

Original Articles

# Exploring the Experiences of First-Time Clinical Rotation Supervisors: Qualities, Training, and Needs

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### Objective:

Little is known about the experience of first-time child life clinical rotation supervisors. The purpose of this study is to explore the thoughts, feelings, and experiences of these individuals using qualitative research methods.

### Method:

During a semi-structured interview, 13 participants were asked about their experience supervising an intern for the first time; qualities, skills, and experiences needed in a clinical rotation supervisor; and resources and trainings provided to support supervising an intern for the first time.

### Results:

Participants identified certain competencies they felt were important for clinical rotation supervisors to display, including the ability to put child life knowledge into practice and effective communication skills, while recognizing that formalized training is needed to further develop competencies and, overall, help first-time clinical rotation supervisors feel better prepared for their role. Related to their individual experience, participants expressed a desire to contribute to the next generation of Certified Child Life Specialist (CCLS). Participants recalled feeling nervous and often expressed feeling unprepared to step into the role even when seeking support from multiple outlets in varying formats. The participants acknowledged that a training program would be beneficial in preparing new clinical rotation supervisors, as well as in standardizing the internship experience for students.

### Conclusion:

The perspectives offered by the first-time clinical rotation supervisors emphasized the need for accessible, standardized training for this role, as well as for various supports throughout the supervision (e.g., continued learning opportunities, support from colleagues, and meeting time with child life educators/managers).

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The eligibility requirements to sit for the Child Life Professional Certification Examination currently include a minimum of a bachelor's degree, ten courses in specific content areas, and a child life clinical internship supervised by a Certified Child Life Specialist (CCLS; Association of Child Life Professionals, 2022). A critical component of these requirements is the child life clinical internship. According to the Clinical Experience Verification Form (Child Life Certification Commission, 2019), "The internship

hours being verified should involve training and education in a manner that results in minimum, entry-level competence in each of the areas of the Child Life Professional Exam Content Outline (p.1)." Clinical rotation supervisors are the individuals responsible for helping an intern develop entry level competency as a child life professional. As this role is so important, the CLCC requires clinical rotation supervisors to meet the following criteria: 1) maintain the CCLS certification, 2) have 4,000 paid hours of clinical ex-

**Table 1. Responsibilities of a Clinical Rotation Supervisor as Outlined by the ACLP**

Responsibility	Examples
Orient the intern to the unit	<ul style="list-style-type: none"> <li>Identify the location of important areas and resources of the unit</li> <li>Familiarize with the diagnoses/patients of the unit</li> <li>Acquaint intern with the interdisciplinary team</li> <li>Identify the role of child life in the unit</li> </ul>
Train and observe minimum, entry-level professional competencies	<ul style="list-style-type: none"> <li>Train the intern on knowledge and skills related to the Exam Content Outline</li> <li>Observe the intern as they develop minimum, entry-level competencies needed</li> </ul>
Provide feedback	<ul style="list-style-type: none"> <li>Discuss areas of strengths and potential growth</li> <li>Recognize areas of needed opportunity and provide</li> </ul>
Verify Hours of Clinical Training	<ul style="list-style-type: none"> <li>Verify number of hours completed during rotation</li> </ul>

Note. This table was created using information from *Standards for academic & clinical preparation programs* (ACLP, 2019).

perience prior to supervising, and 3) be willing to assume responsibility for the education and training of the intern (CLCC, 2019).

A clinical rotation supervisor will have many roles and responsibilities as they support an intern. See [table 1](#) for a summary of the main responsibilities outlined by the ACLP (2019). As previously noted, the most important responsibility is training and verifying minimum, entry level professional competence (CLCC, 2019). A review of ACLP resources finds three tools for rotation supervision preparation. The *Intern Supervisor's Manual for Child Life Clinical Internship Programs* (Sweett et al., 2012) is a document designed to be a resource for new and experienced supervisors. The *Child Life Clinical Internship Curriculum: Supervisor's Supplement* offers supervisor techniques and questions to guide students through the outlined modules (Child Life Council Internship Task Force, 2012). In 2022, the ACLP began offering a cohort-based child life clinical intern supervisor course. According to the ACLP (2023), this six-week course costs \$379, and through synchronous and asynchronous sessions, attendees have access to a community of clinical supervisors, a standardized curriculum, and other resources. Participants receive continuing education hours and a digital badge for completing the course (ACLP, 2023). For the most part, reviewing or use of these resources is optional for first-time clinical rotation supervisors. In fact, it is only recently that the ACLP has emphasized the importance of training. In March of 2023, ACLP required training of clinical rotation supervisors as part of the requirements for internship accreditation (Internship Accreditation Oversight Committee, 2023).

