

Original Articles

# Child Life Internship Readiness: Perspectives of Child Life Training Coordinators and Supervisors

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Keywords: child life, internship readiness, clinical training

<https://doi.org/10.55591/001c.74170>

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## The Journal of Child Life: Psychosocial Theory and Practice

Vol. 4, Issue 1, 2023

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**Objective:**

Certified Child Life Specialists serve an important role in the pediatric healthcare system providing psychosocial care for children and their families. While the child life profession continues to grow, the student-to-professional pipeline has not been researched.

**Method:**

This mixed-methods study focuses on internship readiness from the clinical internship coordinators' and supervisors' perspectives to understand the child life intern selection process.

**Results:**

Results indicate there are criteria that qualify and disqualify child life interns related to the internship candidates' knowledge, skills, and abilities.

**Conclusion:**

Implications for this research include areas to improve access and decrease potential bias in the internship selection process as well as future research related to child life training.

**Disclosure Statement:**

No potential conflict of interest was reported by the author(s).

**Funding Statement:**

No funding sources were provided by the author(s).

Certified Child Life Specialists (CCLS) mitigate the harmful impact of pediatric hospitalization and promote optimal development of children, youth, and families (Romito et al., 2021). Typically employed in pediatric settings, CCLS provide psychosocial interventions such as therapeutic play, expressive modalities, and psychological preparation to facilitate coping and promote normal development (Romito et al., 2021). In order to sit for the Child Life Professional Certification exam and become a Certified Child Life Specialist (CCLS), a student must earn a bachelor's degree, pass the required coursework, and successfully complete a 600-hour internship supervised by a CCLS (ACLP, 2022c). The current certification eligibility educational requirements are broad, allowing for a bachelor's degree in any major and completion of the specified course requirements (ACLP, 2022c).

Child life is a young but growing profession. The Association of Child Life Professionals (ACLP) reported that the number of CCLSs has grown from 4,064 in 2009 to more than 6,456 in 2022 (ACLP, 2022a). As the profession looks to scale up and provide more services to patients and

families, it is essential to ensure that the training structure leading to certification can accommodate the profession's growth. When discussing child life, four distinct components are often generalized into one: (a) the emerging academic discipline, (b) the field of inquiry referring to research, (c) the profession, and (d) the professional organization (Sisk & Cantrell, 2021). Each of these components are necessary to support the growth of the profession. Academic preparation needed for certification includes coursework specific to the emerging academic discipline and an emphasis on child life research. But clinical training, such as practica and internships, are the experiences that provide real-world, practical training essential for entering the profession, and during these opportunities, students learn the nuances of child life practice.

Currently, there is no research on child life training, making it difficult to know how the training structure might impact the profession's growth (Boles et al., 2021; Turner & Boles, 2020). Without these empirical data, recommendations specific to each component of child life are not available. Despite this gap, there is scholarship that sup-

ports the need for investigation into child life training. For example, Sisk & Wittenberg (2021) discuss the impact of COVID-19 on the student-to-professional pipeline and anecdotal evidence suggesting there were fewer internship positions available during the pandemic. As a result, the disruption from COVID-19 could be impacting the current healthcare staffing crisis whereby open child life positions are going unfilled (Heering, 2022). This disruption is mirrored in other professions (Pickell et al., 2020). For example, in pediatric psychology, delays in training due to the COVID-19 pandemic resulted in less clinical care provided to children and families, further perpetuating disparities in care to historically minoritized communities (Valenzuela et al., 2020).

Investigating the child life training structure is also essential for diversifying the profession. Like other healthcare professions, unconscious bias impacts the internship selection process (Marbin et al., 2021) and contributes to the structural racism that results in preferential access to quality healthcare to White families while denying access to historically minoritized families (Slopen & Heard-Garris, 2022). In 2020, the ACLP launched the internship readiness project with the aim of improving access to child life internship opportunities and supporting the diversification of the profession. One of the tasks of the internship readiness project was to construct a consistent set of knowledge, skills, and abilities (KSA), or critical competencies necessary for an Internship Ready Candidate (ACLP, 2022b). The ACLP recommends that internship sites begin to use this document in the Fall 2023 internship selection round. In an effort to support these initiatives, research detailing the qualifications needed by child life internship candidates would provide clarification to the child life community and support each component in protecting the student-to-professional pipeline. Since no research on child life training exists, starting here, with research that would align with ACLP's efforts, is a critical first step.

The current study helps to establish preliminary evidence related to the child life training structure. The purpose of this mixed-method descriptive study was to understand what child life internship coordinators and supervisors prioritize when selecting child life interns. The following research questions guided this study:

1. What do child life internship coordinators and supervisors prioritize when selecting child life interns?
2. What makes a child life student qualified for a child life internship?
3. What makes a child life student unqualified for a child life internship?
4. How many child life internship positions were filled/unfilled by clinical programs each year?

