Professional Elective.

Senior Year

Congratulations! You're almost done! Internship season is HERE! Some things to do senior year:

- Purchase a conservative business suit.
- Internship interviews will be a very present part of your fall semester. Be prepared to travel. Work with your professors in advance to be excused from classes if needed during this time. Interviews are a necessary part of the internship process.
- Write thank you notes to anyone who interviews you, whether it is a phone interview or an on-site interview. Get your thank you note in the mail within 24 hours.
- MAKE A DECISION! There are a lot of factors to consider in this decision, such as the rotations that each hospital offers, the specific attributes of each program, the proximity of the hospital to your family and friends, the price of housing in the city the hospital is located in, and the personality of workers at the hospital.
- You may not be accepted by more than one hospital in your search. Do NOT let this discourage you.
- Turn in your internship commitment forms. If your form will be late due to the decision process of your hospitals, be sure to let Dr. Sailors know.
- Attend the Internship Mandatory Preparation Meeting. Keep an eye out for posters around Spidle hall and emails from Dr. Sailors reminding you to attend.
- Register for Auburn's Graduation Course Spring Semester (UNIV4AA0).
- Find housing in your new city!

- Have your TB test and any other required medical tests/procedures completed. Many hospitals now required a 10 panel drug screen. Be prepared to pass the test. There also may be other requirements from your hospital. Be sure to check into these.
- Collect your immunization records.
- Send the request to Auburn Risk Management Services to provide your hospital with proof of your Student Professional Liability Insurance. Use the form provided at the Mandatory Internship Orientation Meeting.

PRE-INTERNSHIP EXPERIENCES:
VOLUNTEERING AND PRACTICUM

Frequently Asked Questions about Volunteering and Practicum

Question #1: What is the difference between a practicum and a volunteer position?

The main difference between a practicum and a volunteer experience is the authority under whom you work. If you get to work directly with a Child Life Specialist, it's usually called a practicum. If you are simply working with children who are sick or hospitalized, but no Child Life Specialist is supervising you, it will typically be considered a volunteer position.. A good rule of thumb is that if there is a formal application process and a structured workday under a Child Life Specialist, it is most likely a practicum. Child Life Specialists from Children's Hospital in Birmingham, Alabama treat practicum like a 'mini internship'. That means that the Child Life Specialists expect students to have experience and knowledge of Child Life when they are accepted into the program. With volunteers, they do not expect this. They also accept only a few practicum students per semester, while there are many volunteers. Also, working in a non-healthcare setting with children will be considered volunteering.

Question #2: So, if there is a difference between volunteering and practicum, which one is more important to get?

A competitive Child Life student has around 150 hours of practicum experience. Many hospitals require that you have volunteering experience in order to apply for a practicum. In terms of volunteering, you might think it is more important to gain experience with sick kids since you are working toward a hospital internship. Gaining experience with healthy kids, however, is extremely beneficial to you both in your internship application process and in your

eventual job. Learning how healthy children naturally move through their developmental stages and being able to identify what normal behavior is during each stage will help you to understand how sick children are regressing, or not progressing.

Question #3: 150 hours is a lot! How do I make it all fit into my schedule, especially when there are few practicum opportunities near Auburn?

Great question! This is the number one biggest problem in our field at our institution. There are simply not enough opportunities near here for us to get our feet wet and our hands dirty working in the field of Child Life. So, we have to find other ways. A few tips for gaining hours are as follows. One: Try to find hospitals near your home that will let you do long shifts daily over breaks like Spring Break, Christmas break, and the summer. Many Child Life specialists will be willing to work with you if you explain your quandary. Two: Consider looking into camps that offer practicum hours. Such camps are usually offered by hospitals, and a Child Life Specialist from that hospital is present. Local options include Children's Healthcare of Atlanta and Children's of Alabama. These commitments will only take about a week of your time over one summer, but they will be strong selling factors for you on your résumé. These camps usually offer both practicum hours and volunteer hours. Three: Try and schedule your classes so that you have a day or two per week free. That way, you can drive a little further from Auburn to gain hours, while still making the trip worth your while.

Question #4: Where can I find practicum opportunities?

The Child Life Council is a great resource for finding hospitals in your area with Child Life services. To view this list, go to the Child Life Council website (Childlife.org) and click on "the Child Life Profession." You will then be asked to log in. You can only log in if you are a paid member. This is why it is important for you to join early. From there, you can view

hospitals with any number of criteria you choose. Also consider reaching out to former Child Life students to see where they did their practicum. Dr. Sailors' emails also are chock full of great opportunities, so read these carefully. Finally, never underestimate the power of the Google Search or calling around. Because this search can be so exhaustive and time consuming, YOU MUST START EARLY to be successful.

Question #5: When should I start?

It's never too early to begin volunteering or working at a child-related job. These hours will only benefit you in later pursuits. Practicum, however, is something you should probably do late sophomore or early junior year. You will not have the knowledge base you need to be successful in your practicum until after you have taken Child Development, Lifespan Development, and Hospitalized Children and Their Families.

Question #6: What assignments will I complete during my practicum experience?

You will be in charge of keeping a daily journal. You will most likely be required to do a procedure preparation and design a playroom activity for children. Your practicum adviser will have very specific criteria for your procedure preparation and your playroom activity, but information about your journal can be found below.

Question #7: How do I write a journal entry?

