

A COMPREHENSIVE FOUR-YEAR MAP FOR CHILD LIFE STUDENTS

Except where reference is made to the work of others, the work described in this paper project is my own or was done in collaboration with my advisor. This paper project does not include proprietary or classified information.

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A COMPREHENSIVE FOUR-YEAR MAP FOR CHILD LIFE STUDENTS

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PAPER PROJECT ABSTRACT

A COMPREHENSIVE FOUR-YEAR MAP FOR CHILD LIFE STUDENTS

Amanda Newberry

Bachelor of Science, May 9, 2011

114 Typed Pages

Directed by Dr. Leanne Lamke and Dr. Jamie Sailors

This apogee project was created to inspire and guide future Human Development and Family Studies students in their search for and experience with internships. It details specifics about how to interview, how to write a resume and cover letter, and what classes students should take during their college careers. It incorporates advice and words of wisdom from professionals from a variety of disciplines, as well as tips from current students. The apogee was designed to be the handbook of Auburn's Child Life students.

STYLE GUIDE AND SOFTWARE FORM

The author used Microsoft Office Word 2007 to create this apogee.

The author used the American Psychological Association's guidelines for formatting.

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I, the author, would like to thank Dr. Sailors and Dr. Lamke for being the patient, guiding force behind my work. Without you both, this project would truly have been impossible (or at least full of typos!)

Thank you to the amazing students, teachers, and Child Life Specialists who contributed their words of wisdom to not only this apogee, but also to me as a growing professional.

Thank you to my parents and my sister for always showing me how proud you are. You never fail to make me feel special. When you're thinking about me, I'm thinking about you. I love you all.

Thanks to my favorite boy, Mason, who always listened to my whining without telling me to 'toughen up' or 'rub some dirt in it.' You're a very patient man.

I would also like to thank my roommate, Amber, who never minded my computer keys clicking well into the night. Thanks for always being my human thesaurus (I'm trying to think of a word that has 6 letters, 2 of which are repeated...)

Finally, thank you to the people who are reading this apogee now and using it to mold themselves into the best professionals they can be.

I couldn't have done this without the help of any of these special individuals. They are the inspiration behind this project and the reason it was written.

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FOREWORD

Dear Reader,

Being a child life student is hard. Believe me, I know. It's my senior year now and I am reflecting back on the last four years with a little relief that I'm almost done, a little disbelief that I managed to make it this far, and a little fear that I might embarrass the entire field of child life altogether once I'm out on my own. I'm still shocked that four years have passed already. 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 college career. Don't get me wrong; this is no treasure map or Bible. 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. A word to the wise, however, **YOU HAVE TO READ THE MAP.**

I am in the Honors College and part of graduating with a little asterisk by your name in the program that states "Graduated with Highest Distinction" (in tiny size 2 font) is doing an apogee project. To learn more about what this means, take a look at Appendix A. I could have researched a current problem in our field or written an extensive literature review, but instead I decided to create this Child Life comprehensive map. I

wanted to create something really concrete and useful and important. I didn't want my work to sit on a shelf getting dusty for years to come. I hope this project becomes a cornerstone of your Child Life education. I want there to be students pulling it out and pouring over it, looking to it for guidance and sanity. I want it to be dog-eared and highlighted and stained with coffee rings.

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 like us 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).

There are a lot of specific details and important decisions that will fill your college journey. It's a long road that seems uphill most days. I'm no expert on this journey, but I have learned a lot by making my fair share of mistakes and going around in circles until I figured it all out. This is a compilation of all I've learned. I hope you can laugh at my blunders and learn from my mistakes. Maybe by reading this, you will learn to jump over a few of the puddles along your path instead of landing in them face first.

That being said, DON'T be afraid to make your own mistakes. In the words of Anthony J. D'Angelo, "Wherever you go, no matter the weather, bring your own sunshine."¹ Simply put, the only thing that truly matters through the next four years, and ultimately your whole life, is the ATTITUDE you choose to view the world with. If that's not inspiring enough, take a note from Roald Dohl: "A person who has good thoughts cannot ever be ugly. You can have a wonky nose and a crooked mouth and a double chin and stick-out teeth, but if you have good thoughts they will shine out of your face like sunbeams and you will always look lovely."² Work hard. Take the initiative. Do not lose heart. Embrace your failures. Enjoy the journey.

-Amanda

¹ D'Angelo, Antony, J. ThinkExist.com. http://thinkexist.com/quotation/wherever_you_go-no_matter_what_the_weather-always/10305.html

² Dohl, Roald. Quote Garden.com. <http://www.quote garden.com/attitude.html>

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! Freshman year is all about figuring out how to fit into this new college life, make new friends, learn how to do laundry, perfect your signature recipe for Ramen Noodles, and basically decide what you would like to devote your life to. Don't worry though. The worst part is figuring out the Ramen Noodle thing. The rest will fall into place with just a little time and thought. Here are some things to accomplish Freshman year:

- Start the process of completing your ABI and FBI clearing letters. To do this, you will need to get your fingerprints done at the Lee County Sheriff's station. You can pick up a how-to form in 203 Spidle Hall. Mail in or submit these forms right away.
- Get a small part-time job working 5-10 hours a week in a child care setting (nanny, kindergarten, after-school, even church nursery). Remember that you must
- 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/childlife.pdf> to see what classes they recommend. You also can find a copy of this sheet in Appendix B.

- 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.
- Classes:
 - Fall:
 - CAHS 2000 Global Consumer Culture
 - ENGL 1100 English Composition I
 - HDFS 2010 Marriage and Family in a Global Context
 - Take either HIST 1010, HIST 1210 OR UNIV 2710
 - Take either GEOG 1010, SOCY 1000, ANTH 1000 OR PSYC 2010

(Think ahead and take classes that you will need as prerequisites for your professional course electives.)
 - Spring:
 - Free Electives (take 2 hours)
 - ENGL 1120 English Composition II
 - HDFS 2010 Lifespan Human Development
 - Math 1150 Pre-calculus Algebra and Trigonometry
 - Take either HIST 1020, HIST 1220 OR UNIV 2720 (Make sure to take the required companion course for the History or UNIV course you chose to take in the fall).

Sophomore Year

So you made it through your first year at Auburn. Congratulations! You figured out how to balance school with fun, how to keep your GPA up, how to do laundry without dying all your white clothes pink because of that one hideaway pesky red sock, and how to make a mean bowl of Ramen noodles. Now that you've cycled through your career ambitions that ranged from rocket scientist to botanist to philosopher, you can really settle in on Child Life and figure out how to make it work for you. Here are some things to work toward during your sophomore year:

- Officially declare your major if you haven't already done so. This will allow you to register for major classes.
- Be ready to pay for the insurance that Auburn requires you to have as a Human Sciences major. This is automatically charged to your Bursar's Bill.
- 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.
- Consider working in an alternative child-related setting such as a camp.

- Working with healthy children also can lead to 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. You can also see page 70 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, or Magic Moments as well as smaller, less well-known hospitals. For more information on your “Plan B”, check out page 41, *I Didn’t Get an Internship*. It never hurts to be prepared.
- Be sure your ABI and FBI clearing letters are on file with the HDFS office. Do not lollygag. Time is of the essence when it comes to these forms! 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.
- Classes:
 - Fall:
 - BIOL 1000 Introduction to Biology
 - Take either ENGL 2200, ENGL 2230 or ENGL 2250
 - Take either ARCH 2600, ARTS 1710, ARTS 1720, ARTS 1730, MUSI 2730, or THEA 2010
 - NUFS 2000 Nutrition and Health

- Take either ECON 2020, POLI 1020, or POLI 1090
- Spring:
 - BIOL 1010 A Survey of Life
 - Take either ENGL 2210, ENGL 2240, or ENGL 2260 (Make sure to take the required companion course for the Literature you chose to take in the fall).
 - Free Elective (Take 3 hours)
 - HDFS 2030 Professional Development and Ethics
 - PHIL 1030, Ethics for the Health Sciences, *is required for Child Life*

Junior Year

Can you believe it? You're almost there! You're now a master of the all-nighter and can cram 38 pages of class lectures into one night of studying and still make an A. You do not understand why people think you are a procrastinator. You are simply 'efficient'. You have figured out that if you take your laundry home once a month, your mom will do it, and sometimes your dad will slip you a twenty and say he's proud of you "for coming home to see your mother". You have graduated from Ramen Noodles to Velveeta Shells and Cheese. Here are some things to work on this year:

- Practicum and volunteer work are your MAIN priorities this year. Try to gain 100 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 Child Life Advanced Seminar (HDFS 4950) in the spring during or before your practicum experience. Plan ahead! These classes are only offered certain semesters!
- 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. (Not to mention 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 meetings. For more information, see the internship director, or keep an eye out for posters in Spidle or emails. Plan ahead! There are NO Internship meetings in the summer.
- Turn in your internship application 2 semesters before you plan to intern. You can find this form at <http://www.humsci.auburn.edu/hdfs/faculty/anderja/applications/chlif.pdf> or in Appendix C of this book.
- 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 usually offers one in the fall. Look for emails from Dr. Sailors regarding other opportunities.
- Classes
 - Fall:
 - Take 7 hours of Professional Course Electives. There are 15 hours of classes you MUST take. These are: HDFS 3030, 3460, 4670, 4950 (Child Life Seminar), AND 4500. HDFS 4950 MUST be taken in the spring. HDFS 4500 MUST be taken in the fall. (Heads up: HDFS 3460 has a lab component that requires many hours of work outside of the classroom. Try to complete this class during a semester when your life seems a little less hectic.) You will complete the remaining 15 hours during the following 2 semesters. For additional electives, you may take any of the classes listed on the Plan of study sheet found at <http://www.humsci.auburn.edu/acad/files/childlife.p0.df> or in Appendix

B. The following is a short list of a few options that I took and would recommend: COUN 3100, ARTS 3010, HDFS 3090, HDFS 4950 (Death and Dying) and BIOL 2500. (BIOL 2500 is very beneficial. Hospitals look for a background in Anatomy, and taking this class can help prepare you for your internship.)

- HDFS 3010 Child Development in the Family
- HDFS 3060 Patterns of Family Interaction OR HDFS 4680 Family in Cross Cultural Perspective
- Free Electives (take 2 hours)
- Spring:
 - Take 9 hours of professional elective classes (see list above). Remember, you MUST take HDFS 4950 (Child Life) this semester.
 - HDFS 3080 Development of Interpersonal Skills
 - STAT 2010 Statistics for Social and Behavioral Sciences

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. Drum Roll Please... this is INTERNSHIP APPLICATION summer! Get your pencils sharpened, your writing hand stretched, and your desk organized! Things to do this summer:

- Have a list of at least 15- 20 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. Students are not allowed to intern at hospitals that do not have agreements. A list of hospitals with past or present agreements with Auburn can be found in Appendix D. 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. Many of the Child Life Specialists I interviewed for this project mentioned the importance of bereavement skills. Keep in mind that this class is ONLY offered during summer semester.

Senior Year

Congratulations! You're almost done! Internship season is HERE! You have now finished the application process. You cannot stand the sight of Ramen Noodles or Velveeta Shells and Cheese. You have not done laundry since your junior year. Senior year is time for you to embrace all those bittersweet memories like last football games in Jordan-Hare Stadium, last dinners out at Momma G's, last nights in your old apartment, and last days of classes in Spidle Hall. It's a time of BIG scary changes and moving boxes and tearful goodbyes and graduation caps. It's a time of new cities and new friends and a feeling of amazement that you finally made it this far! You can see the finish line! Don't coast to a stop now, though. Push through! End Strong! 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, as 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 (October 15). 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.
(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.
- Classes:
 - Fall
 - HDFS 5200 Program Development and Evaluation OR HDFS 5300 Family and Social Policy
 - Professional Course Electives. Take 12 hours of these. Remember, there are 15 hours of classes you MUST take. These are: HDFS 3030, 3460, 4670, 4950 (Child Life Seminar), AND 4500. For additional electives, you may take any of the classes listed on the Plan of Study sheet found at

<http://www.humsci.auburn.edu/acad/files/childlife.pdf> or in Appendix B.

The following is a short list of a few options that I took and would recommend: COUN 3100, HDFS 3090, HDFS 4950 (Death and Dying) and BIOL 2500 (BIOL 2500 is very beneficial. Hospitals look for a background in Anatomy, and taking this class can help prepare you for your internship.).

- Spring
 - HDFS 4920 HDFS internship
 - UNIV4AA0 Undergraduate Graduation

PRE-INTERNSHIP EXPERIENCES:
VOLUNTEERING AND PRACTICUM

All this Child Life terminology that everyone is throwing around so casually is confusing, and it's not written anywhere. I get it. Where are you supposed to find all this information? What's the difference between a practicum and a volunteer position? Which is more important? How many hours do I need to commit to this experience? How do I find an available position? When do I start? I remember how overwhelming all of these questions were. Well, let me relay some advice from my own experience, teachers in the field, the Child Life Council, Child Life Interns, and Child Life Specialists from across the country. So, folks, keep your hands and feet inside the vehicle at all times, strap up, and hold on. Your crash course in internship preparedness begins NOW.

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. That is not always the case, however. A good rule of thumb is that if there is a formal application process and a structured workday, it is most likely a practicum. Also, if you are under the guidance of a supervisor or mentor, it is probably 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. If you are in doubt about whether you are gaining volunteer hours or practicum hours, you can always ask your Child Life Supervisor. 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 80-100 hours of practicum experience. Any volunteer experience you gain on top of that will just help you in the long run. Some

hospitals will not ask specifically for the number of practicum hours you gained, but instead will simply ask for the number of hours you gained with “sick kids” and the number you gained with “healthy kids”. 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. Why is that you ask? 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: 80 to 100 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 gaining sick kid hours by being a camp counselor or working at an organization like the Make-A-Wish foundation, Give Kids the World, the American Cancer Foundation, or camps like Camp Smile-a-Mile or Camp Wezbecon. Such activities will only take about a week of your time over one summer, but they will be strong selling factors for you on your résumé. 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. Light Spinner Quarterly (www.lightspinnerquarterly.org), a Child Life website, is an excellent resource, as well. 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 put off until 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 Child, and the Child Life Seminar class.

Beginning late in the fall semester or early in the spring semester of your Junior year is ideal.

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 E for an example.

LANDING YOUR INTERNSHIP

The time has arrived. What you've been spilling your sweat, blood and tears into for the last fifteen or so years all comes down to this. Your past prepared you for it. Your future rides on it. But no pressure or anything.

Seriously, though. You CAN do this. It seems daunting at first, yes, but you will do it. A wise person once said, "You can eat a whole elephant by taking one bite at a time." Remember that attitude thing we talked about at the beginning? If you take a deep breath, embrace the challenge, get organized, and make a list of things to reward yourself with when the last application is mailed, you will be successful. It's as simple as that. You've done what you can to prepare for this, and there's nothing you can change now. So don't stress. Slap your name and address on that paper, stick a stamp on that puppy, and pop it in the mail.

Okay, you're right. It's a little more involved than all that. Here's the truth of it, plain and simple.

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 21). 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 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

([http://www.childlife.org/Students%20and%20Educators/](http://www.childlife.org/Students%20and%20Educators/ChoosingaStudentInternshipSite.cfm)
[ChoosingaStudentInternshipSite.cfm](http://www.childlife.org/Students%20and%20Educators/ChoosingaStudentInternshipSite.cfm)):

Does the child life program have...?

- a written philosophy statement describing the theoretical foundation for services?
- stated goals and objectives that direct services?
- established services which focus on family-centered care, a developmental approach with children, and include:
 - emphasis on working with patients and families,
 - assessment of needs of children and families,
 - documentation in medical charts,
 - preparation of children for health care experiences,
 - emotional support for patients and families,
 - developmentally-based opportunities for play activities,
 - therapeutic play interactions,
 - interdisciplinary team approach with other health care workers,
 - interactions and activities that facilitate expression of emotion
- age-appropriate facilities (playroom, teen lounge, parent lounge)?
- resource library on child life issues that is available to students?
- opportunity for community outreach?

Does the student internship program have?

- a history and commitment to student education?
- a written agreement with your academic institution and an agreement regarding liability coverage?
- a student manual or written information which describes goals, objectives, general description of the program's typical day and requirements?