## Method

A concurrent triangulation mixed-method design (Creswell et al., 2003) was used to gather both qualitative and quantitative data on child life internship coordinators' and internship supervisors' perceptions of what KSA they perceive as indicating child life internship readiness with

an online survey. When using this mixed-method design, researchers select which method will be the primary and secondary methodological approach for the study while collecting data for both methods at the same time.

For the current study, the primary approach was qualitative under the tradition of thematic analysis (Braun & Clarke, 2012), and the secondary approach was quantitative in order to supplement the emerging qualitative themes. This research design was selected to corroborate findings from both types of data (Creswell et al., 2003), thus providing a thorough contribution to the child life internship selection process. This study was approved by the institutional review board at the institution of the first author.

## Participants

Participants ( $N = 40$ ) consisted of clinical CCLS who served as a child life internship coordinator, a child life internship supervisor, or both a child life internship coordinator and a child life internship supervisor within the last six years (2015 to 2021). [Table 1](#) includes a breakdown of participant roles and information on the hospitals and programs in which participants were employed. Internship coordinators must have been actively involved in selecting interns for their program and internship supervisors had to have supervised a child life intern within the last six years (2015 to 2021) to be included in the study.

## Measure

Participants completed the Child Life Training Readiness Clinical Survey (CLTR-Clinical; see Appendix A), created specifically for this study by the authors. The authors, who have each completed their doctoral degrees, served a combined 25 years in child life academic preparation for students, and worked for a combined 21 years as clinical child life specialists, developed this measure by separating common intern candidate expectations into categories of KSA. The 21-item survey consisted of three questions about the hospital and child life program where participants worked; four quantitative questions about the amount of internship positions available, and if they were filled by graduate students or undergraduate students, or were unfilled; and 14 open-ended qualitative questions assessing participant's perceptions of indicators of child life internship readiness.

## Procedures

The authors compiled a list of possible participants which included the ACLP accredited internship program directory list (77 programs; ACLP, 2022d), the ACLP Child Life Connect forum for child life clinical program leaders, internship and practicum coordinators (470 members), and professional networking (13 contacts). Approximately 90 possible participants were contacted via email, and 470 possible participants were able to view the recruitment post in the ACLP Child Life Connect forum in December 2021 and invited to participate in the study by clicking on the link provided. The CLTR-Clinical survey was hosted through Qualtrics, an online survey management system.

**Table 1. Participant, Hospital, and Program Information**

	n	%
Participant role		
Child life internship coordinator only	19	47.5
Child life internship supervisor only	10	25.0
Both child life internship coordinator and supervisor	11	27.5
Hospital type		
Large children's hospital	18	45.0
Small children's hospital	13	32.5
Pediatric unit within an adult hospital	7	17.5
Community hospital	2	5.0
Program size		
One-person program	2	5.0
Two to four-person program	2	5.0
Five to 10-person program	9	22.5
11 to 20-person program	9	22.5
21-person program or larger	18	45.0

Note. n = 40.

A follow-up recruitment email was sent to potential participants four weeks after the initial invitation. The survey was open for data collection from December 2021 to January 2022. The median amount of time it took for participants to complete the survey was 34.33 minutes. Of those invited, 48 individuals agreed to participate. Eight participants were removed from analysis due to missing or incomplete data, thus yielding an approximate response rate of 7.14%.

### Data Analysis

Qualitative data from the survey (see Appendix A) were analyzed via thematic analysis (Braun & Clarke, 2012), resulting in the discovery of themes emerging from data within the research questions. To learn about the perceptions of internship coordinators and supervisors regarding internship readiness, six phases of thematic analysis were used by the researchers: becoming familiar with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes, and reporting on the themes (Braun & Clarke, 2012). After this process, researchers estimated frequency analyses and paired sample *t*-tests to analyze the quantitative data gathered from the survey. For data triangulation, quantitative questions, qualitative questions, and internship rubrics provided data to answer what makes a candidate qualified or unqualified for internship.

### Researcher Reflexivity

The authors are stakeholders in the child life internship process working as child life academics supporting students in their training journeys. While all three authors have clinical work experience to balance the academic role, the academic perspective was present in the research from the

process of composing the survey, participant recruitment, data analysis, and writing the results.