Your journal should not be merely a summary of your activities for the day. It should take what you did during a day and apply it to the profession. Questions to consider when writing your journals include "why does this matter to the children?" "how does this apply to what I have learned in classes?" and "what did I learn through this?" See Appendix A for an example.

LANDING YOUR INTERNSHIP

Internship Frequently Asked Questions

Question #1: How do I find places I am interested in?

You can find an array of internship options through the Child Life Council website. Just follow the same steps as you did when looking for a practicum (refer to page 16). Also, you can check with professors, previous students, and your other Child Life contacts. Finally, the most thorough (and most time consuming) method is to simply Google search children's hospitals in the region of your choice. Most Child Life Interns including myself did this method. Review the Child Life Council website and specific hospital/child life program websites, as well.

Question #2: What should I look for in an internship?

There are countless criteria to consider when you are researching your internship. Only you can know what you are looking for, but there are a few basic things to look for in the program. Be sure the program has certified Child Life Specialists mentoring you. Also, check to see that the hospital has the area of work you are interested in. If you are not looking in a certain specialty area, check to see that the hospital offers a wide array of rotation options. There are many more criteria to check. The Child Life Council actually answers this question perfectly. It offers suggestions from current interns and Child Life Specialists, while also including things that most of us never would have considered. Check out the following information from the Child Life Council's website:

<https://www.childlife.org/files/InternshipApplicationProcessGuide.pdf>

Question #3: Perhaps the most frequently asked of all the questions: WHERE DO I START?

As cliché as it sounds, you start at the beginning. Make lists. Put together some sort of filing system for yourself. Here are some tips from previous students:

- Buy an accordion file and label each section with the name of a hospital that you are interested in and the date that each application must be postmarked by. Then make yourself 4 folders and label them “letters of recommendation”, “Child Life Council Class Approval”, “Résumés and Cover Letters” and “proofs of hours”. Slowly start filling these folders as you receive the paper work for each.
- Keep copies of email correspondence with professors, Child Life Specialists, etc. This information may come in handy later on.
- Print out facts about the hospitals as you find them. Put these print outs in a binder for your use during interview preparation and essay writing. Most hospitals will ask for an essay detailing why you chose their hospital. They also may include a list of questions to which you will write short responses. Including segments in your essay, your answers, and in your cover letter that are special and specific to their hospital will show that you spent time and effort on your application, making them more eager to offer you an interview. Showing how you are a good fit for them makes you more desirable as an intern.
- Consider setting aside small chunks of time, maybe 2 or 3 hours per week, to do internship-related tasks. Whether you need to send emails, make calls, search for hospitals, or begin filling out applications, you will get more done by tackling it piece by piece than if you try to cram it into a week-long stress-fest.

If you get the organization down at the beginning of your journey, the rest will be much easier!

INTERNSHIP FIVE-MONTH PLAN

You should have already completed the following prior to the start of your five-month plan...

- Your ABI and FBI clearing letters should be on file with the HDFS office.
- You should have already compiled a list of hospitals that you are interested in.
- You should have volunteering and practicum experience.
- Attend Dr. Sailor's Mandatory Internship Orientation meeting. You will be REQUIRED to be present. You will receive an email well in advance regarding the dates and time of this meeting, and it will be a valid Auburn University absence from class. Also look for flyers in Spidle Hall at the beginning of each semester. You will need to attend the meeting 2 semesters in advance of your internship.

5 months before your applications are due...

- Start narrowing down the list of hospitals you compiled during your Sophomore and Junior year.
- Make yourself an area to organize your internship information, like the one discussed earlier.
- Make a list of your hospitals, the due dates and a column for each of the following areas.

Then, you can check off each item as you complete it.

Hospital	Due date	Résumé	Cover letter	Letters of rec.	CLC proof of classes	Application	Check, if requested	Site requested questions or paper
1. Mercy Hospital	9/5/10	√	√	√	√	√	√	√

- Email at least 2 of your professors, one child life specialist, and one professional person of your choosing requesting a meeting time with them during which you will ask them to write you a letter of recommendation. People with whom you worked during your volunteer or practicum experience are a good choice. Make sure to let them know you would be honored to receive a letter of recommendation from them because of their (fill in the blank, i.e. high caliber teaching, exceptionally high standing amongst the professionals of their field, etc). Provide them with a list of contact people and addresses to whom their letters should be sent. Be sure to include your résumé and a date by which you would like to receive the completed copies. Keep in mind that these completed letters should be in sealed envelopes with the writer's signature over the seal. Previous students and the Child Life Specialists who agreed to help me with this project suggested that you request these letters 3 to 4 weeks before the applications have to be postmarked.

4 months before your applications are due...

- Finalize a solid résumé. Hopefully you have something to work with from your HDFS 2030 class. Brainstorm everything you have done over the last four years. Analyze how each activity can best be stated. For example, do not put this in your résumé :
 - Baby Sitting- 150 hours experience

Instead, consider putting:

- Private Child Care Provider. Over 150 hours completed. Incorporated developmentally appropriate and academically challenging play into the daily lives of 2 children, ages 3 and 7.

- Write a sincere, professional, and passionate cover letter. For more information on preparing your cover letter, go to https://issuu.com/aucc/docs/jsg_f15_color/22.

3 months before your applications are due...