- an opportunity to visit and observe the program in action, have an interview and meet the staff?
- a planned orientation to the program and hospital?
- regularly scheduled group and individual meetings with supervisor?
- a written evaluation tool? Is the student a part of the process?
- specific assignment to a unit or a rotation between several placements?
- a student fee? What does it cover?
- educational opportunities within the hospital (e.g., grand rounds) and/or the department?
- a Certified Child Life Specialist as supervisor? (required for certification)
- an opportunity to observe in action a professional child life specialist in an interdisciplinary meeting and to participate in such meetings?
- a minimum of 480 hours under the supervision of a Certified Child Life Specialist? (required for certification)

Additional considerations

- Housing availability, public transportation (accessibility to institution and cost) and the cost of living
- To find a field experience well suited to your own learning style and background, compare and contrast sites for:
 - independent learning opportunities to extend your experience and knowledge
 - diverse populations and/or setting which are different from your previous experiences

- a field experience that matches your current state of professional development
- adequate staff who are able to provide ample time for supervision

Question #3: With which hospitals does Auburn have an affiliation agreement? Why should I care?

Auburn has an affiliation agreement with many hospitals, a list of which can be found in Appendix D. You should care because you will not be allowed to complete your internship with a hospital that will not establish an affiliation agreement with Auburn. Every semester, students branch out to new hospitals. There are some hospitals, however, such as New York Presbyterian that will not make an agreement with Auburn. Yet, even if Auburn does not have an affiliation agreement, one can often be established. It is not your responsibility to work out agreements with hospitals. You should simply be mindful of the agreement process so that you give yourself plenty of options. If you do select to intern at a hospital that does not have a current or past affiliation agreement with HDFS, let the HDFS Internship Director, Dr. Sailors, know immediately.

Question #4: 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 or 5 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 http://www.auburn.edu/academic/provost/undergrad_studies/career/students/tscoverlet.pdf or see the resources section on page 74.

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://www.auburn.edu/academic/provost/undergrad_studies/career/virtual.html.
- 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. Then, you print as many copies as you need, stuff envelopes with these applications and other materials, and mail them! Some hospitals may still have individual applications, so allow time for filling these out if so.

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 (heaven forbid) a wrong name on your materials.

1 week before your applications are due...

- SEAL THE ENVELOPE! I know it is hard, but eventually you have to let go. Stop proof-reading, praying for, crying over, and stressing about the applications and send them already!

PREPARING FOR YOUR INTERVIEW

The interview is perhaps the most pivotal part of your internship application process.

Take heart, however, because it also is the part that you have the most control over. Your personality is on display, along with the knowledge that you have been soaking up for the last four years. Let's face it. No one knows what you have experienced better than you.

YOU ARE AN EXPERT when it comes to you. That's something to take comfort in.

These tips will help you to be maximally prepared for your interview. If you master these skills, you can relax during your interview, feeling confident that you know what you need to know.

Interview Tips from Dr. Roberson

- 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. See Appendix F 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? (See Appendix F for information.)
- What stage would a child be in according to Erikson at ___ years and what stressors would they face in the hospital? (See Appendix F for information.)

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

Your worst nightmare has come true. You did not get an offer from even one hospital.

You may know exactly why you didn't get the internship. Or, you may have no clue.

Take some time and think things over. Find things that you can improve on in yourself.

Do you need more experience? Do you need to raise your GPA? Do you need to work on interviewing skills? Is there simply a shortage of hospitals who are offering internships?

Have there been layoffs in the medical field? Have a lot of hospitals decided to forgo taking an intern in light of their hospital renovation or a supervisor's maternity leave?

Consider all of these things and then *accept the loss*. It's time to make some progress. So wipe your tears, put away the chocolate chip cookie dough ice cream, and take a deep breath. Today is the day to get out of that funk and make some life-changing decisions.

Let's consider some options.

You have 3 options...

Option 1:

You can wait a semester and gain more practicum experience and volunteer hours.

Maybe you need to raise your GPA. Who really graduates in four years anyway? Do a victory lap and enjoy one more semester on the plains. 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. 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.

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 or a fellowship) after graduation. These opportunities are few and far between, but if you look hard enough you may find one.

THE INTERNSHIP EXPERIENCE

Wow, it took a lot of work, but you made it! It's time for the internship. This will be the most exciting, most challenging, most exhausting, most fulfilling semester of your life, and it's starting right now! Congratulations! We've all spent countless hours imagining ourselves as successful, independent Child Life Specialists. With a little work, we all will be, but the internship is NOT the time nor place for that. You will have to take a back seat to professionals who know more than you do. You'll experience more criticism than ever before in your life. You'll celebrate small achievements and cry more times this semester than you'd care to admit. Yet, when the day is over, you'll realize that the life of a sick child is better because you were there. That is the bottom line. That is why we do what we do.

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, probably 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. 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. While Auburn provides a great background in understanding the development of children, we do not learn a lot about the other issues that the internship will present. For example, there is not a lot of information given on how to handle difficult family situations or how to do procedure preparations. 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.

Medical Terms

The tables that follow will provide you with a general list of medical terminology and medical equipment terms that you may encounter during your internship. Each hospital unit will have its own specific terminology and equipment, and no one expects you to know everything about these starting on day one. Having a basic understanding of medical terminology and medical equipment (like the terms from the following list), however, will provide you with the confidence you need to make educated guesses. Remember: You are not expected to be an expert yet! Do not hesitate to ask questions.

Medical Terminology ³	
Adeno	Gland
Adipo	Fat
Alb; leuko	White
Algo; dynia	Pain
Andro	Male
Angio	Blood or lymph vessel
Artero	Artery (as opposed to vein)
Arthro	Joint
Axilla	Armpit
Aud, aur, aus	Hear
Brady	Slow
Bucc	Cheek (inside)
Burs	Bursa, purse
Cele	Rupture
Carcinoma	Cancer from epithelium
Cardi	Heart, heart-shape
Carpo	Wrist
Cep(h);cephal	Head
Cereb(r); enceph	Brain
Cervic	Neck
Chol(e)	Bile
Cleido	Collarbone, key
Coagul	Coagulate, clot
Cox(a)	Hip
Crine	Secretion ("separation")
Culpo	Vagina
Cutis	Skin
Cyan	Dark blue
Cysto	Urinary bladder
Cyto	Cell
Dacr	Tear (from the eye)
Dens; dent	Tooth
Derm	Skin
Digi(t)	Finger, toe
Edem(a)	Excess tissue fluid / "swelling"
Emesis	Vomiting
Entero	Intestine
Erythro	Red
flav	Yellow
Gastr	Stomach, belly

³ Adapted from: Pathguy.com. <http://www.pathguy.com/medvocab.htm>.

Genesis	Origin
Genu	Knee
ger	Old age
gleno	Shoulder
gloss	Tongue
glut	Buttocks
gnatho	Jaw
gynec	Female
h(a)em	Blood
hermaphro	Male and female in one body
hepat	Liver
histo	Tissue, web, cloth
hydro	Water
hypno; narco	Sleep
hystero	Uterus
labio	Lip
latero	Side
lumbo	Lower back, loin
malacia	Soft
meatus	External opening
musc, myo	Muscle
necro	Dead
nephr	Kidney
nerv; nuero	Nerve
ocul	Eye
olfact	Smell
oma; onco	Tumor/lump
orch	Testis
ost(eo)	Bone
ot(o)	Ear
ped	Child
patho	Disease
pect	Chest
pes;ped;pod	Foot
phage	Eat
phlebo	Vein
plantar	Sole of the foot
plegia	Stroke, paralysis
porph; purp	Purple
pron(o)	Prone, face down
pulmo	Lung
pyo	Pus
pyr(o)	Fever (cognate to "fire")
r(h)ach	Backbone
re(i)n	Kidney

rhino	Nose
rrhea	Discharge
rub(r)	Red
Sarcoma	Cancer from connective tissue or muscle
Sclera	Hard
Spasmo	A drawing tight
stom(a); stomy	Mouth
Tachy	Fast, swift
Tricho	Hair
Uro	Urine
Vaso	Blood vessel
Veno	Vein (as opposed to artery)
Xantho	Yellow