## Results

### Prioritization of Child Life Intern Selection

Four qualitative survey questions (questions 12 to 15; see Appendix A) provided insight into how internship coordinators and supervisors selected interns for their site. When asked which items on their selection rubrics were prioritized with the highest points, 17 respondents (43%) indicated hours with children received the most points in their rubric: "Candidates get scored in the healthcare experience, stressful situations, and well-child. The point value they get is based on the hours of experience they have" (Respondent 10). Fourteen respondents (35%) shared that essays were weighted most heavily on their rubrics; for example, one respondent (4) described their rubric for essays as follows: "On our written applications, essays hold the most weight [...] 0 Points-Excessive Spelling/Grammar Errors; Missed the mark/Incomplete answer, not thorough[,] 1 point-Answer was good, but not standout, nothing unique to student, needing a little more detail[,] 2 points-Thorough, unique answer, well written." Less prioritized in the selection process were letters of recommendation and grade point average.

We also asked respondents to share factors that might impact the intern selection process. For example, CLTR-Clinical question 14 asks whether their rating system changes if they receive significantly more applications than expected, or if an additional intern slot opens up. Twelve respondents (30%) indicated that their process would not be impacted. Five respondents (13%) indicated that if they received less applications, they would be able to take their time reviewing, and "we would be in a better position to provide interview opportunities to a higher percentage of

applicants” (Respondent 7). Respondent 36 had a detailed response when considering how the number of applicants might impact the process:

The number of applications received can sometimes affect the selection process. We score every applicant on the same rubric every semester despite the number received. However, we offer interviews to the highest scoring candidates. That high scoring number can vary depending on the number of applicants or their qualifications. For example if we get 20 applicants and the highest scoring applications score a 33, 30, 28, and 25, we may offer interviews to those 4. However, if we receive 50 applications and the highest scores are 34, 33, 32, 30 then those applicants who scored lower than 30 may not be offered an interview. [...] If we feel like we don't have a candidate our team agrees on or who would be a good fit for our program, we don't offer that semester.

During the interview selection process, certain variables disqualify a candidate. Eight respondents (20%) discussed concerns regarding professionalism, such as being late, having unprofessional attire, using inappropriate language, and speaking poorly of past training sites. Seven respondents (17.5%) indicated concerns about boundaries and HIPAA violations. Five (13%) cited an inability to answer the questions, and four (10%) cited poor interpersonal skills as a reason for disqualification.

The quantitative data suggest that a student's education level may also impact the selection process (CLTR-Clinical, questions 5 and 6). Although we cannot determine whether student education level is the reason why an individual was selected by an internship program or not, [Table 2](#) displays the means and standard deviations of accepted child life internship positions based on graduate and undergraduate student status from 2015 to 2020 retrospectively reported by participants. On average, hospital programs accepted 1.30 graduate student interns per year (*Range* = 0 to 9 child life graduate student interns per year). On average, hospital programs had 1.55 undergraduate student interns per year (*Range* = 0 to 6 child life undergraduate student interns per year). Paired samples *t*-tests indicated that graduate students were significantly more likely to be accepted for internship positions compared to undergraduate students in 2020; however, in 2015 and 2017, undergraduate students were significantly more likely to be accepted in internship positions compared to graduate students. The other years (2016, 2018, and 2019) showed no statistically significant difference in internship acceptance based on graduate or undergraduate student status.

### Perceived Student Readiness for a Child Life Internship

Four qualitative survey questions provided information on what internship coordinators and supervisors were hoping to see when looking for a qualified applicant who is ready for an internship (questions 8, 9, 20, and 21; see Appendix A). A summary of the themes and frequencies of themes can be found on [Table 3](#). Twenty-six respondents

(65%) mentioned knowledge of developmental theory as an indicator suggesting a candidate is ready for internship. Theory was described in a variety of ways including the “psychosocial theories our work is based on” (Respondent 2), “understanding of child development” (Respondent 6), and “strong child development knowledge, strong family systems knowledge” (Respondent 23).

Regarding previous experience, 25 respondents (63%) indicated that a practicum was necessary for a candidate to be qualified for internship; for example, “a qualified internship candidate has had a practicum in a hospital setting, volunteer experience in a hospital setting, and experience working with well-children” (Respondent 10). Eighteen respondents (45%) mentioned a candidate's willingness to learn as a quality indicator. Many participants described the ability similar to Respondent 14: “open to learning new things [with] no ego” or that the candidate is “eager to learn and recognizes when mistakes are made and seeks guidance in next steps or future decision making in similar situations” (Respondent 28). Being “teachable [and] open to feedback” (Respondent 34) and “being supervise-able, willing to own mistakes” (Respondent 20) suggest a candidate is qualified. Fourteen of the respondents (35%) mentioned strong communication skills as an indicator someone is qualified for internship. Communication was described as “concise writing skills” (Respondent 24), “ability to communicate with children and adults” (Respondent 26), “emerging or established professional communication” (Respondent 16), and “the ability to describe how you apply theory to practice” (Respondent 36).

