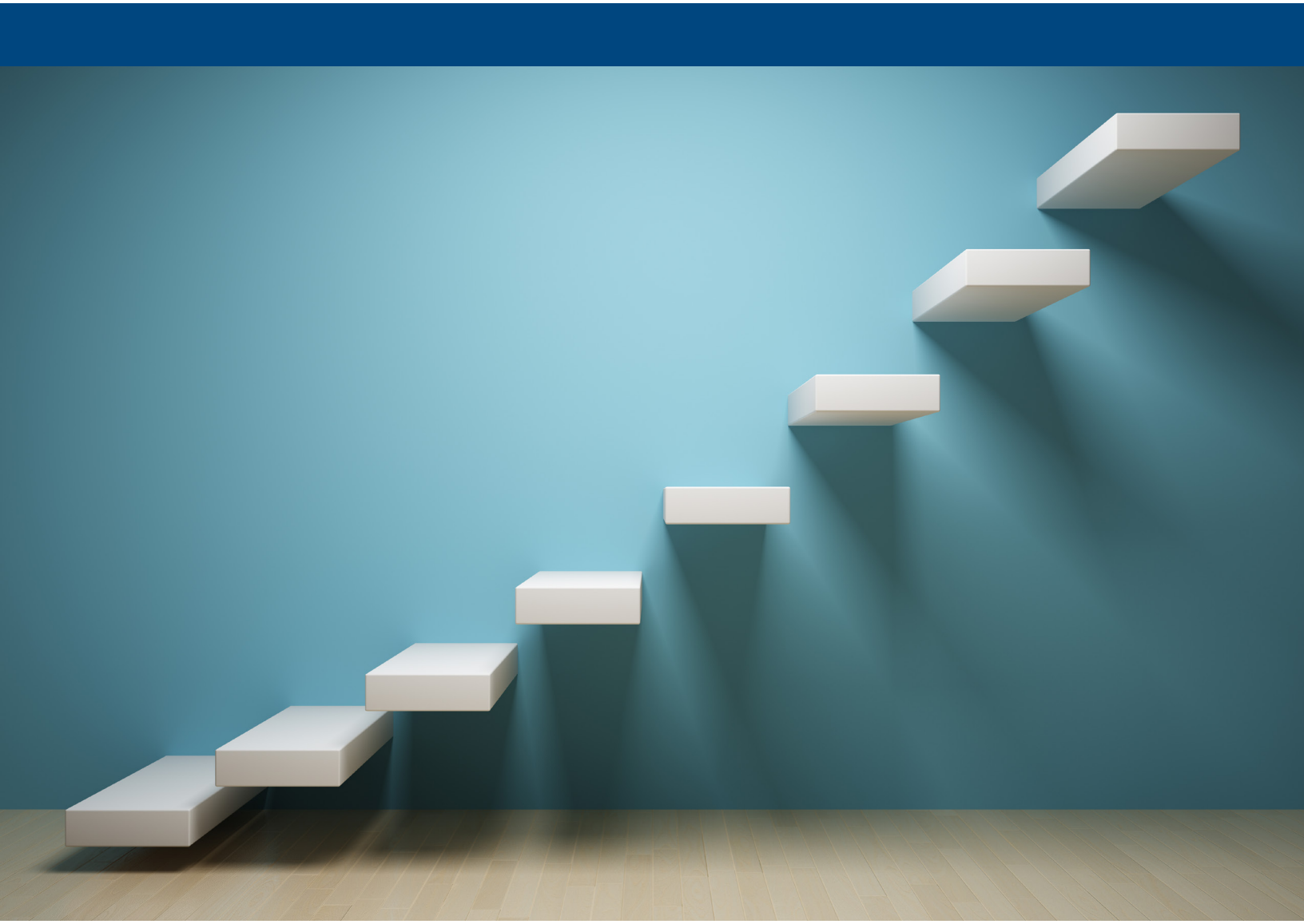
Association of Child Life Professionals

PROFESSIONAL ADVANCEMENT MODEL RESOURCE GUIDE



ASSOCIATION OF Child Life Professionals

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Special Thanks

The following materials would not be possible without the involvement of the child life community. We are grateful for the community members that contributed to the professional advancement conversations at the annual directors' conference, those that helped to review the materials contained here, and those that provided input about unions. We are also extraordinarily grateful for the leaders that were willing to share their professional advancement models for inclusion in the appendix. Current child life leaders applaud the leaders from long ago for paving the way while desperately desiring more direction for the path forward.

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Summary

The Association of Child Life Professionals (ACLP) charged the Clinical Ladder Task Force with investigating and defining recommended criteria and guidelines for the development of a child life clinical ladder (professional advancement) model. The goal of the task force was to create a document that provides direction and guidance to those programs looking to develop or enhance a professional advancement model. The information presented within this document is a compilation of an extensive literature review, Dr. Patricia Benner's "Novice to Expert Model," and alignment with the ACLP's materials: child life competencies, position statements, policies, and certification requirements.

Background

A professional advancement model is a formal, structured process used by programs to support and encourage the clinical and professional growth and development of a professional throughout their career. Professional advancement models can be found in many professions both within healthcare as well as other industries. The evidence in the literature shows clear benefits for implementing a professional advancement model.