- Send an email to the people who are preparing your letters of recommendation reminding them about the task and thanking them for their time
- Send your résumé and cover letter to Career Development Services and have them check it for grammatical errors and effectiveness through their E-resume review service. This service can be found at: <http://auburn.edu/career/resume/>
- Write your “letter of intent” or inspiration paper detailing why you are interested in Child Life, why you applied to a particular hospital, and what you hope to achieve in your career. Child Life Specialists who review your letter like to see that you have considered how their particular hospital and services fit with your interests and career goals. Doing this will not only give you a jump start on applications, but also it will help you to pinpoint your passion into a conveniently sized, concise format that you can use to rekindle your passion for your major when things become stressful.

2 months before your applications are due...

- Fill out applications. Recently, the Child Life Council created a universal application that most hospitals use, so you may only have one application to fill out. Some hospitals may still have individual applications, so allow time for filling these out as well. Be sure to check carefully for specific requirements made by each hospital, as it does vary from hospital to hospital.

The month your applications are due...

- Get your letters of recommendation from your professors and professionals.

Finalize applications. Read and reread your letters, papers, and résumé to ensure that there are no spelling errors, grammatical errors, or a wrong name on your materials.

1 week before your applications are due...

- Mail them. I'd recommend sending your applications through priority mail so that you have tracking information for them.

PREPARING FOR YOUR INTERVIEW

Interview Tips

Before the interview:

- When offered the interview, try to get as much information as possible about the format. For example, ask how long it will last, how many people will be present in the interview room, whether or not they expect you to give a presentation, whether or not you should be prepared to talk about case studies, etc. It's ok to call back after the initial interview offer to ask more questions.
- Get everything ready - clothes, shoes, résumés, etc. If you don't know exactly how long it will take you to get there (and it's feasible), practice driving over to the interview site so you can be sure you can get there on time.
- If you smoke, be sure you don't during that day, especially in your interview clothes. Smoking is now looked upon negatively by employers.
- Set up a meeting with Career Development Services to do a practice interview.
- Know your child development. Review your notes and textbooks from class. Brush up on theorists like Piaget and Erickson. Know how child development theory applies to the practice of Child Life. See Appendix B to brush up on theorists like Piaget and Erikson.
- Prepare your own list of questions for the interviewers. For example, consider asking:
What are some things about this internship that have been most challenging to your previous interns? Aside from day-to-day experiences and supervision meetings, what other opportunities will there be for intern education? How many interns will you be accepting? (If more than one,) What opportunities will there be for us to discuss our experiences, assignments, etc.?

- At the interview
 - Be on time. As the saying goes, early is on time and on time is late.
 - Give a warm, confident handshake.
 - Be pleasant and courteous to everyone you encounter.
 - Maintain eye contact and smile!

Potential Interview Questions

Child Life Specific Questions:

- What would you do if...
 - A young boy had a crush on you?

In this answer, the interviewer is looking for your take on ethical boundaries, and also your skills at handling delicate situations. Mentioning both of these is key. Your answer should be something like the following: “I would definitely have a conversation with the patient to discuss this with him. I’d be sure to tell him that I have enjoyed helping him get well, but that my job ends there. I’d also let him know that he can always come to me if he doesn’t understand what is going on with the hospital, if he needs to talk to someone, or if he just wants to get his mind off of what is going on. I’d reassure him that I am still his Child Life Specialist, and he doesn’t have to be nervous about talking to me.”

- A parent asked you out for coffee?

In this answer, you should also mention ethical boundaries, and say that you would never date a patient or his family members. However, it could be wise to mention that having a cup of coffee with a parent *in the hospital cafeteria* while discussing the patient’s care or the family dynamics surrounding the case is not a date. In this situation, it could be perfectly acceptable to meet with this parent. However, as many hospitals have rules about accepting gifts from parents or families, you should be sure to mention that you would purchase your own cup of coffee.

- You had to deal with the death of a patient?

If you have had experience with loss or mourning in classes or in your volunteering or practicum, you may mention it here. If not, it is perfectly okay to say, ‘I haven’t had to

experience that yet, but I am eager to see how Child Life Specialists handle the difficult parts of this job, such as death.”

- You were asked to clean or organize the playroom instead of following an interesting case?

For this question, you have the opportunity to express how flexible and hard-working you are. Mention that you realize that being a professional means doing necessary tasks like cleaning, organizing and filing, and that you are excited about any experience you gain during your work with the hospital. Also, mention that you are part of the team and this means that it is your responsibility, along with everyone else, to make sure that things run smoothly. Certified Child Life Specialists who have been employed for years still have to clean playrooms, so why shouldn't interns?

- You had a disagreement with your internship director?

For this question, you should stress your willingness to work through differences since such things are likely to occur among professionals. Let them know that you understand the relationship you have with your internship director is vitally important and you would work to regain your director's trust, if necessary. Consider adding an example from your own life of a time you worked with a person to overcome differences.

- You were asked by a doctor or nurse to perform a medical procedure that you were not trained to complete?

This question also focuses on your ethics as an upcoming Child Life Specialist. You should mention the importance of never trying to outperform your knowledge. Also mention that you would be eager to find another nurse or doctor on your unit to assist if needed.

- Tell me about a time when...
 - You were asked to do something you felt was unethical, and how did you deal with it?
 - You had a very stressful situation to deal with, and how did you cope?
 - You used play to positively influence the life of a sick child.
 - You used play to teach a child about a medical procedure.
 - You did a procedure preparation.
 - You used scaffolding to help a child reach understanding of a concept that was slightly above his or her cognitive level.
- What stage would a child be in according to Piaget at ___ years and what stressors would they face in the hospital?
- What stage would a child be in according to Erikson at ___ years and what stressors would they face in the hospital?