A lack of preparation for clinical rotation supervisors has been an issue for the child life profession for decades (Brown, 1982), and there is very little research available on the training of clinical rotation supervisors in child life. However, many other disciplines within healthcare utilize clinical training as a method of preparing students or new professionals, including music therapy (American Music Therapy Association, 2023), nursing (Piccinini et al., 2018), and recreational therapy (American Therapeutic Recreation Association, n.d.). These other fields have identified the

benefits of preparing individuals for the internship supervisor role. For example, when nursing student supervisors receive formal training, benefits include improved supervisor retention rates and satisfaction and increased critical thinking skills by trainees (Piccinini et al., 2018; Rush et al., 2012). Additionally, positive experiences in a nursing supervisor training programs have been found to lead to lower turnover rates and enhanced quality of patient care (Lee et al., 2009).

### Purpose of the Study

A review of the literature provides evidence that a lack of training has been an issue from the beginning of child life internships (Brown, 1982) and a structured internship may positively impact the supervision of interns (Klein et al., 1983). In addition, other healthcare disciplines have noted benefits of clinical supervisor training (Piccinini et al., 2018; Rush et al., 2012). However, to date, very little is known about the experiences of first-time child life clinical rotation supervisors, including their preparation. The purpose of this study is to address the gap in the literature and explore the thoughts, feelings, and experiences of first-time child life clinical rotation supervisors.

### Research Questions

1. What are the knowledge, skills, and abilities needed in a clinical rotation supervisor?
2. What are the experiences of first-time clinical rotation supervisors?
3. What trainings and resources did first-time clinical rotation supervisors have for the role?
4. What thoughts did first-time clinical rotation supervisors have on the need of a training program?

### Method

#### Eligibility and Recruitment

Once Institutional Review Board approval was obtained, participants were recruited via purposeful and snowball sampling through child life online forums and direct con-

tacts to child life academic and clinical directors across the United States and Canada. To be eligible to participate, a person needed to be a CCLS, serve as a clinical rotation supervisor for the first time between 2018 and 2022, and be English speaking. The time frame of five years was set to gather experiences from memories that have recently occurred. Individuals who supervised an intern for the first time prior to 2018 or those supervising outside of a hospital setting were excluded. Recruitment flyers provided a QR code and link to a Qualtrics survey that offered a summary of the study, with details of risks, benefits, and time. Those interested in participating provided consent electronically.

### Data Collection

After providing consent, participants ( $n = 13$ ) completed a six-minute survey that gathered background information (i.e., year began precepting, years of paid experience, type of hospital, number of CCLS on team, and presence of an internship coordinator) and demographic information (i.e., race, gender, age, highest degree earned, location). Participants provided contact information to schedule a time to complete an interview. The research team contacted participants via email and scheduled the interview over Zoom, a HIPAA-compliant video conference platform. To protect confidentiality, participants were asked to keep their camera off and audio from the interviews were recorded. Interviews used a semi-structured format that asked participants to discuss their experiences supervising an intern for the first time, qualities, skills, and experiences needed in a clinical rotation supervisor, and resources and trainings provided to support supervising an intern for the first time. See Appendix A for the interview guide.

### Data Analysis

Background and demographic information were entered into Statistical Package for Social Sciences (SPSS) 29 to analyze the frequencies and distributions of this data. Audio recordings from the interview were transcribed verbatim, and thematic analysis was used to determine and report patterns among transcriptions (Braun & Clarke, 2012). According to Braun and Clarke (2012), thematic analysis involves becoming familiar with the data, creating initial codes, identifying themes, reviewing themes, defining the themes present in the data, and reporting examples of the themes. In the current study, after becoming familiar with the data, the authors inductively analyzed the transcriptions line by line to identify codes presented in participants' responses. The authors then met and created a list of themes and subthemes presented in the data. The authors then re-coded using the identified themes. After this deductive coding, the authors met to discuss any discrepancies and came to 100% agreement.

### Researcher Reflexivity

The authors of the study represent the perspective of both the academic and clinical training of child life emerging professionals. In addition, two of the authors experi-

**Table 2. Demographic Information of Participants**

Baseline characteristic	N	%
<b>Age</b>		
20 to 29	8	62
30 to 39	5	38
<b>Gender</b>		
Female	12	92
Male	1	8
<b>Race</b>		
White/Caucasian	11	84
Black/African American	1	8
Biracial	1	8
<b>Highest Degree Earned</b>		
Master's Degree	6	46
Bachelor's Degree	7	54
<b>Location</b>		
Southeast	8	62
Northeast	3	23
Midwest	2	15

enced their first time as clinical rotation supervisors within the last six years. These perspectives were represented at each stage of the study, from beginning to end.