Medical Equipment	
Catheter	A tube that can be inserted into any body opening or vessel. Often used for drainage or access.
“COW”	Computer On Wheels; Computers that medical personnel can push to any room in order to chart.
CT Machine	Computed Tomography; Produces a 3-D image of the inside of a person’s body. Less expensive, less noisy, less time consuming than an MRI. Uses Radiation.
Dressings	There are many different kinds of dressings. They can be lightly draped over a wound or packed into a deep wound. They usually are attached with tape. Removing the tape is usually a child’s most painful procedure that they are awake for.
ECMO	Extracorporeal Membrane Oxygenation; functions as a heart and lungs. This is probably the most advanced machine in many hospitals. It is very large and looks threatening. This life-saving machine can buy children time while they await a transplant or while their organs heal.
IV	Intravenous therapy; most children will have an IV while they are in the hospital. IVs allow medical personnel to access the patient’s veins directly for administration of medications, nutrients, etc. IVs generally only last about a week; after that time has passed, they generally must be replaced.
IV pole	IVs are attached to IV poles which hang bags of nutritive substances or medications to drip into the blood stream. Sometime small computer monitors are attached to allow medical personnel to adjust the drip rate.
Electrode leads	Small colored stickers that are stuck to the patient’s chest to measure the heart rate and respiration rate. Usually these are only used in the Operating Room or in Intensive Care situations.
MRI Machine	Magnetic Resonance Imaging; Offers better image quality of soft tissues than a CT. Noisy, and usually lasts 30-45 minutes. Does not use radiation.
PICC line	Peripherally Inserted Central Catheter; This is a “super IV”. It administers medications and fluids like the IV but can be left inside the body for up to six months. It can also be accessed for blood draws instead of the child getting poked.
Port	A small piece of medical equipment that is surgically inserted under the skin (usually on the chest). It is attached to a small catheter that connects the port to a vein. Ports are used long term, usually for critically ill patients. They can be accessed using a needle, but are not visible from the outside of the body.
PPE	Personal Protective Equipment; Your gloves, gown, and mask. Your hospital will have some sort of communication system to inform you about the “contact precautions” of patients. Make sure you take these seriously and wear your PPE to avoid sickness.

Pulse Oximeter	A small medical device that usually is taped to a patient's toe or finger. It measured the oxygen content of a patient's blood. In the field of Child Life, we call this the "Rudolph nose on your finger" because it shines with a red light.
Syringe	A piece of medical equipment that can draw liquids from the body or insert them into the body. IVs, PICC lines, and Ports use syringes to access them.

*This chart was derived from my own experience and the knowledge I gained during my internship.

BEYOND THE INTERNSHIP

You've finished hundreds of hours of classes and volunteer hours, but keep in mind that you are never done learning! After you've put in at least 420 hours at your internship, you are eligible to register for the Child Life Certification Exam. Not all hospitals require you to pass the exam in order to practice, but you'll have access to more benefits and better job opportunities if you're certified. Studying for the exam can seem daunting, but you're probably already more prepared than you think. That being said, you can't just rest on your laurels and skip the books. You'll have to take advantage of the resources available to you and study! Then, after passing the exam, you'll have opportunities to take classes and continue your learning. Continuing education classes are required to maintain your certification through the Child Life Council, but these classes also will help you become the best Child Life Specialist you can be. The following section will provide you with the resources you need to pass the certification exam, stay certified, and finally be able to write "CCLS" after your name!

The Certification Exam

Whether you take the certification exam right after your internship or wait until later, the certification exam is probably the biggest test you'll ever take in your career. As you know, some hospitals do not require you to be certified, but most do. Despite this fact, it is in your best interest to get certified for several reasons. For example, you may choose to change hospitals at some point in your career. Or, you may wish to have an intern at some point, which means you must be certified. It is possible that you could be missing out on financial gains by staying uncertified. The test may seem threatening, but you have plenty of time to prepare. Most Child Life Specialist who I interviewed said that if you just use your text book knowledge and take the questions at face value, you will be successful. Here are some tips about the certification exam. Good Luck!

Frequently Asked Questions about The Certification Exam

What books and class materials should I keep (not sell back) to study with?

- Notes and books from Child Development
- Notes and book from Adolescent Development
- R. Thomas (2009). *The Handbook of Child Life*. Springfield: Charles C Thomas Publishing
- L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, and L. Redburn (1998). *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual*. Rockville: Child Life Council.

When is the exam offered?

- The exam is offered in the fall and in the spring. The fall exam is computerized and students can take it in any one of hundreds of locations around the world. The spring exam is offered only at the Child Life Conference in paper format. Either exam will give you results in 4 to 6 weeks. Check the Child Life Council website to learn more, www.Childlife.org.

What topics will be covered on the exam?

- Ericson
- Piaget
- Bronfenbrenner
- Freud
- Therapeutic interventions
- Play theories
- Some medical terms and diagnoses

Are there any study aides available online?

- You can purchase a study guide at this link:

[http://ams.childlife.org/members_online/members/viewitem.asp?item=STG&catal
og=BOOK&pn=1&af=CLC](http://ams.childlife.org/members_online/members/viewitem.asp?item=STG&catal
og=BOOK&pn=1&af=CLC)

- Online, you can take a practice test:

www.childlife.org/Certification/The%20Examination/OnlinePracticeTest.cfm

- Also, check with your hospital. Many hospital internship sites have practice tests available for free that are similar to the one on the Child Life Council's website.
- The Developmental Theorists Crash Course found in Appendix F of this apogee project is also helpful.

How much time should I spend studying?

- The Child Life Specialists whom I interviewed stated that they spent about 2 hours per day, every day for a month. If you are fresh out of school, however, you may not need that much time to refresh your memory. While you can retake the certification exam if you fail, it is always best to pass it as soon as possible. It's expensive and time consuming, not to mention disheartening if you fail, so study hard!

**More information on how to prepare for the Child Life Certification Exam can be found at

<http://www.childlife.org/Certification/The%20Examination/PreparingfortheExam.cfm>

Continuing Education

You are now certified! Congratulations! Yet, as I said earlier, you're never done learning. Every year you will want to broaden your knowledge of the field and learn of new developments. Not only is this probably a requirement of your employers, but also it is the best way to keep you 'fresh-out-of-school eager'. If you are continuing to learn, you are keeping your enthusiasm, creativity, and ability to form fresh ideas. Not only is this recommended, but the Professional Development Hours (PDHs) are required by the Child Life Council to maintain your certification. You can find classes, seminars or conferences in many different ways. The following section outlines some options for continuing your education and furthering your professional development.

Ideas for Professional Development

- The Child Life Council offers a whole host of classes ranging in topic from bereavement to research opportunities to comfort positioning. They also keep track of special events offered through organizations all over the country. This information is compiled on the Child Life Council Events calendar which can be found at this URL: <http://www.childlife.org/Related%20Meetings%20and%20Events/EventsCalendar.cfm>
They also offer information on past conferences and the links to each organization's website so that you can find out information on your own.
- Try looking for classes in your community or work place. Most hospitals offer classes on a variety of professional topics ranging from the Role of Healthcare Professionals in Palliative Care Settings to the Purpose of Music in the NICU. Most of these classes will count towards your professional development hours. The community often offers classes regarding parenting. Check with the Child Life Council to verify whether the classes count.
- Finally, you won't want to miss the annual Child Life Conference! It offers networking opportunities with professionals from around the world. Check out this information taken from the Child Life Council website regarding the Annual Conference:

“The CLC Annual Conference on Professional Issues is the premier educational experience for child life professionals. Each year, nearly 1,000 child life specialists from around the world gather for a diverse array of high-quality, timely and relevant conference sessions catered to all professional levels. As the largest gathering of child life specialists of the

year, the Annual Conference offers ample opportunities for both formal and informal networking with your peers. Get ready to talk about current child life issues, share ideas and resources, and contribute to the ongoing growth of your profession! Remember: conference attendees receive [Professional Development Hours](#) (PDHs) necessary for recertification for the [Certified Child Life Specialist](#) (CCLS) credential.”

RESOURCES

Words of Wisdom

Okay, so the last 67 pages or so of this map are A LOT to take in. It's overwhelming, yes. But it is by no means impossible. You have all that you need to succeed on this journey. Your professors are ready to help and eager to see you succeed. Your classes will give you the knowledge you need. You have a wealth of resources at your disposal—many of which you may never have known to take advantage of without this map! As William Earnest Henley wrote in his world-renowned poem, "Invictus", "I am the master of my fate; I am the captain of my soul."⁴ This quote is true of you on your educational journey, so pack your bag and get after it! After all I have learned, the truest piece of wisdom I can pass your way is to keep the end in sight. Your life is going to be spent in one of the most rewarding careers out there. You will bring joy to children's lives, helping to heal their bodies through laughter, hope and smiles. That is something you can really grasp onto when it's 2 AM and you have 3 tests and a paper due the next morning. So, do not despair. You will succeed in the end. The following section contains some golden nuggets of knowledge that students and Child Life Specialists wanted to pass along.