General questions:

- Why did you choose this career?
- What are some of the challenges you are facing in your current job and what are you doing to overcome them?
- What do you enjoy about this line of work?
- What types of tasks do you enjoy the most?
- Do you prefer working alone or in a group?
- Tell me about a time a superior criticized you. How did you react to that and what did you do afterward?

- Tell me about a time when you faced an ethical or moral dilemma and how you resolved it.
- How would your co-workers and your boss describe you?
- How do you define stress?
- What makes you different from all the other people who applied for this job?
- What is the most difficult situation you've faced in your career and how did you handle it?
- Tell me about a time when you....
 - Used leadership skills to accomplish a goal
 - Dealt successfully with a stressful situation
 - Worked successfully in a team environment
 - Resolved a disagreement with a boss or co-worker
 - Took a risk to solve a problem
 - Motivated others to perform better

I DIDN'T GET AN INTERNSHIP. WHAT DO I DO NOW?

OTHER OPTIONS FOR CHILD LIFE

You have 4 options...

Option 1:

You can wait a semester and gain more practicum experience and volunteer hours. Maybe you need to raise your GPA. While you are gaining more experience or improving your GPA, select another list of hospitals and apply for an internship again the following semester. The second time around may be much better for you. Your new progress academically or professionally may really wow them the second time around. There are students who have been successful using this method in the past. The higher GPA and increased hours of experience gave these students a new edge. If you are financially able to stay in school an extra semester, this is a great option for you.

Option 2:

You can take an alternate Child Life route and decide to go with a “non-traditional” child life career. There are many options available to you if you decide that doing a Child Life Internship is not for you. Staying in school one more semester can be timely and expensive. If you are in this position, you can find a child-related internship outside of the hospital. There are many options, but here are just a few:

- Storybook Farm in Opelika, AL
- Magic Moments in Birmingham, AL
- Give Kids the World in Orlando, FL
- Make-A-Wish foundation in Birmingham, AL
- Child Protective Services in many cities

- Child Advocacy Center in Opelika, AL
- You can talk with the HDFS Internship Director about these and brainstorm other options as well.

Keep in mind that if you decide to go this route, you will not be eligible to sit for the certification exam and thus become a Certified Child Life Specialist. Instead, you would market your child life specific skills and your HDFS degree to seek out jobs in the community working with at risk, underprivileged, or otherwise at-risk children.

Option 3:

You also can find a few opportunities to do a Child Life internship after college. You can do an HDFS internship like one of those listed above to graduate, and then try out for an out-of-college Child Life internship (sometimes called an externship, a fellowship, or an “unaffiliated” internship) after graduation. Some hospitals allow these “unaffiliated interns” to apply for their programs, but many do not. These opportunities are a little more difficult to find than the typical internship, but they do exist. Consider this when choosing to become a “nontraditional” child life student.

Option 4:

Graduate with a “nontraditional” internship like the ones listed in option 2 and then apply for graduate school. If you apply to a Child Life Master’s Program, you will do an internship while you are in your program.

THE INTERNSHIP EXPERIENCE

Expectations and Realities

- One: I thought that I would have a lot of spare time. I couldn't wait for the day that I had a regular, nine to five job so I could do whatever I wanted with my nights and weekends. The internship, however, is not the time for this. The long hours and rigorous schedule were something I was not prepared for coming out of college. I am used to a few classes in the morning, a lunch break, and work in the afternoon with plenty of breaks for homework and dinner and catching up with friends. Internship advisors, however, don't believe in breaks, and you'll be working a 40-hour week, maybe for the first time in your life. You'll have assignments for both your internship site and Auburn, and it'll be challenging and exhausting.
- Two: I thought that I would have plenty of time to shadow my supervisor before I was expected to do things on my own. The fact is that internship supervisors like to challenge you and see what you can do under pressure. They also expect to you take initiative and step out of your comfort zone. Prepare for it. Expect it.
- Three: I thought that I would be prepared for this internship. The fact is, I had a lot to learn. As a student you have had a great background in understanding the development of children, but it is difficult to learn in school about other issues that the internship will present. For example, how to handle difficult family situations or how to do procedure preparations are the "on the job" skills you will need to master while in an internship. It takes time to develop these skills, and you will develop confidence over time. It took me several weeks to stop crying at the end of every day thinking that I was the most unknowledgeable student who ever walked in the doors. I eventually realized that every student is like this. The Child Life Specialists who are employed still feel this way

occasionally. You must be eager to learn and willing to say, “I don’t know.” Keep in mind that no one knows everything.

- Four: I thought that my supervisor and I would get along on a personal level. The fact is that most supervisors are going to keep a professional distance between themselves and you, and they might seem cold because of this. If you learn to treat them with the same professionalism, you will earn respect in their eyes.
- Five: I thought that I would be bright and cheery every day, excited for what I may learn. There were many days I was tired, however. I had to fake my energy and drink Red Bull on the tough days.
- Six: I thought that all Child Life interventions would be successful and significant. The truth is some interventions are just for fun, or are simply unsuccessful. It is important to keep in mind that if we can improve the hospital experience for even one child, our job is worth it.