## Results

### Participants

Fifty-three individuals provided electronic consent and completed the background and demographic questions. Of these, 8 individuals did not meet the inclusion criteria of being a first-time clinical rotation supervisor within five years, and 32 were removed for incomplete surveys or lack of interest in interviewing. A total of 13 CCLS completed the interview. Most of the participants were White and female, which aligns with the demographics of the child life profession (Ferrer, 2021) (see Table 2 and 3 for participants' background and demographic information). At the time of the interview, most of the participants were not supervising an intern ( $n = 10$ , 77%). On the survey of background information, participants were asked to describe their feelings about their first time as a clinical rotation supervisor in one word. The responses included nervous ( $n = 4$ , 31%), excited/eager ( $n = 4$ , 31%), unprepared/uncertain ( $n = 2$ , 15%), ambitious ( $n = 2$ , 15%), and overwhelmed ( $n = 1$ , 8%).

### Knowledge, Skills, and Abilities Needed in a Clinical Rotation Supervisor

Participants' responses about the needed knowledge, skills, and abilities of a first-time clinical rotation supervisor centered on two themes: professional competencies and important experiences. Sub-themes were identified for each theme. See Table 4 for a summary of the themes and sub-themes.

#### Professional Competencies

Participants discussed three important sub-themes for professional competencies: the ability to put evidence-

**Table 3. Background Information of Participants**

Variable	N	%
<b>Year Began Precepting</b>		
2017	1	8
2019	1	8
2020	4	30
2021	7	54
<b>Years of Paid CCLS Experience</b>		
2 to 4 years	8	62
5 to 9 years	5	38
<b>Type of Facility</b>		
Free Standing Children's Hospital	12	92
Children's Hospital within Adult Hospital	1	8
<b>Number of CCLS on Team</b>		
10 to 14	3	23
15+	10	77
<b>Internship Coordinator Available</b>		
Yes	13	100
No	0	0

based knowledge into practice, the ability to use interpersonal skills to create a safe learning environment, and the ability to meet professional expectations. A competency frequently discussed was the ability to put evidence-based knowledge into practice. For this, participants discussed meeting the CCLS certification requirements, a knowledge of child development, and the ability to teach the why of child life (i.e., articulate the evidence-based knowledge of child life). One CCLS discussed this competency:

I think for knowledge overall our basic coursework is there for a reason, for us to obtain our degree and our certification. So having that knowledge is important, but also being able to put that knowledge into practice and act on that knowledge. (Participant 29)

Another competency discussed was that of interpersonal skills in terms of approachability, patience, the ability to communicate and provide feedback, and other skills and abilities that contribute to a safe learning environment for the student. One participant said:

I think it's really important to be able to communicate with students, especially when providing feedback and even when maybe providing hard constructive feedback. It's important to have really strong communication skills [...] I think supervisors need to be someone who's approachable, someone that students feel comfortable talking to and reflecting with. (Participant 4)

Participant 55 added, "So having that patience is important. And the empathy of remembering what it is like to be a student."

Participants also discussed competencies related to meeting professional expectations, including time management, leadership, self-reflection, and teamwork. One participant emphasized this when they said:

I think one is time management. That is a skill I have always had to have [...]. I think having had leadership opportunities as well was something that really helped me and knowing how to communicate with people that

may have different communication styles than I have and facilitating that open conversation as well. (Participant 29)

### **Important Experiences**

Participants discussed two important experiences that contributed to their knowledge, skills, and abilities as a clinical rotation supervisor: their own personal internship experience and their professional experience. Participants discussed how their own experience as a child life intern impacted the supervisor they became. Some spoke from positive experiences: "I really looked back and did a lot of processing and reflecting on my internship experience. I think that was really helpful for me to kind of look back and see what I found most helpful in my supervisor" (Participant 4). Others spoke from negative experiences, "So, finding ways to uplift students is really important because I know that in my own personal experience, I may not have had the most welcoming and open preceptors" (Participant 44).