⁴ Henley, Earnest. Quote Garden. www.quote garden.com/invictus.html

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).

From the Career Development Services Website: www.Auburn.edu/cds

A **résumé** is a targeted personal marketing piece that summarizes your education and experiences to highlight your qualifications as they relate to the job (part-time and full-time jobs, internships, leadership positions, scholarships) you are seeking.

<p>Name: May include (nickname)</p> <p>Address: Permanent and/or current addresses</p> <p>Phone Number: Differentiate between work, cell or home</p> <p>Email Address: School or professional. Deselect link.</p> <p>Personal Website: If appropriate</p>	<table border="1"> <tr> <th colspan="2">Name</th></tr> <tr> <td>Current Address</td><td>Permanent Address</td></tr> <tr> <td>## Street City, ST ZIP</td><td>## Street City, ST ZIP</td></tr> <tr> <td>phone number email address</td><td></td></tr> </table>	Name		Current Address	Permanent Address	## Street City, ST ZIP	## Street City, ST ZIP	phone number email address		<p>Printing: Use 8 1/2" x 11" résumé paper and print in black ink on light, neutral paper</p> <p>Fonts: Use Arial, Times New Roman or Garamond</p> <p>Name: 18-22 pt</p> <p>Headers: 12-14 pt</p> <p>Body: 10-12 pt font</p>
Name										
Current Address	Permanent Address									
## Street City, ST ZIP	## Street City, ST ZIP									
phone number email address										
<p>Be accurate and honest 100%</p> <ul style="list-style-type: none"> Determine whether to list job title or employer first and be consistent Create two sections, Related Experience / Other Experience to move more related positions to the top Be consistent in punctuation 	<p>OBJECTIVE OR SUMMARY</p> <ul style="list-style-type: none"> Objective: State specific job title and list skills you bring to position Summary/Highlight of Qualifications: Summarize, in 3 - 5 bullets, the skills and personal traits you possess and that mirror the job description to best communicate you are a fit for the position/company. (Tips and Samples: p. 10) <p>EDUCATION</p> <p>University; City, ST</p> <p>Degree; Majors; Date of Graduation</p> <ul style="list-style-type: none"> GPA: #.##/4.0 (Overall is assumed. Add Major GPA if higher and label as such) <p>APPLICABLE COURSEWORK (Optional Section)</p> <p>Only list courses that fill a gap in resume or otherwise illustrate required knowledge that you have not yet utilized in a job (use columns)</p> <p>EXPERIENCE</p> <p>Job Title; Dates of Employment</p> <p>Employer; City, ST</p> <ul style="list-style-type: none"> List experiences present to past Include volunteer work, internships, co-ops, part- and full-time jobs and leadership positions if they relate to the position you are seeking Start each bullet with active verb/skill (past tense if experience is completed): p. 12 Quantify: How many people did you supervise? How much money did you manage? Share successes, outcomes and improvements you made, not just duties of position <p>Special/Senior Projects</p> <ul style="list-style-type: none"> List leadership contributions and outcomes for class project if applicable to position 	<ul style="list-style-type: none"> List in reverse chronological order Grade point (if 3.0 and above; do not round up) Awards/Honors/Scholarships (if more than three, use separate section) Study abroad experiences Special training, trade schools or workshops <p>Be consistent in format and style</p>								
<p>Margins: Use 1/2" to 1" margins on all four sides</p> <p>(space allowing)</p> <p>These categories reflect uniqueness but consider relevance:</p> <p>Interests, volunteer work, hobbies, publications and presentations, willingness to travel or relocate, and date of availability</p>	<p>ACTIVITIES/HONORS/PROFESSIONAL MEMBERSHIPS (Optional Section)</p> <p>Organization, <i>current position</i>, dates; <i>previous position</i>, dates</p> <p>List only those organizations (sports, clubs, student government and honoraries) where you contribute regularly and actively</p> <p>KEY SKILLS</p> <p>Foreign Languages: List oral, written and reading competency levels, not course years</p> <p>Computer: Include hardware and software proficiencies, if seeking tech position, include more specific sections: programming languages, hardware, software, operating systems, databases, peripherals, etc.</p> <p>Certifications/Licenses: List dates</p> <p>Personal: List personal skills/traits that help make you a better candidate for position</p> <p>INTERESTS (Very Optional Section)</p> <p>List interests and hobbies if you have space and if they are relevant to goals of objective</p> <p>REFERENCES (Optional Section)</p> <p>Available upon request (Tips: p. 11)</p>	<ul style="list-style-type: none"> List activities that demonstrate job-related skills, leadership or membership in career related organizations. Honors/Awards can be separate section Volunteer work can be separate section <p>Proof for Errors:</p> <p>Have CDS staff, professors, family and peers critique</p>								
<p>High School Information: Omit after freshman year unless related to position</p>	<p>Length: With less than 10 years of experience, limit to one page unless a second page is essential for details or to prevent crowding. Additional pages should be labeled with name and "page 2"</p>	<p>Custom Design: Avoid templates. Vary résumé for different environments. Change objective/summary and content with every position and perhaps even the content/format</p>	<p>20-30 Second Scan: Readers prefer the following to guide their eyes quickly to main points:</p> <ul style="list-style-type: none"> Bullets Bold print Indentations 							

Career Development Services Example Résumé:

HDFS MAJOR

MEGAN HELEN TIMMS

Permanent Address: PO Box 1234 | Roanoke, AL 36274

Current: 1234 Lee Road 137, #123 | Auburn, AL 36832

334.502.1234 | timmsmh@auburn.edu

EDUCATION

Auburn University; Auburn, AL

Bachelor of Science; Human Development & Family Studies; December 20xx

GPA 3.67; *Magna Cum Laude*

EXPERIENCE

Women's Hope Medical Center; *Volunteer and Intern*; Auburn, AL; March 20xx – present

- Organize donations records in Microsoft Excel and created nametags in Microsoft Publisher
- Assist patients by providing parenting videos and homework
- Complete 18 hours of counselor training, 450 hours as intern, and 40 hours as volunteer
- Shadow counselors counseling women in crisis pregnancy situations

Research Assistant, Doctoral Candidate; *Practicum*; Auburn, AL; January – May 20xx

- Analyzed and entered data
- Performed Q-sorts
- Determined indicators of inter-relationship violence

Auburn Early Learning Center; *Volunteer*; Auburn, AL; August – December 20xx

- Created lesson plans and implemented them in the classroom
- Provided a safe and positive environment for children to learn
- Maintained records of children's progress throughout the semester

Auburn Marriage & Family Center; *Practicum*; Auburn, AL; May – August 20xx

- Entered data through weekly supervision and consultation
- Participated in research on marital and family conflict
- Studied evaluations of counseling techniques

East Alabama Medical Center; *Child Life Volunteer*; Opelika, AL; January – May 20xx

- Provided play therapy
- Gave emotional support to families
- Kept journal of all events
- Taught parents preventative measures and gave ideas for quality family time during stay

HONORS/ACTIVITIES

International Quality of Life Awards; New York, NY; Auburn HDFS Department Representative, Summer 20xx

CFLE License (Certified Family Life Educator)

Gamma Sigma Delta (Agriculture Honor Society), 20xx - present

Golden Key International Honor Society, 20xx - present

Kappa Omicron Nu (Top 15 % GPA of College of Human Sciences), 20xx - present

KEY SKILLS/ INTERESTS

Proficient in Windows XP and Microsoft Word, PowerPoint, and Publisher

Traveled to over thirty U.S. states, Central America, and the Caribbean

Served as missionary to a Children's Orphanage in Honduras

My personal Internship Resume:

Amanda Newberry

6246 Eagle Ridge Cr. Pinson, AL 35126 · (205) 617-6312 · 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.

COVER LETTER BASICS

Use your cover letter to direct the reader to key points in your resume, demonstrate writing skills and clarify on any issues (experience, GPA, etc.) that may need it.