Challenges and Victories

Three of my biggest challenges as an intern were:

- I had trouble learning that no matter how good your intentions, things are going to get in the way of your goals for patients. There is one example that comes to mind: A few weeks into my internship, I was doing a therapeutic intervention with a patient when she started telling me all about her emotions regarding the death of her sister in the same fire that left her in the hospital. Just as we were getting into the meat of the conversation, a doctor walks into the room (without apologizing for the interruption) and starts checking the patient’s eyes. I was very offended that the doctor ignored me and the conversation the patient and I were having. I had to learn that kids do not come to the hospital to talk

to me; they come to get well. Whatever conversation I am having with a kid can handle an interruption. Kids are more resilient than I've ever given them credit for; they can jump right back into an emotional conversation after an interruption. I had to learn to roll with the punches just as well as the kids do.

- I had trouble taking constant criticism on things that may just be a matter of opinion. For example, I was criticized on my chart notes by my first supervisor, and I had to make changes to reflect her preferences. During my second rotation, however, things that I changed for my first supervisor were considered wrong by my second supervisor. I had to learn how to rewrite my chart notes to reflect the second supervisor's preference. Things like that will undoubtedly happen with any supervisor at any job, and it was a healthy learning experience for me. Learning to be flexible and adaptable makes for a happier intern and a happier supervisor.
- I was not prepared to role play. I know this doesn't seem like a major setback, but it was something I struggled with constantly. The problem arises because the Child Life Specialists don't want interns walking into a room and giving kids misleading or incorrect information. The way to combat this is by having the interns role play with the supervisors to do a practice run first. It is a lot easier, however, to talk to a child who doesn't mind if you trip on your words or forget to tell them about the smells they will experience than it is to perform in front of a supervisor who is evaluating you. This can be a nerve racking aspect of the internship for many people, but it is a necessary one.

Some of my most memorable triumphs were:

- I loved doing things that others said weren't worth the time or were impossible. For example, I went to ask a nurse about the specifics regarding a patient's appendectomy

and she said, “Oh, don’t bother with that girl. She doesn’t speak English. She’ll be fine without Child Life Services.” I was so appalled by this statement that I made it my personal mission to be sure that the Burmese-speaking patient knew all about her upcoming surgery. After I prepared the patient, she was able to answer my questions and teach the material back to me. I was so excited about my achievement. That day, I knew I would be happy in this field.

- Making powerful relationships with patients is another success you’ll have to look forward to. I met a special girl the very first day of my internship who I was fortunate enough to work with for the entire length of my internship. I spent time with her nearly every day and I used my newfound Child Life Skills with her to build my confidence. I knew I had made a special bond with her when her Occupational Therapist walked in one day and said, “Oh, you’re Amanda with Child Life! I know how important your time with this patient is. She always talks about you! I can come back later.” I felt like such a powerful, important member of the healthcare team that day. On tough days it is good to remember that I do make a difference.
- Another one of my triumphant days came near the end of my internship. There was a teenaged boy who was on my floor for trying to commit suicide. I felt like I had reached a road block with him, as he would not participate in any activities anymore, and he seemed closed off from me. I had resolved to let the neuropsychologist take the lead with him and bring my services to a close. However, right before he was to be discharged, he came to me and said, “I’ll never forget what you did for me. You were the only person in the hospital who cared about *me* and not my body.” He hugged me and started crying. I felt like the most powerful and important person in the hospital that day.

- Probably my most memorable moment of growth came with the 11 year old burn patient with whom I worked. She had burns covering 95% of her body after surviving a house fire. Her sister died in the fire. This girl had lost everything: her skin and face were permanently scarred, she had no house to go home to, she had lost her sister in the flames, and the doctors had to amputate her leg. But she was amazingly strong through it all. I will never forget her answer to this question that a nurse asked: “What’s the hardest thing about being in the hospital?” She responded: “Nothing is hard anymore. God brought me through the flames.” This was the single most important moment of my internship because it restored my passion for working with children in the hospital. I call this triumphant because it was the moment that I realized that I had the solution for the burnout that so many Child Life Specialists experience: Seeing a child rejoice in their darkest moments is what will get me through anything in this career.

RESOURCES

Words of Wisdom

From the Students

“After going through the application process, the interview process, and now as an intern, I realize that it is vital to know what a CLS is in your own words. Be able to tell people what you do!”

–Caitlin, AU student, Children’s Hospital of Greenville Health System

“The hardest part of the process is the ups and downs of it. One day you might have two phone interviews, but you just checked the mail and got rejection letters from your top 3 hospitals. The hardest part is the unknown.”

–Carolyn, Children’s Hospital of Greenville Health System

“Getting used to the difference between a 40 hour work week and your college school classes is HUGE. My energy level was not what it needed to be when I began working here, because I was not used to the long hours. Also, it is especially hard to leave your family and friends and move to a different part of the country. I was not prepared for that, either.”

–Alexa, AU Student, Children’s Memorial Hermann

“There’s one thing I wish I had known going into this. I wish I had known how to be more time efficient.”

–Brooks, AU student, WakeMed and Health Hospital

“The hardest part of this internship thus far has been accepting that this career is a continuous learning process. A background in development and experience with children are definitely valuable, but the day-to-day job of a Child Life Specialist involves continuous development of skills and new knowledge. Going into this internship with a mind set on perfection will get you nowhere. Every circumstance I have found myself in has taught me something new about development, various diagnoses, and about how I personally handle different types of situations. Giving myself permission to make mistakes has allowed me to take more initiative and move outside of my comfort zone. Perfection is a very adult concept. Children don't expect us to be perfect and the more we can learn to be flexible and open to new ways of doing our job, the better we will serve the patients we work with.”