When asked to provide the minimum knowledge, skills, and abilities that indicate internship readiness, participants' responses increased for knowledge of developmental theory to 32 respondents (80%) and strong communication skills to 15 participants (38%). Unique indicators of internship readiness submitted in the KSA question that were not revealed in the qualification question were the ability to receive feedback and self-reflect (25%) and strong interpersonal skills (25%), both reported by ten participants.

When asked what strengths internship coordinators and supervisors most often observe in the interns they select for their programs, participants described personality features, such as willingness to learn, teamwork, passion for helping children, openness to feedback, and flexibility. Sixteen respondents (40%) indicated a willingness to learn as the strength they most often observe in interns. Only six (15%) cited knowledge of developmental theory as a strength. Similarly, when asked to describe their ideal intern on day one of internship, 26 respondents (65%) replied with a willingness to learn. One respondent described this as someone who is “prepared, displaying a humble confidence and willingness to learn, excited, and someone who possesses grit” (Respondent 3).

### Perceived Lack of Student Readiness for a Child Life Internship

Seven qualitative survey questions (questions 10, 11, & 15 to 19; see Appendix A) asked participants to describe indicators that suggest an applicant is not ready for intern-

**Table 2. Paired Samples T-test on Accepted Internship Positions Based on Graduate or Undergraduate Student Status From 2015–2020**

	Graduate			Undergraduate		t
	n	M	SD	M	SD	
2015	31	0.97	1.33	1.87	1.56	-2.34*
2016	32	1.25	1.57	1.66	1.15	-1.13
2017	33	0.88	1.62	1.85	1.54	-2.17*
2018	33	1.36	1.60	1.55	1.39	-0.43
2019	33	1.88	1.76	1.42	1.28	1.31
2020	37	1.46	1.22	1.00	0.85	2.14*

Note. \*  $p < .05$ .

**Table 3. Theme Frequencies Specific to Candidate Qualifications**

Theme	Frequency	Relative Frequency	Percentage
What makes a candidate qualified for internship?			
Knowledge of developmental theory	26	.65	65.0
Previous clinical experiences	25	.63	63.0
Reflexivity	18	.45	45.0
Strong communication skills	14	.35	35.0
What minimum knowledge, skills, and abilities indicate internship readiness?			
Knowledge of developmental theory	32	.80	80.0
Strong communication skills	15	.38	38.0
Ability to receive feedback and self-reflect	10	.25	25.0
Strong interpersonal skills	10	.25	25.0
What makes a candidate unqualified for internship?			
Incomplete application	28	.70	70.0
Lack of previous clinical experience	18	.45	45.0
Does not meet program requirements for internship	15	.38	38.0
Lack of developmental knowledge	12	.30	30.0
Poor written communication	11	.28	28.0
Poor references	7	.18	18.0
Low GPA (less than 3.5)	7	.18	18.0

ship, including areas supervisors identify during the internship as lack of readiness. A summary of the themes and frequencies of themes can be found on Table 3. Eighteen respondents (45%) reported “an absence of direct experience with young people in a healthcare setting” (Respondent 16) or experience that “does not include sick (can be broad to include various diagnoses, developmental ability, or hospitalization) and well children suggests a candidate is not qualified” (Respondent 28). In addition to practical experience, limited child development knowledge (30%), as well as an “inability to articulate basic knowledge of child life and/or role of child life specialists” (Respondent 37) would disqualify a candidate.

Eleven respondents (28%) mentioned that “poor written word on [the] internship application” were red flags, suggesting a candidate was not qualified for internship (Respondent 9). One respondent mentioned that they disqualify a candidate “based on poor writing skills, which appears

to show a lack of effort on their part by not having their application proof-read by others” (Respondent 32). Twenty-eight respondents (70%) indicated that applications were immediately disqualified if they were incomplete or missing elements. Fifteen (38%) mentioned that applicants who do not meet the requirements for internship (e.g., previous practicum experience and at least 100 hours of volunteer experience) were also omitted from the process. Other elements that might disqualify a candidate included blatant HIPAA violations in the application, a low grade point average (less than 3.5) on child life/child development coursework, or not having completed the ACLP eligibility assessment. When asked a different survey question about the most frequent weaknesses observed in internship candidates, 20 participants (50%) noted poor communication skills and lack of detail in responses, nine (23%) noted lack of developmental knowledge, and seven (18%) indicated lack of previous clinical experience.