Professional experience deemed valuable by participants included one's time working on their patient care unit and one's years of experience as a CCLS. One participant said, "I think if you were to have given me a student within my first year of being a child life specialist, I would be so incredibly overwhelmed. I think that time and building your own competence is really important" (Participant 44). Others discussed the benefits of experience with volunteers or child life practicum students prior to having an intern:

I had practicum students that I supervised before I had an intern. I think that kind of helped me because it was like a little bit smaller scale compared to an intern. That kind of helped me get used to someone you know observing me and teaching as I went along instead of just doing things that I know how to do. (Participant 56)

**Table 4. Summary of study themes**

Topic	Theme	Sub-themes	Sample Quote
Knowledge, Skills, and Abilities Needed in a Clinical Rotation Supervisor	Professional Competencies	<ul style="list-style-type: none"> <li>Ability to put evidence-based knowledge into practice</li> <li>Interpersonal skills to create a safe learning environment</li> <li>Meeting professional expectations</li> </ul>	"So just having a really good knowledge about ...DEI values and how every student is very individual, and those values and goals really do affect their learning style and how they are as a student." Participant 49
	Important Experiences	<ul style="list-style-type: none"> <li>Personal internship experience</li> <li>Professional experience (i.e., experience in unit, experience as a CCLS, experience as a volunteer or practicum supervisor)</li> </ul>	"I just feel that my preceptors that I had in my internship were very kind of hands off. And ... were very cliquey, I guess, and just didn't act in a way that I thought that a preceptor ... should" Participant 45
Experiences of First Time as a Clinical Rotation Supervisor	Lack of Preparedness	<ul style="list-style-type: none"> <li>Imposter syndrome</li> <li>Feelings of being the only option to supervise</li> <li>Last minute decision</li> <li>Being told "you were an intern; you can do it"</li> </ul>	"I think you can have the best background in foundation of child life and still not be a successful internship supervisor because you don't have the good tips and tricks on how to work with students. I didn't feel prepared." Participant 7
	Unexpected Realities	<ul style="list-style-type: none"> <li>Feelings of nervousness</li> <li>Burnout of having a student with you constantly</li> <li>Increased workload</li> </ul>	"You know, sometimes I wouldn't eat in a day and that's not what we want our students to do. So find a time for those breaks and say, hey, you know, you can work on your project or you can work on some assignments that you have to do. So we can both eat and sit down and get some water and take a break." Participant 39
	Importance of Role	<ul style="list-style-type: none"> <li>Ability to contribute to the next generation of CCLS</li> <li>Continued growth for all</li> </ul>	"So it's been a really great opportunity to like go back and like also get back to why I chose to get into this career, all the foundational things that I really enjoy about being a child life specialist." Participant 2
Training and Resources Available	A Variety of Available Supports	<ul style="list-style-type: none"> <li>Formal training</li> <li>Training across disciplines</li> <li>Informal sharing of documents or computer files</li> <li>Meetings with child life leadership</li> <li>Unit colleague support</li> <li>Student feedback</li> </ul>	"I think that having supportive team members, people that motivate you people that push you out of your comfort zone is really important. And then also having people in your life that you look up to as your role model as a child life specialist is also important to exhibit those characteristics." Participant 44
	Need for Training	<ul style="list-style-type: none"> <li>Need for more information on topics such as constructive feedback</li> <li>Training could help standardize the process</li> </ul>	"As a whole it would probably better prepare supervisors which in return would likely provide better opportunities for students, which again in return would hopefully produce even stronger, more prepared, child life specialists." Participant 4
Vision for a Training Available for Clinical Rotation Supervisors	Interactive Learning	<ul style="list-style-type: none"> <li>Panel of experienced supervisors</li> <li>Role playing scenarios</li> <li>Interactive and flexible format</li> </ul>	"I think whatever it is, the most important thing is limiting the barriers to it." Participant 55

Topic	Theme	Sub-themes	Sample Quote
		<ul style="list-style-type: none"> <li>• Topics to be included (i.e., cover professional boundaries, hard conversations, learning styles, active listening, goal setting, self-reflection, and debriefing)</li> </ul>	
	Including Helpful Tips	<ul style="list-style-type: none"> <li>• Set realistic expectations</li> <li>• Give oneself grace</li> <li>• Include administrative time in intern schedule</li> <li>• Be confident in your skillset</li> </ul>	<p>“It is not always going to work the way that you plan and that is okay. So don't be afraid to say, ‘Oh, that didn't go as well’ or ‘Let's debrief about that.’” Participant 39</p>

## Experiences of First Time Clinical Rotation Supervisors

Three themes emerged from participants' reflections on their first time as a clinical rotation supervisor: lack of preparedness, unexpected realities, and desire to contribute to the next generation of CCLS. Each theme included sub-themes, as shown in [Table 4](#).