-Kate, Children's Healthcare of Atlanta

“I've been so blessed to work in a field where I see every day the difference I am making—I'm even being recognized by staff and parents for my work. How encouraging! I KNOW I'll be successful here, and that's something to celebrate!

-Lauren, Children's Healthcare of Atlanta

From the Child Life Specialists:

“There are two things we look for when selecting an intern. Two things are looked at before a potential intern is selected for an interview. If a potential intern has done practicum hours with us, then we look at the time she has spent with us...was she on time? Was she engaged and asked appropriate questions? Was her personality a good match with our team? Did she complete her assignments with thoughtfulness and

promptness? After considering the previously mentioned, we look to see if the internship application is complete and postmarked on time. What was her GPA in degree classes? What was her experience? How were her letters of recommendation? We take all of these things into consideration when choosing an intern.”

–Joy Hardy, CCLS, Children’s Hospital

“Attitude is the number one thing we look for. A student who can recite a child life text book, but who holds no passion for the profession or playful spirit is just as ineffective as someone who knows nothing about our field. Be passionate and stay committed. This is a hard process, but it will pay off!”

–Molly Pearce, CCLS, Le Bonheur Children’s Hospital

“We pick interns based on how they will interact with the staff and each other. If there are only 2 who will fit together and with our staff, we only take 2. If we are lucky enough to find 6, then we will offer the position to all 6. The truth of it is that even great students may not be offered a position, and they cannot beat themselves up about that.”

–Lindsay Damron, CCLS, Children’s Healthcare of Atlanta

“ Sure, we’re not curing cancer. But we make a difference all the same. We aren’t just the ‘ladies who have keys to the X-box 360’ or the ‘deliverers of the crayons’. A children’s hospital has no other personnel who are trained to do what we do.”

–Sara Ashe, CCLS, Children’s Healthcare of Atlanta

Résumés

Your résumé should be a one-page ‘brag-book’. Why are you important to this program? What makes you special? What have you done in the past to prepare you for this position? Your résumé should be short, to-the-point, and free of ‘fluff’ (i.e. the unimportant or unrelated things).

My personal Internship Resume:

Amanda Newberry

aln0002@auburn.edu

Objective

To obtain a Child Life internship at Children's Hospital that utilizes my interpersonal, communicative, and motivational skills along with my educational focus on child development.

Education

Auburn University; Auburn, Alabama

Bachelor of Science; Human Development and Family Studies- Child Life; May 2011

Major GPA 4.00 Total GPA 3.97

Experience with Children

- | | |
|-------------|---|
| 2010 | Camp Counselor at Camp Wezbecon through Le Bonheur Children's Hospital <ul style="list-style-type: none">• Engaged children in physical activity through hiking, ropes courses, and swimming• Educated children about the symptoms and triggers associated with their asthma• Assessed children to assure that developmentally appropriate behavior was exhibited |
| 2010 | Practicum student at Columbus Regional Hospital <ul style="list-style-type: none">• Observed medical procedures and Child Life Specialists' role in the procedure room• Observed and kept a journal on each child's learning and behavioral progress |
| 2010 | Practicum student at Children's Health Care <ul style="list-style-type: none">• Provided age appropriate medical-related play to children ages birth - 18 years• Observed Child Life Specialists in procedure preparations and play-therapies. |
| 2010 | Child Care worker at Auburn University Early Learning Center <ul style="list-style-type: none">• Provided age appropriate educational play to children from ages 3 – 6 years• Involved students in both physical and mental learning games• Observed and kept a journal on each child's learning and behavioral progress |
| 2007 & 2009 | Volunteer at Give Kids the World <ul style="list-style-type: none">• Interacted one-on-one with terminally ill children with play and music therapies• Provided support and stress relief for parents of terminally ill children• Helped organize weekly Christmas Celebration held in the park |
| 2007 – 2009 | Child Care worker at Cleary Kids Christian Kindergarten <ul style="list-style-type: none">• Provided age appropriate educational play to children from ages birth - 7 years• Involved students in both physical and mental learning games• Provided extra help to those students needing individual attention |

Activities, Awards, and Offices

- | | |
|-------------|---|
| 2009 – 2010 | National Society of Leadership and Success Member |
| 2009 – 2010 | National Society of Collegiate Scholars Vice President of Community Service |
| 2009 – 2010 | Auburn University Honors College Ambassador |
| 2009 | AT&T Scholarship Recipient |
| 2008 – 2010 | University Program Council Board of Directors |
| 2008 – 2010 | Phi Eta Sigma Honor Society |
| 2007 – 2010 | Dean's List in Each Semester |
| 2007 – 2008 | Historian of Alpha Lambda Delta Honor Society |

Cover Letters

Your cover letter should be a one-page “pitch” about why the reader should spend time reading your resume and consider you for an internship. It should be to the point, informational and passionate. It should illustrate why you fit with their program and demonstrate that you have researched their hospital.

My personal cover letter:

Amanda Newberry

aln0002@auburn.edu

August 20, 2010

Mary Pegler,
Medical University of South Carolina
165 Ashley Avenue, P.O. Box 250329
Charleston, SC 29425

Dear Ms. Pegler,

First of all, I would like to thank you for taking the time to review my application packet. It has been an honor to learn more about your program and to consider my opportunities at your fine institution.