Remediation by clinical internship supervisors was included to identify internship applicants' KSA expected prior to internship that were either not assessed or not fully assessed in the internship application and interview process. Twenty participants (50%) reported remediating communication skills when working with an intern. Communication skills were described as both professional writing, such as clinical documentation and communication to the medical team, as well as conversation with patients and families while building rapport. One participant noted: "Candidates seem very used to people addressing them, however especially within the last few years, seem to have trouble engaging in traditional rapport building conversation with family members in the room, especially when they are leading the interaction" (Respondent 3). Seven (18%) reported remediating developmental knowledge with their interns and three (8%) mentioned time-management.

When asked a different survey question regarding what content knowledge was most observed as lacking, 19 participants (48%) described developmental theory, five (13%) mentioned communication skills, two (5%) indicated knowledge of the child life scope of practice, and two (5%) cited cultural awareness. In addition, internship coordinators and supervisors were asked a specific survey question about reasons why they had dismissed an intern within this six-year timeframe because rationales for dismissing an intern were considered as lack of readiness. When asked if they had dismissed an intern within the past six years, 7 participants (18%) described an unwillingness to learn or inability to integrate feedback. Lastly, when asked a separate question about what elements of the internship interns found most challenging, 22 participants (55%) described workload and time management, 5 (13%) mentioned transitions between rotations, and 3 (8%) mentioned bereavements. Respondent 28 described "the weekly load of 30-to-40-hour internship site weeks with reading, assignments/journal writing, and projects" is most challenging for interns, especially if they are new to full-time workdays.

### Filling Available Child Life Intern Positions

As a supplement to the qualitative responses, we also asked participants to include how many internship positions were filled or unfilled by students per year. [Table 4](#) displays the means and standard deviations of child life internship positions available and unfilled by year from 2015 to 2020. On average, hospital programs had 2.95 child life interns per year, which included the spring, summer, and fall semesters (*Range* = 0 to 9 child life interns per year). On average, hospital programs had 0.59 child life internship positions go unfilled per year (*Range* = 0 to 5 unfilled internship positions per year).

### Discussion

Although child life certification numbers have increased (ACLP, 2022a), clinical child life programs are currently experiencing a staffing crisis with multiple positions unfilled (Hearing, 2022). Ensuring students have access to clinical internship opportunities is vital for supporting the profes-

sion's student-to-professional pipeline that supplies child life positions in healthcare. In this study, we asked: (1) What do child life internship coordinators and supervisors prioritize when selecting child life interns?; (2) What makes a child life student qualified for a child life internship?; (3) What makes a child life student unqualified for a child life internship?; and (4) How many child life internship positions were filled/unfilled by clinical programs each year? These research findings shed light on how students are assessed as qualified or unqualified for a child life internship in hopes of discovering industry standards for internship readiness.

When looking at the child life internship selection process, results suggest that some positions go unfilled if an internship site is not able to find an ideal fit with any applicant. This is a concerning finding as unfilled positions disrupt the student-to-professional pipeline, which inhibits the growth of the profession by leaving open clinical child life positions. Similar to child life, dietetic internship directors and internship selection committees are identified as "gatekeepers" to the profession because of their roles in determining which applicants receive an internship (Card et al., 2022). Recently, for the dietetics profession, assessment of these processes through research was deemed necessary for diversity, equity, and inclusion (DEI) best practices (Card et al., 2022). In addition, the dietetics profession encountered an imbalance in the number of internship applicants and available internship positions (Brady et al., 2012) similar to the child life profession. Currently, child life is experiencing an inadequate number of qualified CCLS credentialed professionals to fill the numerous open clinical positions. However, the Accreditation Council for Education in Nutrition and Dietetics (ACEND, 2023) records the number of internship applicants and internship recipients, which equated to a 70% match rate in 2020 (Accreditation Council for Education in Nutrition and Dietetics, 2023), meaning that 30% of internship applicants did not receive an internship offer. Utilizing a standardized match system could provide support to the child life profession by ensuring that available internship positions are filled to sufficiently supply clinical child life positions while supporting DEI.

Results from the current study regarding child life internship applicants showed that previous years (2015 and 2017) have seen a significant acceptance of bachelor's-level interns, yet the data from 2020 suggest the opposite, that master's-level applicants are more likely to receive an internship position. Intern selection results suggest variations in how applications are scored by coordinators and supervisors at each institution. A singular set of selection criteria, an industry standard, including child life in the degree requirement would be a helpful anchor to support the internship selection efforts in order to decrease risk for bias and diversify the profession. For example, beginning in 2024, the dietetics profession will require all internship applicants to earn a graduate degree from an ACEND-accredited academic program (Academy of Nutrition and Dietetics, 2023). The Commission on Dietetic Registration (2020) cited multiple rationales for this degree requirement in-

**Table 4. Means and Standard Deviations of Child Life Internship Positions Available and Unfilled from 2015–2020**

	2020 M (SD)	2019 M (SD)	2018 M (SD)	2017 M (SD)	2016 M (SD)	2015 M (SD)
Available internship positions	2.62 (1.90)	3.27 (2.62)	3.11 (1.89)	2.80 (1.83)	3.03 (1.76)	2.85 (2.03)
Unfilled internship positions	0.65 (1.11)	0.72 (1.00)	0.54 (0.98)	0.69 (0.83)	0.56 (0.82)	0.39 (0.61)

Note.  $n = 40$ .

cluding required knowledge, skills, and research base; graduate degree requirements for other healthcare team peers; professional credibility and respect; and higher salaries.