### *Lack of Preparedness*

Participants described feeling unprepared or having imposter syndrome. One participant described it:

Okay, I've been a child life specialist for two years. I feel like I've gotten a pretty good foundation, but you know. Is this student going to be able to like see through? Am I not going to appear as knowledgeable or wise? (Participant 49)

Some felt they were asked to take the position because they were the only option or they were not given a choice about the role. One CCLS said, "I feel like I wasn't really asked about it. I was kind of told that I was going to be doing this and then I didn't get a lot of structure on how I should do it" (Participant 45). Participants also discussed the feeling of lack of preparedness because the role felt rushed with last minute notifications or quick training. For example, one individual said, "It was a little bit rushed. So, I actually wasn't able to complete the rest of my training before I got the intern" (Participant 44). When participants voiced concerns about lack of preparedness or the need for more training, they discussed being told, "Oh, you'll be fine. You know, you were an intern once. You know how it is" (Participant 35).

### *Unexpected Realities*

During their interviews, participants discussed unexpected realities they experienced during their first time as a clinical rotation supervisor. The unexpected realities included: nervousness, burnout of having a student constantly, and increased workload. One reality of being a clinical rotation supervisor for the first time was the emotional load of supervising an intern. Participants spoke about how the role is exhausting, frustrating, and challenging. The nervousness of failure and/or desire for success in the role contributes to those feelings. An interviewee said, "I was definitely anxious. Am I going to do a good job? Are they going to understand?" (Participant 39). Other participants noted being in their head a lot, fearing the intern was not growing or connecting with the material/experience, and worrying about giving the intern enough.

Another reality was the burnout of having a student constantly. One participant said:

We can do our job all day long, you know, without thinking about it. But then when you have a student, you're constantly thinking about every move you make and tested about why you did this positioning and not this position. And you have to think differently as a preceptor. (Participant 45)

Participants discussed this burnout being related to the high expectations of students and having to constantly explain what they were doing and why, especially when some things are more gut instinct than textbook answers.

Participants also discussed not being fully aware of how much increased work comes along with supervising an intern. This role happens on top of other responsibilities, such as continuing clinical and administrative responsibilities, as well as responsibilities to the healthcare team. As one person noted, "I love students but it can really slow down your day and like add more responsibility onto your plate" (Participant 77). This workload increase was noted as being particularly hard when already experiencing burnout. One participant described this when they said, "So as a professional, I personally felt stressed. I was, I felt overworked. I was extremely exhausted. So, to be completely honest, it was a hard time for me to take on that student" (Participant 4).

### *Importance of the Role*

When discussing importance of the role, two sub-themes were identified: support for the next generation of CCLS and continued growth for student and clinical rotation supervisor. Participants spoke about the importance of the role in relation to its contribution to the next generation of professionals. One person said, "These are the professionals out the door next so they're the ones that are going out into the field next and so our job is to best prepare them in the best way that we possibly can" (Participant 29). This theme focused on creating stronger CCLS for the next generation of patients and families and helping interns transition to professionals to be hired as colleagues. One participant said:

The rewarding part is really being able to see it, an intern successfully go through our mini rotation that I would be their primary preceptor for, but then also successfully complete their internship and then have that now like coworker-to-coworker relationship with them after their internship and being able to kind of like follow them on their journey. (Participant 49)

Participants discussed how being a clinical rotation supervisor fostered continued growth. This growth was both for the emerging professional and the clinical rotation supervisor. The moments of growth of the emerging professional often discussed were those associated displaying independence in their clinical work and transitioning to a professional. Comments also focused on feelings of giving students a good experience. One participant said, "I think it's a very valuable role because, without internship supervisors, it would be very hard to have a field of child life specialists that are prepared and able to take on the roles that we do" (Participant 56). Participants noted emerging professionals worked hard to earn an internship so they deserved a high-quality experience. Responses also focused on helping emerging professionals feel valued. As one person said, "So I think that it's really important to be open and welcoming and create those kind of relationships with



your students to help them know that they feel valued” (Participant 44).

### **Training and Resources Available for First Time Clinical Rotation Supervisors**

Two themes emerged from participants’ reflections on the trainings and resources available to support their first time as a clinical rotation supervisor: variety of supports available and the need for training, with each having sub-themes (see [Table 4](#)).

#### ***Variety of Supports Available***

When it came to training and resources, participants discussed a wide range of formal and informal helpful supports. Some of the first-time clinical rotation supervisors received formal training prior to entering the role. One participant described such training, “We did like a couple of days of two-or three-hour meetings where we went over different learning styles or different approaches and where we read scenarios and how we should respond” (Participant 55). Others received broader training across disciplines. As noted by one participant, “Yes, our institute actually provides preceptor training that is specific to all preceptors, not just like the child life department, but just across the board” (Participant 49). Some discussed receiving training through shared informational binders or computer drives that had information about topics, such as identifying learning styles, outlines of schedules, or summaries of expectations. One participant described these resources:

We get this little folder that has specific papers and it talks about the interns like all of their assignments that you are going to help them with when they’re with you. What their general scope is. And also can give tips and tricks on how to have conversations (Participant 7).

