



## Clinical Child Life Shadowing Program

The Clinical Child Life Shadowing Program at INTEGRIS Children's at Baptist Medical Center is a 25-hour experience, where a student interested in child life is provided with the opportunity to shadow a Certified Child Life Specialist in the hospital setting. Students must be 18-years or older and be a high school graduate. The program is set up to offer 5 days of strictly shadowing, scheduled as a 6-hour day with an hour lunch break. During this experience, a student may encounter situations that involve medical procedures, surgeries, blood, wounds, burns, infectious illnesses, bereavement, and other situations that could be difficult. These are common in the child life profession. Due to the nature of the child life profession, the following requirements are required to apply for the Clinical Child Life Shadowing Program at INTEGRIS Children's at Baptist Medical Center.

### Requirements:

- Watch the assigned child life videos\*
- Submit completed questionnaire\*
- Complete in-person interview\*
- Verification of all immunizations and tests listed in application\*\*
- Verification of a criminal background check\*\* (*not required for the 5-hour shadowing program*)
- Verification of a negative drug screen\*\*
- Signed confidentiality form\*
- Complete a project to benefit the patients and families at INTEGRIS Children's

*\*Completed during application process*

*\*\*It is the responsibility of the student to pay for and complete all tests and screenings listed above.*

### Objectives:

- Observe a Certified Child Life Specialist in the clinical setting to gain knowledge of daily interactions.
- Gain knowledge and a better understanding of child life.
- Become familiar with the child life profession and child life services offered at INTEGRIS Children's.
- Gain knowledge of medical terminology, diagnoses, and procedures.
- Recognize the value of play and psychosocially supportive interventions.
- Complete a project benefitting child life, volunteers, patients, families, staff, or INTEGRIS Children's.

### Contact:

Email: [ChildLife@integrisok.com](mailto:ChildLife@integrisok.com)

# Clinical Child Life Shadowing Program Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Shadowing Dates \_\_\_\_\_

Name of School Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Preceptor/Mentor \_\_\_\_\_ Phone Number \_\_\_\_\_

This checklist along with the required supporting documents must be submitted to the Child Life office prior to scheduling any clinical hours. Submit documentation to:

**Demeri Adams, BS, CCLS**  
Certified Child Life Specialist I  
3300 NW Expressway  
Oklahoma City, OK 73112  
(c) 405.552.2765  
(o) 405.949.3515  
[ChildLife@integrisok.com](mailto:ChildLife@integrisok.com)

\_\_\_\_\_ Watch assigned child life videos  
INTEGRIS Children's Child Life  
<https://www.facebook.com/integrishhealthOK/videos/1865544100135582/>

What is Child Life?  
<https://www.youtube.com/watch?v=hZny6tkCpVE&t=187s>

\_\_\_\_\_ Submit completed questionnaire

\_\_\_\_\_ Complete in-person interview

\_\_\_\_\_ Verification of the following immunizations and tests: (i) a complete Hepatitis B vaccination series (series of three or waiver); (ii) negative tuberculin skin test(s); (iii) MMR vaccination(s) or positive titer(s), including two doses of the mumps vaccine or positive mumps titers; Rubella requires one dose of vaccine; Rubeola requires two doses of vaccine; (iv) a written verification of varicella history, varicella vaccination or a varicella titer by a physician or a physician's designee; (v) written verification of the seasonal influenza vaccination and, at the request of the Facility, verification for other strains of influenza, including but not limited to H1N1; (vi) written verification of TDaP

\_\_\_\_\_ Verification of a criminal background check (not required if student is under the age of 18 and/or completing the 5-hour shadowing program)

\_\_\_\_\_ Verification of a negative drug screen (5-panel, non-NIDA)

\_\_\_\_\_ Signed Student Confidentiality Agreement

\_\_\_\_\_ Copy of course description and objectives

\_\_\_\_\_ Copy of the shadowing expectations initialed and signed by the student

\_\_\_\_\_ Review Student/Faculty Orientation: <http://integrisok.com/orientation>

By signing below, I confirm I have read the information contained in the 2018-2019 INTEGRIS Health Student and Faculty Orientation packet.

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

\_\_\_\_\_  
(Date)



## Clinical Child Life Shadowing Program Requirements

Upon being accepted into the Clinical Child Life Shadowing Program, you will be expected to follow the guidelines listed in this packet. Initial each line and sign the bottom of the form if you agree to follow the program's expectation.

This program is designed to allow ONLY observation of the child life profession. You will not have personal interactions with patients and families but will be able to observe a child life specialist in action, interacting with and helping families. Please note that during your observation, you may be around and see medical procedures, surgeries, blood, wounds, burns, infectious illnesses, bereavement, and other situations that could be difficult. These are common in the child life profession.

### Shadowing Expectations

- \_\_\_\_\_ Check in with the child life specialist upon arrival.
- \_\_\_\_\_ Wear business casual clothing.
  - Casual clothing of any kind, such as, but not limited to shorts, sweat suits, jeans of any color, capri-style pants, casual t-shirts, tank tops, and sweatshirts are unacceptable attire.
- \_\_\_\_\_ Wear closed-toed shoes.
- \_\_\_\_\_ Identification pin/badge with name and title clearly visible must be worn at all times.
- \_\_\_\_\_ Strictly **observe** the child life specialist during patient and family interactions.
- \_\_\_\_\_ Avoid engaging in interactions during child life interventions or on your own.
- \_\_\_\_\_ All discussions, questions, and learning opportunities will take place in a private location.

This program is designed to provide students with a better understanding of the daily work of a child life specialist through pure observation. The maximum number of hours allowed during the shadowing experience is 25 hours or less. You and the child life specialist will determine the number of hours needed and schedule prior to beginning your rotation. If you are unable to complete your shadowing experience for any reason, please inform the child life specialist immediately.

***All documents must be received and verified by INTEGRIS prior to beginning the shadowing program.***

By signing below, I confirm I have read the information contained in the program expectations and agree to abide by the expectations during my shadowing experience.

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

(Date) \_\_\_\_\_



## Clinical Child Life Shadowing Program Questionnaire

*Complete after watching required videos*

1. What was your understanding of child life before viewing the videos?

---

---

---

2. What is something new you learned about child life after viewing the videos?

---

---

---

3. Are you interested in pursuing child life after graduation?

Yes                      No

4. If so, why are you interested in child life as a profession?

---

---

---

5. If not, what profession do you plan to seek after graduation and why?

---

---

---

6. Why are you interested in the Clinical Child Life Shadowing Program?

---

---

---