Over the past four years, working in the field of Child Life has become more than just a career choice for me. Class lectures, interactions with sick children, and work in the hospital setting have taken my goals as a Child Life student to new levels. In short, my philosophy of Child Life has matured and morphed to include the following set of goals. As a Child Life Specialist, I will: use any reasonable means necessary to impact and inspire the physical health, cognitive performance, emotional well-being, and psychological functioning of the children who I encounter; make every effort to ensure the comfort and safety of my patients; spread hope, joy, and cheer to not only the children with whom I work, but also to their families; use the power of play, laughter, and the simple smile to heal children's bodies and spirits; and most importantly, I will work tirelessly towards a future where childhood illness is an anomaly.

Achieving these goals is the commitment of my life, and I cannot wait to begin my professional journey at MUSC Children's Hospital. It would be a blessing to use my growing knowledge of child development to gain a broader understanding of the field of Child Life under the guidance of your high-caliber staff. I eagerly await meeting your acquaintance!

Sincerely,

Amanda Newberry

Enclosure

Helpful websites

You can use these websites not only during your years here at Auburn, but also later on down the road for a variety of purposes, such as compiling facts for projects, papers, and articles, brushing up on Child Life theorists for interviews, and also simply as a reference during your career.

www.childlife.org (web site of the professional governing association for child life specialists)

Sites with relaxation and imaging techniques for children or for use with children

<http://specialchildren.about.com/od/mentalhealthissues/a/guidedrelax.htm>

<http://specialchildren.about.com/od/mentalhealthissues/a/breathing.htm>

<http://school.familyeducation.com/learning-disabilities/treatments/37812.html>

<http://www.ebility.com/articles/relax.php>

<http://www.relaxkids.com/Classes/ClassesFreeExercises.php>

<http://www.yourfamilyclinic.com/adhd/relax.htm>

Kids' pages

<http://www.sickkids.ca/kidonly/section.asp?s=Child+Life%27s+Fun+for+Kids&sID=12308>

<http://www.aboutkidshealth.ca/JustForKids/pain.aspx> (a site for kids about pain)

<http://www.aboutkidshealth.ca/JustForKids/diabetes.aspx> (a site for kids about diabetes)

<http://www.aboutkidshealth.ca/JustForKids/radiation.aspx> (a site for kids about radiation)

<http://www.aboutkidshealth.ca/JustForKids/asthma.aspx> (a site for kids about asthma)

<http://www.aboutkidshealth.ca/JustForKids/epilepsy.aspx> (a site for kids about epilepsy)

Sites for parents: Helping children in hospital/preparing children, information about diseases and conditions

<http://www.shands.org/hospitals/children/public/childlife/parents.asp>

<http://www.chp.edu/parents/prehospital.php>

http://www.ynhh.org/pediatrics/hospitalization/preparing_your_child.html

<http://ynhh-healthlibrary.org/content.asp?page=P03038>

<http://www.meritcare.com/specialties/childrens/about/preparing.aspx>

<http://www.aboutkidshealth.ca/BrainTumours/Brain-Tumours-Home.aspx?articleID=6743&categoryID=BT>

(a site about brain tumors for parents, including how to care for kids with tumors)

<http://www.aboutkidshealth.ca/HeartConditions/Heart-Conditions-Home.aspx?articleID=7130&categoryID=HC>

(a site for parents about children's heart conditions)

<http://www.aboutkidshealth.ca/PrematureBabies/Premature-Babies.aspx?articleID=7880&categoryID=PI>

(a site for parents about premature infants)

Explaining in developmentally appropriate language:

<http://www.shands.org/hospitals/children/public/childlife/procedures/default.asp>

Child Life Council:

See “Resource Library” and “Bookstore” tabs on the Child Life Council website at www.Childlife.org

APPENDICES

Appendix A:

An Example of a Practicum Journal Entry

The following is an excerpt from one of the journal entries that received particularly positive feedback. Be sure not only to summarize the day's activities, but also to describe why the activity was important and what you learned from it.

Today I did an activity with young school-aged children. We made night lights out of baby food jars, colored tissue paper, and battery operated candles. The rationale behind this craft was that children in their early school-aged years are prone to magical thinking and fear of the dark. The anxiety of being in the hospital can often magnify these fears in children. The children who participated really enjoyed the craft, and they were excited to turn it on when they returned to their rooms for the evening. The children enjoyed doing something hands-on, and they were excited to use the lights for years to come. The parents loved the crafts, too! They insisted on joining in.

Today also was my first day to do a procedure preparation. I prepped Susan, a seven year old, for her breathing treatment. She told me that she was nervous about having the treatment, and that she had some questions. Her guardian stated that Susan could benefit from some hands-on explanations about the treatment she would undergo. I started by telling Susan about the mask she would wear. I compared the mask to a fireman's mask, and gave her a fun hat to wear during her breathing treatment. Then we talked about how the mask would not hurt, and that the air that came out would be good air that helped her breathe. I told her that her only

job was just to be calm and keep breathing. I then told her that the goal of our procedure was to help her take big, deep breaths—breaths deep enough to help her blow a paper wind mill. I asked Susan if she had any questions, and she said she didn't. Looking back on the preparation, I think I could have talked slower and asked Susan questions about what she already knew to give her a sense of mastery about the procedure. I also could have been more coherent about the order in which I described the equipment.

Appendix B:

Erikson and Piaget Crash Refresher Course

The following information is from Dr. Roberson regarding the effects of the hospital on children from both Piaget and Erikson's points of view.