When asked about the ACLP Internship Supervisor’s Manual, familiarity and use of the resource varied, with most having little familiarity or use of the resource.

The participants discussed the importance of child life leadership as support during this role. Specifically, roles such as an education specialist, child life manager, and internship coordinator were noted as important for their ability to help the clinical rotation supervisor. For example, continuous meetings and debriefing with child life leadership was highlighted throughout participant discussions. One individual said, “The internship coordinators meet with internship supervisors bi-weekly to talk about how things are going, how do we think the student is progressing or regressing. Is there anything that we need from them as a support system” (Participant 39). Meetings were valued for their ability to offer moments of debriefing and reflecting on different approaches to supporting the intern.

Another helpful support discussed was that of colleagues and students. Participants discussed how their colleagues in their units offered support to the clinical rotation supervisor and intern. This support was offered through feedback on the intern’s role in the unit and through offering opportunities in the unit. For example, “I had very good rela-

tionships built with my clinic staff, and I had had previous students before so they were very welcoming of me having students and having students in the room and educating students” (Participant 29). The first-time clinical rotation supervisors also discussed the importance of students’ offering feedback and information to the clinical rotation supervisor.

#### ***The Need for Additional Training***

There were two sub-themes identified for the need for additional training: the need for information on specific topics and the need for training to standardize the process. Participants overall discussed a need for additional training. For example, one participant said, “The only really guidance we have is just some meetings with the practicum or internship coordinator on kind of like overall expectations. But not a lot of training” (Participant 56). Participants specifically emphasized needing training related to skills such as providing feedback and offering effective communication. One person said, “I think one barrier is just I didn’t fully know how to have hard conversations. I didn’t fully know [...] the best way to communicate stuff like that. That was something I struggled with” (Participant 7).

When asked about additional training opportunities, participants spoke positively about the need for additional preparation. Participants discussed how training could standardize the experience for students and potentially improve overall student experiences. One participant stated, “I think it could be beneficial in making sure that we are providing interns across the board with better and positive experiences if we have people educated on how to be successful.” Participants noted that interns deserved supervisors with high-quality training due to all the efforts they had made to obtain the internship. One individual said:

This is me assuming, but I can imagine that not every person not every specialist that is an intern preceptor is a good preceptor. So how can we make sure these students who spend so much time on getting the requirements to get an internship, paying for an internship, traveling to another city or state for the internship, how can we make sure they have a positive experience if their potential supervisors aren’t even fully sure how to be successful as a supervisor? I think it would be super helpful and I think it could [...] overall make people’s experiences more positive in both being interns and being preceptors. (Participant 7)

### **Vision for Clinical Rotation Supervisor Training**

When discussing what training should look like, participants’ responses focused on two themes: interactive learning and helpful tips, and each theme had several sub-themes (see [Table 4](#)).

#### ***Interactive Learning***

Participants discussed a variety of ideas in relation to a training program, including the need for a panel of experienced supervisors, role playing, interactive and flexible format, and inclusion of important topics. One recommen-



dation emphasized was the inclusion of the opportunity to learn from more experienced supervisors in a panel format. One participant said, “Maybe a session where we could bring our questions you know and have almost like a panel for questions to be answered” (Participant 29). Role playing was another recommendation mentioned, as noted here, “I think that it would’ve been beneficial maybe to like role play some scenarios on like having difficult conversations with interns” (Participant 44).

Recommendations about format varied but emphasized the importance of a training being interactive and flexible. One participant recommended, “Yeah, I would envision that maybe you sign up for this course through the ACLP. Maybe it’s like, a month-long little course and there’s four different sessions and each session covers a different topic” (Participant 29). Possible formats discussed included an intensive at the annual ACLP conference, webinars, or a supervisor training course. As far as content, participants noted the need for the training to include information on professional boundaries, navigating hard conversations, learning styles, active listening, goal setting, self-reflection, and debriefing. One participant said:

Going off of the scenario thing, when you’re in the moment, and your intern is doing something that maybe they shouldn’t be doing. I feel like sometimes I want to step in, but then I also kind of want the intern to, maybe, fail on their own, but I don’t want them to fail on their own. Something like that could be really beneficial for a first-time preceptor [...] giving constructive feedback in the moment or if I should step in, if I should stand back -kind of those things (Participant 44).

One participant recommended that attendees to such training receive a badge indicating completion of the training.