While the cover letter should be written in a standard business letter format, remember these key tips

Header. Create a “letterhead” that matches your resume, setting margins and type to match so it appears that you have a packet of information that goes together.

Address Block. Name, title, company name, address, city, state, zipcode.

Salutation. Ideally, address the letter to a Mr./Ms. human (call and ask to whom to address the letter, the correct spelling and title and/or research on CareerShift at jobs.auburn.edu). Address to “Hiring Manager for [name of position]:” if you cannot identify a specific person.

First Paragraph. Let the reader know why they are receiving the letter (the job title and where you found it) and identify how your personal traits and major qualifications are a fit for the position. You may also want to let them know what degree you are working on or have recently completed. This is also where you would mention the name of someone if they suggested you apply.

Consider including a company fact if it is something you have been following or mention how their mission or value statement is significant to you. However, don’t take space educating them on their organization or the position.

Second Paragraph. Identify three skills listed in the job description and communicate to the reader that you have demonstrated these skills successfully in past work, leadership, academic or volunteer positions. While this section should expand on what is listed on your resume, do not direct them to your resume. They know it’s there. Also, don’t just reiterate your resume.

Focus on the job description and use their language. For example, if they say they want a black sweater, don’t tell them you have a charcoal cardigan available.

Third Paragraph. Thank the reader for their time and identify when you will be following-up with them to discuss the possibility of meeting if that is an option. This might also be where you share your availability and flexibility in geographic location.

Have someone else review your cover letter. While you may have used spelling and grammar checkers on your computer, thoroughly proofread for any typos, poor grammar or spelling mistakes. Ask a friend or family member to review it as well. Remember, potential employers take cover letters very seriously, so be sure that you do, too.

Closing. End the letter with Sincerely, three spaces and your name. Don’t worry about the signature if you are submitting it online.

ATTACHING COVER LETTER/RESUME TO EMAIL

Many of your communications with potential employers will likely be via email. To utilize email to its full potential, do the following:

- Type the position title in the subject line.

- Do not include email address, date or employer’s address in the email body as that information is transmitted electronically.
- Do not leave spaces between the closing and the typed name as there will be no signature.
- Check to make sure attachments are attached before sending.
- Follow-up initial email with a brief email asking if attachments were transmitted and readable when opened in their system. Gracefully, let the employer know that you will resend attachments if there was a glitch in the transmission.

Resource: Greene, B. Get the Interview Every Time. 2004.

TOP 10 COVER LETTER MISTAKES

Your cover letter should show employers how well you express yourself and entice the reader to review your resume. A bad cover letter can turn them away. Here are 10 mistakes to avoid:

1. **Sending your resume without a cover letter.**
2. **Failing to address the letter to the specific name of the recipient.** Don’t appear lazy by addressing the letter to “To Whom It May Concern” or “Dear Sir or Madam” (or worse, “Dear Sirs”) without first trying to identify a human.
3. **Telling the employer what the company can do for you instead of what you can do for the company.** Employers want to know what you can do for their bottom line, not what they can do to fulfill your career dreams.
5. **Leaving the ball in the employer’s court.** Be proactive and request a meeting and follow up with a phone call.
6. **Being boring and formulaic.** Tell the employer why you are writing and summarize the reasons you are qualified for the position, expanding on your qualifications in later paragraphs.
7. **Allowing typos, misspellings, or incorrect grammar/punctuation into your letter.** Proofread! Your letter reflects your ability to write and communicate...or not.
8. **Rehashing your resume.** Highlight aspects of your resume that are relevant to the position, but you’re wasting the reader’s time if you simply repeat your résumé.
9. **Failing to specifically tailor your letter to the job you’re applying for.** Echo the words of the job description. The reader should think: “This person seems to fit the description. This person gets it.” See sample of Executive Summary Letter style on p.32 for one way to do this.
9. **Rambling on too long and telling the story of your life/career.** Your letter should be one page, with four or five paragraphs of around three-four sentences each. Your letter should answer the question: “Why should I hire this person?” Use simple language and uncomplicated sentence structure. Ruthlessly eliminate all unnecessary words.
10. **Using wimpy language.** Avoid such phrases as “I feel” and “I believe.” Your statements will be much stronger without them. It’s best to either leave off the qualifier or use a stronger qualifier, such as “I am confident,” “I am convinced,” or “I am positive.”

Resource: Katharine Hansen: http://www.quintcareers.com/cover_letter_mistakes.html

Career Development Services Example Cover Letter:

Name

Current Address: xxx Street □ City, ST ZIP □ Phone Number □ Email Address

Permanent Address: xxx Street □ City, ST ZIP □ Phone Number

May 20, 2006

Mr. U. R. Employer

Director, Personnel Department

We Have Lots of Money, Incorporated

Auburn, AL 36830

Dear Mr. Employer: (address to particular person, always)

Introductory Paragraph: State why you are writing; name the position or type of work for which you are applying; and mention where you learned of the position or organization.

Give specific dates if you have had specific conversations with a person, and include this personal reference as it may attract more attention.

Body: The next one or two paragraphs should be your sales pitch. Explain why you are interested and how you best fit this position. “Tease” the reader enough to read your resume. Emphasize particular skills or duties that are part of the job description. As a recent

graduate, you may want to use a paragraph to address academic qualifications and another paragraph to highlight experience and skills. Illustrate in this section that you have

knowledge of the company’s needs and of the position to demonstrate you have done your “homework.” Be confident!

Closing Paragraph: Be short and to the point. Indicate what steps you would like to happen next—if you want an interview, ask for it! **Passive Approach:** Results from you

saying, “I look forward to hearing from you,” and places responsibility on the employer to make the next move. Active Approach: Puts you in the position to initiate contact with the employer. State a specific date in the near future when you will verify receipt of the letter and/or seek to arrange an appointment. If you say you will contact them, do!

Finally, thank the employer for his or her time and consideration.

Sincerely,

Ima Tiger

Enclosure

My personal cover letter:

Amanda Newberry

6246 Eagle Ridge Cr. Pinson, AL 35126 · (205) 617-6312 · 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

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.

Useful Web Sites for Child Life Specialists

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:

Project summary

The following is version brief summary of my research methods and project outline. It is here to answer the question, “How did I do this?”

Method

To compile my Apogee, I first interviewed four students who were completing their internship in the Fall 2010 and Spring 2011 semesters. I also interviewed four Child Life Specialists and three Auburn HDFS professors. Last, I used my own experience and knowledge to supplement this information. You can see the lists of questions I used at the end of this appendix. I then took the information that I gathered and paired it with my own experience. Dr. Sailors and Dr. Lamke worked closely with me through each of the many steps of this process, adding wisdom and trimming unnecessary portions of the map.

I selected the interviewees from my own experience of child life. The Child Life Specialists who I interviewed were advisors under whom I worked. The students were either recommended to me by Dr. Sailors because they were currently in their internships, or they were my fellow interns during my experience. All these students were in their internships when they were interviewed, and thus could give first-hand advice to students coming after them. The professors interviewed were my own teachers. I choose them for their vast knowledge in child development, medical terminology, the field of Child Life, or internship placement.

I also used an abundance of other resources to complete this project. The Career Development Services at Auburn University was of extreme importance in my writing, as were the Child Life Council webpage and the websites listed on page 80.

Project Interview Questions

For students:

- Where are you doing your internship?
- How did you find out about the places you applied to?
- What is the single most important thing that you learned in Child Life at school?
- What do you wish you had known going into your internship?
- What classes were most important to your internship success?
- What is your daily schedule like for your internship?
- What was the hardest part of the interview/application process for you?

For Child Life Specialists:

- What is most important to you in your search for interns? Experience, GPA, personality in interview, certification, membership in CLC?
- What do you expect interns to be able to do when they get to your program? Are experience with Procedure preparations and knowledge of medical terminology expected? Or just a strong knowledge base to grow off of, but no practical experience?
- What do you look for in a letter of recommendation?
- What is one thing you wish schools were teaching Child Life Students (but they are not currently)?
- Is volunteer work or practicum experience preferred?
- Is there anything else you would like to share with future interns to make them more prepared to be successful in internships?

For Professors:

- What is your recommended four-year-plan?
- When a student asks you to write them a letter of recommendation, what do you consider before writing, i.e. talking in class, participation, grades, interpersonal skills, inclusion of resume?