Infancy

- ☐ **Cognitive development: Piaget's Sensorimotor stage**
 - ☐ Child learns about the world through senses (sucking) and motor actions (shaking a rattle)
 - ☐ develops object permanence by about 4 months
 - ☐ experiments w/ world
 - ☐ begins symbolic representation (language, deferred imitation)
 - ☐ appropriate stimulation and exposure to language very important

- ☐ **Psychosocial development: Erikson's Trust versus Mistrust Stage**
 - ☐ attachment
 - ☐ stranger anxiety and separation anxiety

- ☐ **Stressors:**
 - ☐ Overstimulation
 - ☐ Separation from caregivers
 - ☐ Change in routine
 - ☐ Pain
 - ☐ Restraint during procedures
 - ☐ Loss of autonomy and restriction from movement (especially for 12-30 months)
 - ☐ Parental anxiety (think social referencing)
 - ☐ Preparation largely focuses on parents/caregivers and also minimization of pain, physiological stressors and separation from parents – suggest that a transitional object (blanket or stuffed animal) can be very effective for soothing

Toddlers and Preschool

- ☐ **Cognitive Development: Piaget's Preoperational stage (2-7)**
 - ☐ Symbolic representation; explosion of language
 - ☐ Centrism, egocentrism, animism, and concrete thinking, theory of mind; generally speaking, children of this age cannot conceptualize internal body parts, think in absolutes (good/bad); moral development – what is right is what has good consequence; what is wrong has negative consequence
 - ☐ Increased attention span and memory

- ☐ **Psychosocial development : Erikson's Autonomy versus shame and doubt (18 m-3 yrs)**
 - ☐ results from encouragement of exploration vs. restriction and overprotection
 - ☐ Increasing empathy
 - ☐ Learning self-sufficiency
 - ☐ Increased understanding of cause and effect, primitive reasoning (intuitive thought – but may make sense only to them) but also magical thinking
 - ☐ Beginnings of autobiographical memory

- ☐ **Stressors:**
 - ☐ Separation from caregivers
 - ☐ Loss of control – physical or emotional
 - ☐ Fear of medical experience (all those people with masks on, etc.)
 - ☐ Restriction of movement (and so children may resist more)
 - ☐ Can recognize medical items (though not always correctly, especially in terms of their use. For example, they may think, “Is that syringe to measure with or to give a shot with?” etc.) and fear them
 - ☐ Pain
 - ☐ Kids in the preoperational phase may be able to understand that parent will return, don't have a good concept of time (especially in the toddler, preschool yrs), but they can't understand why the parents leaving is a necessity; They may view separation as abandonment or as a sign of lost love
 - ☐ May see interventions (shots, anal temperatures) as hostile acts designed against them

- ☐ **Erikson's Initiative versus Guilt (3-6 years)**
 - ☐ Increased play (less parallel, more constructive, etc.)
 - ☐ Acting independently versus the negative results of those actions: "I can put on my own hat; I play with clay, play dress up, etc."

- ☐ **Stressors:**
 - ☐ Separation from caregivers
 - ☐ Medical experiences are seen as punishment
 - ☐ Fears are intensified during hospital visits
 - ☐ Worry about body being hurt
 - ☐ Choices are limited
 - ☐ Frustrated by loss of control
 - ☐ Fears of mutilation
 - ☐ Magical thinking
 - ☐ Loss of competence and initiative

School Age

- ☐ **Piaget's Concrete Operational Period (7-11 years)**
 - ☐ Can think more logically, can view situation from more than one point of view (de-center), can generalize experiences, meta-memory (strategies)
 - ☐ Increased awareness of internal body parts and body function

- ☐ **Erikson's Industry Versus Inferiority: (6-11 years)**
 - ☐ Social comparisons
 - ☐ Self-esteem more differentiated between girls and boys
 - ☐ Girls play more singly, boys more in groups and less male/female play
 - ☐ Gain competencies with parents, peers, school

☐ **Stressors:**

- ☐ Fear of pain
- ☐ Expectations of medical experiences
- ☐ Reluctant to ask questions during visits
- ☐ Modesty and loss of privacy
- ☐ Fear of failure
- ☐ Conscious of being different
- ☐ Medical diagnosis is concerning
- ☐ Enforced dependence
- ☐ Loss of competence
- ☐ Fear loss of body parts, disability
- ☐ Loss of control
- ☐ Death (they are aware of death of other patients on unit)
- ☐ Separation from parents less of an issue, and peers start to become important

Adolescence

☐ **Piaget's Formal Operational period (12-18)**

- ☐ Abstract thinking begins, children can understand how bodies function, and the reasons for the invasive medical procedure

☐ **Erikson's Identity Versus Role Confusion (12-18)**

- ☐ Children are trying to figure out where they belong in the world and who they are.
- ☐ Friends become more important than parents

☐ **Stressors:**

- ☐ Fear of altered body image
- ☐ Feel invincible (compliance issues, accepting reality)
- ☐ Medical diagnosis is concerning
- ☐ Lack of trust
- ☐ Enforced dependence
- ☐ Threat to bodily competence and future competence

- ☐ Common fears: waking during the procedure, pain, possibility of death (“If they mess up, can I die?”, “If I am feeling a lot of pain does it mean I am dying?”, “How badly will it hurt?”)
- ☐ Also, body image is important, so issues around scars may arise