### Helpful Tips

The participants discussed four helpful tips (sub-themes) to offer future first-time clinical rotation supervisors: set realistic expectations, give oneself grace, include administrative time in intern schedule, and be confident in your skillset. For one, participants discussed setting realistic expectations. As noted here, “We want them to see the realities of this job. We don’t want to paint a false picture then they get in it and they’re like ‘oh my goodness.’ Taking off that pressure of like perfection would be nice” (Participant 29). This tip focused on helping future supervisors see that the experience does not have to be perfect and that interns are able to succeed even if supervisors are nervous or have questions about their role. Part of setting realistic expectations was discussed as giving oneself grace: “Looking back, I wish I would have been a little more patient with myself as a supervisor, and just taking more opportunities to kind of pause and reflect and recognize that it’s a learning opportunity for me too” (Participant 4). Participants also noted that it is okay to need to ask questions, as noted by participant 45: “I would say that as a preceptor,

it’s okay to ask questions. Because they’re not going to have all the information either.”

Participants also advised future supervisors to remember the importance for time for themselves. This tip highlighted that sometimes a supervisor might need “an extra coffee” (Participant 29) and that is okay. Others reminded that not every minute with an intern has to be clinical. Participants felt clinical rotation supervisors should remember to give themselves and their interns administration time or desk time. Such time allows for both parties to have a little time to their selves and to work on other important tasks of their positions (i.e., charting, internship assignments). As one participant noted:

I feel like the first time I precepted I had something scheduled every hour. And within a couple of days, my intern was like ‘Hey, I need a little desk time so I can like work on my journals, check my email.’ I was like, ‘Oh my gosh, like, of course you do’ because I need to do those same things too. (Participant 49)

Participants encouraged, “Be confident in what you do because you know what you’re doing” (Participant 28).

### Discussion

A vital part of the pathway to the child life profession is to ensure emerging professionals have gained the clinical skills of entry level competency (CLCC, 2019). Yet very little is known about the experience of supervising interns for the first time and the preparation for this role. This study explored the perspective of first-time clinical rotations supervisors including the qualities needed for a clinical rotation supervisor, as well as the training and supports provided for the role. The results identified competencies and experiences valued by first-time clinical rotation supervisors and emphasized the need for formal training, as well as continued supports during the role.

The current study finds that, without training, CCLS lack feelings of preparedness and confidence in skills important to supervise and facilitate learning in the clinical setting. Specifically, participants highlighted feeling unprepared to provide feedback and communicate effectively with students regarding tough conversations. Without these skills, emerging professionals may be less prepared to enter the workforce because there is evidence that when high quality negative feedback is given to nursing students, they have a more accurate self-evaluation of their performance and higher performance in clinical practice (Plakht et al., 2013). Furthermore, new nurses that had well-trained preceptors had more positive perceptions of their ability to provide optimal care to patients, in addition to higher retention rates (Clipper & Cherry, 2015). Future research is needed to see if training could help first-time clinical rotation supervisors be more confident and prepared in their role and what benefits such training could have on emerging professionals. As the participants in this study noted, emerging professionals make many sacrifices to get to the internship; they deserve supervisors who are confident in skills important to the role.

The CCLS in the present study agree that a formalized training process is needed and would be beneficial. Clinical rotation supervisors recognize the importance of this role and want to contribute to the next generation of CCLS and feel training may support their ability to do this. The ACLP also recognizes the importance of training as evidenced by their new requirement for accredited clinical programs, citing individuals will have “participated in training on successful supervision skills and practices prior to supervising first intern” (Internship Accreditation Oversight Committee, 2023). The current study provides specific recommendations for future trainings, including suggested topics (e.g., navigating difficult learning styles and adult learning styles), formats (e.g., interactive learning and role playing), and access (e.g., limited costs and flexible schedule) that could be offered by child life clinical programs, regional child life groups, and the ACLP.

The current study suggests additional tasks that coincide with supervising a student can be challenging, including the need to provide a perfect experience or take on additional responsibilities. This is a concern because a large workload is a contributor to professional burnout in CCLS (Hoelscher & Ravert, 2021). The profession should continue to gather information on the challenges of clinical rotation supervisors and develop strategies and supports to address the challenges. The findings of this study provide evidence of the importance of supports offered during the duration of serving as a clinical rotation supervisor. Meetings and debriefings from leadership, such as education specialists and internship coordinators, provide clinical rotation supervisors with a time to talk through concerns, learn about future goals, and gain new perspectives. While many CCLS are constantly exposed to stressful situations, they tend to have a strong intrinsic motivation for the work that they do and benefit highly from a connection with their team and direct supervisors (Lagos et al., 2022).