In the present study, the most cited variables that suggest a candidate is qualified for internship were previous experience, developmental knowledge, communication skills, and a willingness to learn. Comparing child life internship selection processes to those of the dietetics profession is relevant for understanding professional practices and processes that might contribute to positive growth in the child life profession. In one study, dietetic academic program directors identified that “students with more practicum and other work experiences have an advantage in the competition for Supervised Practice Programs” (Parham et al., 2001, p. 1049), which is similar to our findings of the current child life internship selection processes.

While developmental knowledge and communication skills can be taught in both child life and non-child life academic programs, application of theory to clinical practice is prioritized within child life-specific academic programs by CCLS faculty who have formalized programs to teach beyond the introductory CCLS-taught course required for certification. An internship applicant’s previous experience is specific to internship candidates who have access to volunteer opportunities and practicums. In addition, when asked to describe their ideal internship candidate, internship coordinators and supervisors also mentioned personality features such as a willingness to learn, enthusiasm, flexibility, and pleasantness.

Data from multiple respondents were compiled to create a description of the ideal child life intern entering the internship: *They have strong academic knowledge of child life and developmental theory. They are aware of what they already know and what they have yet to learn. They possess skills implementing academic knowledge of developmental theory into clinical practice, skills implementing therapeutic activities, strong communication skills, rapport building skills with children and staff, and play skills. They manage time well and exhibit a professional manner and appearance. They bring the abilities of willingness to learn, confidence, humility, preparedness, excitement, and grit. They are personable, enthusiastic, pleasant, flexible, good listeners, and self-reflective.*

Respecting self-awareness as we do in the child life profession, this compilation description begs serious self-reflection of this question: How many current CCLS possessed all of these KSA entering their internship? The items of child life and developmental theory, communication skills, therapeutic activities, play skills, and professionalism are knowledge components in the data description

which can be taught in child life-specific academic programs. Seeing that some other characteristics are not elements of the ACLP’s Standards for Academic Preparation Programs or Child Life Certification Eligibility, it is difficult to know how to academically support students whose strengths are not in these areas. These are also features that vary based on a student’s cultural background, leading to questions about DEI (Marbin et al., 2021). Other items in the description appear to be clinical training child life interns should receive within the child life internship including application of academic knowledge to clinical practice, therapeutic activities, verbal and written communication skills, therapeutic activity implementation, play interventions, rapport building skills with children and staff, and self-reflection. This data description highlights discrepancies within clinical internship coordinators and supervisors’ perceptions of education and training responsibilities. A comprehensive curriculum mapping of education and training responsibilities between child life specific academic programs, child life practicums, and child life internships would be a worthwhile endeavor for coordination of efforts within the child life student-to-professional pipeline.

Smythe et al. (2015) examined the personal attributes of successful dietetics interns from a generational perspective with data gathered from internship directors and preceptors, which in child life are called internship coordinators and internship supervisors. They identified three categories of personal attributes that participants deemed important and these are listed in rank order: 1) behavioral, 2) communication, and 3) interpersonal. The top 10 out of 35 personal attributes including the correlating category were: 1) motivation (behavioral); 2) completion of tasks (behavioral); 3) dependable (behavioral); 4) respectful (behavioral); 5) positive attitude (behavioral); 6) flexible (behavioral); 7) listening skills (communication); 8) ask questions (behavioral); 9) open minded (interpersonal); and 10) professional communication; Smythe et al., 2015).

These researchers encouraged dietetic academicians to incorporate classroom policies and assignments to help develop these personal attributes perceived as leading to success in obtaining an internship, based on the fact that the internship directors and preceptors selecting dietetic interns valued these personal attributes (Smythe et al., 2015). It was also recommended that dietetic academicians use these attributes to screen students entering the didactic program in dietetics at the university level (Smythe et al., 2015). Since this research was published in 2015, it may be that the dietetic profession’s awareness of DEI was not a

consideration as it is today. This dietetics research is similar to the data collected in this research of current child life internship vetting practices, placing a priority on internship coordinators' and supervisors' preferences for certain personal characteristics. More recently, Card et al. (2022) investigated the factors that dietetic internship directors identified as most important for assessing internship applicants: quality of interviews, total didactic program in dietetics GPA/grades, type of previous dietetics-related work or volunteer experiences, and quality of personal statement. In looking at evidence from the dietetics profession's internships, we can see an evolution from using the number of experience hours as a priority over 20 years ago, to preferred behavioral attributes eight years ago prior to DEI awareness, and currently to a comprehensive assessment of factors including interviews, GPA/grades, type of profession-related experiences, and the quality of applicants' personal statement.