- When do you suggest that students join the CLC and begin their volunteer/practicum work?
- What do you think is the single most important thing to a student's success?
- Agreement of Cooperation (Dr. Sailors only)
- When should students begin applying for their internship?
- What resources can students use to become prepared for interviews?
- Common Interview Questions (Dr. Roberson)
- How can students incorporate Practicum hours into their schedules now that there is not a close practicum offering, i.e breaks in school, volunteering instead of practicum?

Appendix B:

The Curriculum and Plan of Study for Child Life

The following is the curriculum and Plan of Study found on the College of Human Sciences Website: <http://www.humsci.auburn.edu/acad/files/childlife.pdf>

Student _____
 SID 90 _____
 E-mail _____@auburn.edu

Option _____
 Date of Entry _____
 Advisor _____

CURRICULUM IN HUMAN DEVELOPMENT AND FAMILY STUDIES (HDFS)

Concentration: Child Life⁷

UNIVERSITY CORE CURRICULUM	42	SEM	REQUIRED HDFS COURSES	54	SEM
ENGL 1100 English Composition I*	3		Human Sciences Core (9 hours)		
ENGL 1120 English Composition II*	3		CAHS 2000 Global Consumer Culture*	3	
Core Literature*: ENGL 2200 and 2210, OR 2230 and 2240, OR 2250 and 2260	3		HDFS 2000 Marriage and Family in a Global Context	3	
MATH 1150 Pre-Calculus Algebra & Trigonometry	4		NUFS 2000 Nutrition and Health*	3	
Core History*: HIST 1010 and 1020, OR HIST 1210 and 1220, OR UNIV 2710 and 2720	3		Required HDFS Major Core ³ (30 hours)		
Core Philosophy ^{*1} : PHIL 1010, PHIL 1020, <i>PHIL 1030</i> ¹ , OR PHIL 1040	3		HDFS 2010 Lifespan Human Development	3	
BIOL 1000 Introduction to Biology	4		HDFS 2030 Professional Development/Ethics	3	
BIOL 1010 A Survey of Life	4		HDFS 3010 Child Development in the Family**	3	
Social Science Core Group I ^{*1} : GEOG 1010, SOCY 1000, ANTH 1000 OR PSYC 2010	3		HDFS 3060** OR HDFS 4680**	3	
Social Science Core Group II ^{*1} : ECON 2020, OR POLI 1020 OR POLI 1090	3		HDFS 3080 Development of Interpersonal Skills**	3	
Core Fine Arts*: ARCH 2600, ARTS 1710, ARTS 1720, ARTS 1730, MUSI 2730, OR THEA 2010	3		HDFS 5200 OR HDFS 5300	3	
UNIV 4AA0 HS1 Undergraduate Graduation ²	0		HDFS 4920 Internship in HDFS**⁴ OR Joseph S. Bruno Auburn Abroad in Italy⁵	12	
* Students enrolled in the Honors Program may take equivalent honors courses.			Required Professional Courses (15 hours)		
REQUIRED SUPPORTING COURSES	4	SEM	HDFS 3030 Adolescent and Adult Development**	3	
STAT 2010 Statistics for Social and Behavioral Sciences	4		HDFS 3460 Effect Guid & Interact/Young Children	3	
FREE ELECTIVES	7	SEM	HDFS 4500 Hospitalized Child and Their Families	3	
			HDFS 4950 Advanced Seminar- Child Life (only)	3	
			HDFS 4670 Parent Education	3	
			Professional Course Electives ⁶ (13 hours)		
			Total (see options below)		
			ARTS 3010 Elementary School Art	4	
			BIOL 2500 Anatomy and Physiology I	4	
			CMDS 2500/2503/2504 Comm Disorder in Society	2	
			KINE 2250 Motor Dev During School Years	2	
			COUN 3100 Counseling and Human Services	3	
			HDFS 3090 Techniques of Interviewing	2	
			HDFS 3470 Learning Exp for Young Children	3	
			HDFS 3930 Service Learning in HDFS	2-3	
			HDFS 4950 Death and Dying (Summer)	3	
			PSYC 4080 Health Psychology	3	
			PSYC 4110 Introduction to Dev Disabilities	3	
			PSYC 5020 Child and Adol Psychopathology	3	
			SOCY 4200 Medical Sociology	3	
			SOWO 3500 Child Welfare	3	
Total 120 Semester Hours					

Refer to curriculum model on back page for footnotes.

All Human Sciences majors are required to have a laptop computer. Please refer to the CHS website for specifications.

August 2010

**HUMAN DEVELOPMENT AND FAMILY STUDIES (HDFS)
PROPOSED SEMESTER CURRICULUM MODEL
CONCENTRATION: Child Life⁷**

FRESHMAN YEAR

Fall Semester			Spring Semester		
CAHS 2000	Global Consumer Culture*	3	ELECTIVES	Free Electives	2
ENGL 1100	English Composition I*	3	ENGL 1120	English Composition II*	3
HDFS 2000	Marriage & Family in a Global Context	3	HDFS 2010	Lifespan Human Development	3
HISTORY	History Core*	3	HISTORY	History Core*	3
SOC SCI	Social Science Core Group I* ¹	3	MATH 1150	Pre-Calculus Algebra & Trigonometry	4
		<u>15</u>			<u>15</u>

SOPHOMORE YEAR

Fall Semester			Spring Semester		
BIOL 1000	Introduction to Biology	4	BIOL 1010	A Survey of Life	4
LITERATURE	Literature Core*	3	LITERATURE	Literature Core*	3
FINE ARTS	Fine Arts Core*	3	ELECTIVES	Free Electives	3
NUFS 2000	Nutrition and Health*	3	HDFS 2030	Professional Development and Ethics	3
SOC SCI	Social Science Core Group II* ¹	3	PHIL CORE	¹ (PHIL 1030 is required for Child Life)	3
		<u>16</u>			<u>16</u>

JUNIOR YEAR

Fall Semester			Spring Semester		
PROFESSIONAL CONCENTRATION COURSES			PROFESSIONAL CONCENTRATION COURSES		
HDFS 3010	Child Development in the Family**	3	HDFS 3080	Development of Interpersonal Skills**	3
HDFS 3060	Patterns of Family Interaction** - OR		STAT 2010	Statistics for Social and Behavioral	
HDFS 4680	Family in Cross Cultural Perspective**	3		Sciences	4
ELECTIVES	Free Electives	2			<u>16</u>
		<u>15</u>			

SENIOR YEAR

Fall Semester			Spring Semester		
PROFESSIONAL CONCENTRATION COURSES			PROFESSIONAL CONCENTRATION COURSES		
HDFS 5200	Program Development & Evaluation OR		HDFS 4920	Internship in HDFS** ⁴ OR The Joseph S. Bruno Auburn Abroad in Italy Program ⁵	12
HDFS 5300	Family and Social Policy	3	UNIV4AA0	HS1 Undergraduate Graduation ²	0
		<u>15</u>			<u>12</u>

Total: 120 Semester Hours

¹ Select courses that will provide the prerequisite for HDFS Professional Concentration Required and Elective courses. *All Child Life students MUST take PHIL 1030*. See the AU Bulletin for details on prerequisites.

² Seniors must register for UNIV4AA0-HS1 the term they plan to graduate (non-credit class for clearing graduation).

³ Students must receive grade of "C" or better in all 3000 and 4000 level Required HDFS Major Core Classes.

⁴ You must attend a mandatory orientation meeting and submit your internship application two semesters in advance of the semester you intend to complete the HDFS internship. An ungapped 2.25 GPA is required to enroll in the course.

⁵ Students must coordinate Joseph S. Bruno Auburn Abroad in Italy with the Office of Academic Affairs, 266 Spidle Hall.

⁶ The list below provides recommendations for appropriate Professional Electives, but other courses may be completed. You may select HDFS courses not completed as part of the Required HDFS Major Core, as well as courses from other departments. All Professional Course Electives should strengthen your preparedness for internship. Consult your Faculty Advisor about selecting appropriate Professional Electives. Courses not identified in the list below MUST be approved by your Faculty Advisor. If you are interested in earning the NCFR CFLE credential, see the CFLE course requirement handout.

⁷ Students interested in earning Child Life Certification must complete approximately 100 practicum/service learning hours and a 480 hour internship under a Certified Child Life Specialist. (See <http://www.childlife.org/certification>)

*Students enrolled in the Honors Program may take equivalent honors courses.