## Limitations

There are some limitations to this study that need to be noted. For one, all the participants were from the Eastern or Midwestern United States. Therefore, the findings of the study may not represent the experiences of first-time clinical rotation supervisors in other parts of the United States or other countries. This was also a retrospective study, which has the potential to introduce recall bias. In addition,

the study used snowball sampling, which has the potential to introduce similar perspectives. The participants were predominantly White and female so there is a need to replicate the study with a more diverse sample.

## Implications

The perspectives offered by the first-time clinical rotation supervisors emphasized the need for a standardized training for this role. Therefore, additional training opportunities for child life clinical rotation supervisors should be offered by child life clinical programs, regional child life groups, and the ACLP. This training should be accessible to as many CCLS as possible in hopes of increasing the potential number of clinical rotation supervisors. The ACLP now requires that all clinical rotation supervisors at accredited child life internship sites complete a training prior to supervising a student (Internship Accreditation Oversight Committee, 2023). This requirement offers no additional guidelines related to the context, structure, or information. In the future, the trainings should continue to incorporate the needs identified by recent first-time clinical rotation supervisors. When the profession begins to adequately address the training, future research should assess the outcomes of trainings as has been done in other healthcare disciplines.

## Conclusion

The purpose of this qualitative study was to explore the thoughts, feelings, and experiences of first-time child life clinical rotation supervisors. The findings provide information on the importance of this role, the range of supports available to supervisors, and unexpected realities of the role. Consistently, participants shed light on the need for a standardized training process for clinical rotation supervisors that offers them exposure to a panel of experienced supervisors, training on effective communication, and role playing. This study provided firsthand knowledge of what a first-time clinical rotation supervisor's experience can be like, offering insight as to what may be beneficial to this role in the future. By utilizing this insight to effect change, evidence-based trainings can be created, preceptors can feel better prepared, and the process of training future child life specialists can become more standardized.

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## Appendix A. Experiences of First-Time Internship Supervisors Interview Guide

- Characteristics of a Preceptor: Tell us about the skills, knowledge, and traits needed in an internship rotation supervisor.
  1. Explain to us what the role of an internship rotation supervisor is and the value of this role.
  2. Describe the skills, knowledge, and/or traits that an internship rotation supervisor should have.
  3. How does one develop such skills, knowledge, and traits?
- First experiences as a preceptor: Tell us about your first experience as a preceptor for a child life intern.
  1. Tell us about your first experience as a preceptor for a child life intern.
  2. Describe how prepared you felt going into your first preceptor experience.
  3. Tell us about your successes and disappointments as a first-time preceptor.
  4. Tell us how your skills, knowledge, and abilities contributed to your first experience as an internship rotation supervisor.
- Training as a preceptor: Tell us about the training you had for becoming an internship rotation supervisor.
  1. Tell us about your paid experience as a CCLS before precepting your first intern (how many paid hours, years experience, etc.).
  2. Tell us about the impact of your prior experience as a CCLS on your role as a first-time internship rotation supervisor.
  3. Tell us about any formal or informal training your hospital and/or child life program provided CCLS for becoming a preceptor.
  4. Tell us about the Intern Supervisor's Manual created by the Association of Child Life Professionals.
- Resources to support supervision: Tell us about the resources you had available to support your first experiences as an internship rotation supervisor.
  1. Describe resources your program offered to support you in this role.
- 2. Tell us about any routine meetings with the internship coordinator or other rotation supervisors and how the meetings supported you in the role of a preceptor.
  - Barriers: Tell us about any barriers you experienced that made your role as a first-time internship rotation supervisor difficult.
    1. Tell us about any resources or people you needed access to but did not have during your role as a first-time preceptor.
    2. Describe any barriers you encountered that made it difficult to fulfill the role of a preceptor.
    3. Tell us about what you wish you would have known prior to taking on the role of a preceptor.
  - Preceptorship Training Program: Tell us about your thoughts on the value of a preceptorship-training program (a program designed to help prepare CCLS for the role of a preceptor).
    1. Tell us how a preceptorship program might benefit the child life profession.
    2. Tell us how a preceptorship program might have impacted you during your first time as a preceptor.
    3. Describe what you think a preceptorship-training program would look like.
    4. What are the knowledge, skills, and traits a preceptor program should address?
    5. What advice would you give to others before taking on the role of an internship preceptor?
  - Impact of Covid: (Was your first time supervising an intern during the COVID pandemic? If so, tell us how you think COVID influenced your first experience as an internship rotation supervisor.
    1. Tell us about any barriers the pandemic caused to your supervision of students.
    2. Describe any additional resources that you felt you needed to support you in this role during the pandemic.
    3. Tell us about any additional training your feel could have prepared you for this role during the COVID pandemic.
- Is there anything else you would like to tell us that we have not asked?