When looking at the factors that suggest a candidate is unqualified for internship, the most noted variables were lack of developmental theory knowledge, lack of previous experiences with hospitalized children, weak written and verbal communication skills, and poor interpersonal skills. Again, developmental theory knowledge, communication skills (written and verbal), and interpersonal skills, including professionalism and the ability to receive feedback, are specific areas that can be taught in child life academic programs. However, previous experience with hospitalized children continues to be an area of inaccessibility for students pursuing child life due to the lingering impacts of COVID-19 halting volunteer and practicum experiences (Sisk & Cantrell, 2021). Considering the current data were collected during the second year of the COVID-19 pandemic, this leads to questions about the profession's ability to adapt to future pandemics or other healthcare disruptions.

As previously mentioned, the ACLP recently launched the internship readiness project with the aim of improving access to child life internships. At the time of this data collection, ACLP's (2022b) document on internship readiness KSA had yet to be distributed. As this document is adopted by internship sites across North America, noting the discrepancies between the Internship Readiness KSA published by the ACLP and the data in this study are important. For example, in the current study, internship coordinators and supervisors discussed the importance of developmental knowledge, knowledge of the child life scope of practice, building rapport, self-reflection, and having experiences within and outside the hospital setting as indicators suggesting a candidate is ready for internship. Each of these are mentioned on the new ACLP document (2022c). But, many other KSA included in the new ACLP document, including awareness of DEI and cultural humility, exposure to the concept of health disparities, awareness of the Child Life Code of Ethics, awareness of how both theory and evidence guide practice, and the importance of assessment, were not mentioned in the current study.

Adopting clear expectations regarding the expected KSAs needed for internship readiness would decrease vari-

ability and bias in the internship selection process, leading to a more equitable approach (Marbin et al., 2021). Health disparities that exist in pediatrics were exacerbated by the impact of COVID-19 on healthcare training structures (Valenzuela et al., 2020). To respond to this inequity, a more consistent, less biased internship selection process in child life would benefit the patients and families we serve and aid in diversifying the profession (Marbin et al., 2021). As ACLP's internship readiness project continues to roll out, discussions between each of the four components of child life (i.e., the profession, the field of inquiry, the professional organization, and the emerging academic discipline) about exclusive adoption of the approach across the community, as well as assessing the KSAs mentioned in the document, could support the project's aim of improving access (ACLP, 2022b).

### Limitations

This is the first study to look at the perceptions of child life internship coordinators and supervisors when determining student internship readiness. As such, there are limitations. First, because there is not a historical record of data related to child life internships, knowing where to begin the study was a challenge. This study accrued a small sample size that is not representative of all child life internship programs. We expected it would be difficult to find a large sample with the time to respond to the qualitative questions, but we did not expect the low response rate. Consequently, the quantitative analyses do not have the statistical power to draw a robust conclusion about graduate and undergraduate trends and internship acceptance. This study is also retrospective and asked internship coordinators and supervisors to discuss their perceptions related to internship selection from previous training terms. The sample had yet to receive ACLP's documents related to the KSAs specific to the internship readiness project and it is expected that many of the coordinators and supervisors have since changed their selection process. Despite these limitations, we believe this study is a first step leading to more research.

### Future Research

The child life field of inquiry is growing and research exploring the child life profession beyond the clinical CCLS practitioner role is essential. For example, when beginning this study, we needed data to reflect the anecdotal trends we hear about from students, academics, and internship coordinators and supervisors: that internship is competitive, that less slots were offered during the pandemic, that there are not enough positions to remediate the job crisis, and that there is bias in the internship selection process. Although these empirical data were not available to date, these are valuable ideas for future researchers to study. Gathering large scale data related to trends in internship positions and who is filling those positions would support the profession's efforts to assess an industry standard, diversify, and fill open jobs. Our study did not look at the student perspective. Future studies that include the student



perspective is needed for understanding how to improve access to internship.