** HDFS 3010,3030,3060,3080,4680 and 4920 require an **UNGAPPED** 2.25 GPA.

During your first semester as a HDFS major, you must obtain and submit your ABI and FBI Fingerprint and Background check to 203 Spidle Hall. Failure to do so will result in a registration hold on your account.

All students sophomore level and higher will be assessed a small yearly fee for student professional liability insurance.

Notes: Required major courses and College core courses are in bold. Grades in these courses are used to calculate your GPA in the major.

August 2010

Appendix C:

HDFS Internship Application

The following is a copy of the HDFS Internship Application found on the College of Human Sciences Website:

<http://www.humsci.auburn.edu/hdfs/faculty/anderja/applications/chlif.pdf>

HDFS 4920 – Internship Application
Concentration: Child Life

Internship application materials should be submitted to the HDFS Internship Director two semesters in advance of the semester you intend to intern. Application materials include a completed copy of this form and a copy of your recent senior credit check. Incomplete applications will not be accepted. The application deadlines are October 15 for a Summer Internship, March 15 for a Fall Internship, and June 15 for a Spring Internship. You must attend the *Mandatory Internship Orientation Meeting* prior to submitting your application.

Student Name: _____

Email: _____ Phone: _____

Proposed Internship Semester _____, 20____ Student ID: 902_____

Please describe the type of internship (e.g., setting, location, population, responsibilities, etc.) you would like to complete. You do not need a commitment to any particular internship at this time.

Please indicate your progress toward completing the following prerequisites for the HDFS Internship:

REQUIRED HDFS COURSES

Human Sciences Core		Semester/Year Completed	Semester/Year Proposed Completion
CAHS 2000 Global Consumer Culture	3		
HDFS 2000 Marriage and Family in a Global Context	3		
NUFS 2000 Nutrition and Health	3		

Required HDFS Major Core		Semester/Year Completed	Semester/Year Proposed Completion
HDFS 2010 Lifespan Human Development	3		
HDFS 2030 Professional Development and Ethics	3		
HDFS 3010 Child Development in the Family	3		
HDFS 3060 OR HDFS 4680 (<i>Please circle course completed.</i>)	3		
HDFS 3080 Development of Interpersonal Skills	3		
HDFS 5200 Program Development and Eval OR HDFS 5300 Family and Social Policy (<i>Please circle course completed.</i>)	3		

Required Professional Courses		Semester/Year Completed	Semester/Year Proposed Completion
HDFS 3030 Adolescent and Adult Development	3		
HDFS 3460 Effective Guidance/Interaction with Young Children	3		
HDFS 4500 Hospitalized Child and their Families	3		
HDFS 4950 Advanced Seminar (Child Life class only)	3		
HDFS 4670 Parent Education	3		

Please indicate your progress in completing your Professional Course Electives. For courses not on the list below, please write the course number, name, and credit hours completed.

Professional Course Electives	13 Hours	Semester/Year Completed	Semester/Year Proposed Completion
ARTS 3010 Elementary School Art	4		
BIOL 2500 Anatomy and Physiology I	4		
CMDS 2500/2503/2504 Communication Disorders in Society	2		
KINE 2250 Motor Development During The School Years	2		
COUN 3100 Counseling and Human Services	3		
HDFS 3470 Learning Experiences for Young Children	3		
HDFS 3090 Techniques of Interviewing	2		
HDFS 3930 Service Learning in HDFS	2-3		
HDFS 4950 Advanced Seminar - Death and Dying (Summer)	3		
PSYC 4080 Health Psychology	3		
PSYC 4110 Introduction to Developmental Disabilities	3		
PSYC 5020 Child and Adolescent Psychopathology	3		
SOCY 4200 Medical Sociology	3		
SOWO 3500 Child Welfare	3		
Total Professional Course Elective Hours Completed			

After you have submitted your application materials, it is your responsibility to identify an internship placement that corresponds with your internship concentration. Communicate with the HDFS Internship Director to determine an appropriate internship placement. You must submit your Internship Commitment Forms by the due date, or notify the HDFS Internship Director in advance by email of an anticipated delay. The commitment deadlines are March 15 for a Summer Internship, June 15 for a Fall Internship, and October 15 for a Spring Internship. You also are required to attend a *Mandatory Preparation Meeting* prior to the start of your internship.

By signing below, you are verifying that the information contained in this application is accurate. It is your responsibility to notify the HDFS Internship Director of any changes in your coursework prior to the start of your internship. All Required HDFS Courses and HDFS Professional Concentration Courses must be completed before the start of your internship. All Required HDFS Major Core 3000 and 4000 level classes must be completed with a grade of "C" or better, and you must have a 2.25 minimum ungapped GPA to intern. You also must have your ABI and FBI Clearing Letters on file with the HDFS office in 203 Spidle Hall. Students without clearing letters will not be able to intern.

Contact the HDFS Internship Director, Dr. Jamie Sailors, if you have questions or need assistance. Phone: 334.844.3217; Email: anderja@auburn.edu

Signed: _____
Student

Date

Appendix D:

A Short List of Possible Internship Sites

The following list contains hospitals with which Auburn has an affiliation agreement with currently, or has had an affiliation agreement with in the past.

Child Life Internships

The rules guiding a Child Life placement are different from other sites. Most hospitals require a special *Affiliation Agreement* to be established with HDFS. Establishing the agreement can take months, and it is not always possible for an agreement to be reached due to the legalities involved. Therefore, just because you are accepted for a Child Life internship does not automatically mean it will be approved for your HDFS Internship. Conversely, an active agreement between our program and a hospital does not guarantee your acceptance into their Child Life program. At present, the Department of Human and Development and Family Studies currently has a current or a past agreement with the following Child Life programs/hospitals:

- All Children's Hospital, St. Petersburg, FL
- American Family Children's Hospital, Madison, WI
- Arnold Palmer, Orlando Regional Healthcare System, Orlando, FL
- Baptist Health/Wolfson Children's Hospital, Jacksonville, FL
- Baptist Memorial Hospital, Memphis, TN
- Barbara Bush Children's Hospital, Portland, ME
- Cardinal Glennon Children's Medical Center, St. Louis, MO
- Children's Healthcare of Atlanta/Egleston and Scottish Rite, Atlanta, GA
- Children's Health System, Birmingham, AL
- Children's Hospital of Greenville Hospital System, Greenville SC
- Children's Hospitals and Clinics of Minnesota, Minneapolis, MN
- Cincinnati Children's Hospital, Cincinnati, OH
- Children's Memorial Hermann, Houston, TX
- Clarian Hospital Systems (Riley Hospital for Children), Indianapolis, IN
- Dallas Children's Medical Center, Dallas, TX
- Duke Children's Hospital, Durham, NC
- East Tennessee Children's Hospital, Knoxville, TN
- Erlanger Health System, Chattanooga, TN
- Florida Hospital for Children, Orlando, FL
- Georgetown University Hospital, Washington, DC
- Huntsville Hospital for Women and Children, Huntsville AL
- INOVA Fairfax Hospital for Children, Falls Church, VA
- Kosair Children's Hospital, Louisville, KY
- LeBonheur Children's Hospital, Memphis, TN
- Massachusetts General Hospital for Children, Boston MA
- Medical University of South Carolina Children's Hospital, Charleston, SC
- Memorial Health, Savannah, GA
- Miami Children's Hospital, Miami, FL
- Mission Children's Hospital, Asheville, NC
- Our Lady of the Lake Hospital, Baton Rouge, LA
- Palmetto Health Children's Hospital, Columbia, SC
- Pitt County Memorial Hospital/Univ. Health Systems of Eastern Carolina, Greenville, NC
- Sacred Heart Health System, Pensacola, FL
- St. John's Hospital, Springfield, IL
- St. Louis Children's Hospital, St. Louis, MI
- The Children's Hospital of the Greenville Health System, Greenville, SC
- USA Children's and Women's Hospital, Mobile, AL
- Vanderbilt University Hospital, Nashville, TN
- WakeMed Health and Hospitals, Raleigh, NC
- Yale-New Haven Children's Hospital, New Haven, CT

It has not been possible to reach an agreement with the following Child Life programs/hospitals: Hasbro Children's Hospital (RI), Presbyterian Children's Hospital (NYC), and Levene Children's Hospital (NC).

Appendix E:

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 F:

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

- ☐ Centricism, 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