As Slopen and Heard-Garris (2022) discuss, more research related to understanding the structural racism that perpetuates health disparities for historically minoritized families is needed. Child life can contribute to this line of inquiry by investigating the structures that have led to the lack of racial diversity in the profession. In addition to internship, other areas to begin this inquiry include academic preparation, employment opportunities, supervision, and management. Also, the pandemic has resulted in fewer volunteer opportunities that qualify a candidate for a child life internship (Pickell et al., 2020; Sisk & Wittenberg, 2021). Disruptions in the child life training cycle limit the profession's ability to scale up and fill the many open positions currently waiting for professionals (Heering, 2022). Our findings show that despite the setbacks of the COVID-19 pandemic, internship sites are still prioritizing previous hospital experience, opportunities that have been significantly disrupted since 2020. We anticipate this will not be our profession's last interruption and professionals in all components of child life must be prepared to address future student-to-professional pipeline disruptions to protect the child life profession and the patients and families we help.

### Conclusion

This is the first empirical study to look at how clinical internship coordinators and supervisors define child life internship readiness when assessing internship applicants during the application and interview processes. This study provided new information on the perceptions of clinical internship coordinators and supervisors who are selecting in-

terns. Guided by four research questions, we used a mixed-method design to understand how internship coordinators and supervisors select interns as well as the qualities they look for when assessing internship readiness. Understanding the internship selection process is helpful for addressing multiple concerns within the child life profession as well as the broader pediatric community. Since these data were collected, ACLP launched the internship readiness project and published the KSA document (2022b). Results from this study provide data that show the variety of internship expectations for interns' KSA on day one of the internship prior to the internship readiness definition created by the ACLP. Gathering these data prior to ACLP's internship readiness publication indicates respondents were free from influence regarding ACLP's definition of internship readiness, thus these data are representative of each participant's individual interpretations of and preferences for internship readiness. Also, because this study was conducted during the second year of the COVID-19 pandemic, results provide insight into how the profession can adapt to future disruptions in training. Study findings can also be helpful in identifying areas where there might be potential bias in the internship selection process that further perpetuates a lack of diversity in the profession. Future research can add to this empirical discussion by gathering more data on child life internships, emphasizing the student voice, and considering how to improve the training structure so that open positions can be filled.

Submitted: October 13, 2022 EDT, Accepted: January 03, 2023 EDT



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## Appendix A

### Child Life Training Readiness Clinical Survey

1. What is your role in the clinical child life internship program at your institution? Select all that apply.
  - a. Clinical child life internship coordinator
  - b. Clinical child life internship supervisor/preceptor
2. What is the size of your child life clinical program?
  - a. 1 CCLS person program
  - b. 2-4 CCLS on staff
  - c. 5-10 CCLS on staff
  - d. 11-20 CCLS on staff
  - e. 21 or more CCLS on staff
3. Choose which one best identifies your child life program setting:
  - a. Large children's hospital (more than 250 beds)
  - b. Small children's hospital (less than 250 beds)
  - c. Pediatric unit in an adult hospital
  - d. Community hospital
  - e. Private practice
  - f. Other community setting
4. Specifically for each year 2015-2020, how many internship positions did your child life program provide? Include all semesters within each year: winter/spring, summer and fall. Please note: If zero is your answer, you must click to select 0 for the answer to be recorded.
5. Indicate for each year the number of graduate students accepted for internship. Please note: If zero is your answer, you must click to select 0 for the answer to be recorded.
6. Indicate for each year the number of undergraduate students accepted for internship. Please note: If zero is your answer, you must click to select 0 for the answer to be recorded.
7. In past 6 years (2015-2020), how many available internship positions have gone unfilled at your program? Please note: If zero is your answer, you must click to select 0 for the answer to be recorded.
8. What makes a qualified internship candidate?
  9. What minimum knowledge, skills, and abilities do you expect child life students to have when applying for the internship?
  10. How do you determine that internship candidates are not qualified?
  11. Is there anything that immediately disqualifies an internship candidate during the review of application materials?
  12. Is there anything that immediately disqualifies an internship candidate during the interview?
  13. Does your program use some type of rating system or rubric for internship candidates?
    - a. Yes
    - b. No
  14. Please describe the rating system used by your program. What items are prioritized with the highest points?
  15. During the internship application review and interview process, are there factors that affect the staff who are reviewing applications that may impact the selection process? For example: If your program received 10-20 internship applications instead of 50-100 applications per round, how would it impact your selection process?
  16. What are the most frequent weaknesses you observe in internship candidates?
  17. What content knowledge is lacking in internship candidates?
  18. What knowledge, skills, and abilities are you most often remediating during intern supervision?
  19. If you have dismissed an intern in the past 6 years (2015-2020), what was the concern?
  20. What aspect of the internship program do interns most often find difficult?
  21. What strengths do you most often observe in interns?
  22. Please describe your ideal child life intern on day 1 of the internship.