The benefits of a professional advancement model include:

- Enhanced quality of clinical care for patients and their families[1]
- Unbiased and objective opportunity for career advancement and personal professional development[2]
- Reward and recognition for staff with advanced knowledge and skills[3]
- Enhanced job satisfaction[4]
- Increased recruitment and retention[5]
- Greater team engagement[6]

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[1] *Suaer et al., 2016; Hossli et al., 2018; Burke et al., 2017; Haspray et al., 2017; Warman et al., 2016; Knoche et al., 2015; Weng et al., 2015; Winslow et al., 2011; Allen et al., 2010*

[2] *Suaer et al., 2016; Kim et al., 2017; Haspray et al., 2017; Knoche et al., 2015; Chamblee et al., 2015; Bitanga et al., 2013; Burket et al., 2010; Allen et al., 2010; Honan-Pellico et al., 2010; Pierson et al., 2010; Riley et al., 2009*

[3] *Suaer et al., 2016; Kim et al., 2017; Warman et al., 2016; Zehler et al., 2015; Chamblee et al., 2015; Bitanga et al., 2013; Burket et al., 2010; Lang 2010; Honan-Pellico et al., 2010; Watts, 2010; Pierson et al., 2010; Riley et al., 2009*

[4] *Suaer et al., 2016; Evans et al., 2019; Warman et al., 2016; Zehler et al., 2015; Knoche et al., 2015; Maloy, 2012; Woolsey et al., 2012; Winslow et al., 2011; Honan-Pellico et al., 2010; Watts, 2010; Riley et al., 2009*

[5] *Suaer et al., 2016; Hossli et al., 2018; Evans et al., 2019; Haspray, 2017; Warman et al., 2016; Knoche et al., 2015; Chamblee et al., 2015; Murphy, 2012; Woolsey et al., 2012; Winslow et al., 2011; Allen et al., 2010; Lang, 2010; Honan-Pellico et al., 2010; Watts, 2010; Riley et al., 2009*

Hossli et al., 2018; Evans et al., 2019; Maloy 2012; Winslow et al., 2011; Watts, 2010; Pierson et al., 2010; Riley et al., 2009

Currently, the child life profession has a wide variation in the structure, components, and use of professional advancement models. The task force was charged with the goal of developing a professional advancement model resource guide that would serve as a unifying foundation for child life teams. Many child life teams include other professionals such as creative arts therapists, technology experts, and activity coordinators. While all members of a child life team are important and valued, it can be complicated to build a singular professional advancement model that captures the skills and growth of more than one profession. This position statement, and related materials, will focus exclusively on models for child life specialists. While there is not a singular, standard, professional advancement model that would align with all programs, there are universal elements of the model that are essential to include. This resource guide provides an outline and framework for the standard language and basic universal elements to support clinical and professional progression of child life specialists.

Professional advancement models are independent to each institution and are not affiliated with the credential of a Certified Child Life Specialist. This means that sections of the professional advancement model can and should be modified to be inclusive of diverse programs and settings and align with each institution's standards including compensation, human resources, and overall policies and procedures. Key diversity, equity, and inclusion criteria to consider when developing a professional advancement model are:

- It is important that a professional advancement model and the associated application process accommodates different learning styles.
- Bias training is recommended for decision makers to ensure the process is fair and equitable for all. Please see your institutional recommendations for bias training.
- Consider professional advancement model requirements that are achievable in all child life clinical spaces in your institutional settings.
- Union leadership, when applicable, will need to be included in equity discussions.

Guidebook: How to Get Started

Step 1: Understand your institution's history.

It is important to understand any institutional history of professional advancement models at your organization. Taking the time to gather this information will make your proposal stronger. Find a child life leader that can assist you in gathering this information.

Initial Questions to Consider	Deeper Dive
Do other models exist in your organization?	In what areas? Nursing and respiratory therapy are departments that traditionally have models.
Have they been successful?	Do both leaders and frontline staff find the model to add value? What works best?
Have they been discontinued?	Why? What is the history? Are the historical complexities still valid?
Is the child life team unionized?	What is the union's history with professional advancement? Is there negotiation timing to be aware of? What are the touchpoints that the union will need to approve (compensation, titles, job descriptions, application, performance improvement plans)? Be sensitive to the complexity of words used within the union environment. Can you simply change a term to be creative and nimble in moving your proposal forward? Know that in unions seniority is an important factor – your model will need to clearly differentiate what separates the levels and how this is demonstrated through measurable skill and is not measured by years of service.
Who in your region has a professional advancement model that can help?	If there is not someone in your region, what hospitals do you benchmark with? Can they help? It is always useful to have a peer that can help you to brainstorm and find alternative perspectives.
Is the time right?	Are there competing priorities, either institutional or programmatic, that will make it hard for your model to move through the approval process? Can you align your model with any of those priorities to help move it forward? Will the financial climate support the proposal at this time? Do you have the time to commit to getting the model approved and to move your staff through the process? Is your direct supervisor supportive? Do you have buy-in from the child life team? Do you have non-child life specialists on your team? Will they be included in the model and how will that impact the overall team dynamics?

Step 2: Building your case and preparing a proposal.

A compelling proposal has a clear purpose and aligns with institutional strategy and goals. Understanding who the major decision makers are and how they best receive information allows you to use format and terminology that speaks their language.

Initial Questions to Consider	Deeper Dive
Be clear on your goals.	Why are you interested in creating a professional advancement model? Why does your team think that it is important to create a professional advancement model? How will you measure success?
Do you need a workgroup to build a proposal?	Who should be included? How engaged are your staff in the process? What will approval or denial do to team morale? Identify your champions.
Know your audience.	What are the motivators for your audience? Data? Money? Powerful stories? Build that into your proposal or presentation. Think ahead - what will their questions be? Be ready to answer them. How will it be presented - PowerPoint, exemplars, binders, graphs and charts? Know what they will be expecting. As this proposal will have a financial impact, assume that it will need to be formal and well executed.
Use the language of your institution.	Are there key words and phrases that link to organizational goals and priorities? Be aware that words are powerful and can unknowingly be linked to your organization's history and culture.

Step 3: What should you include in your proposal or presentation?

Consider the information that will make the biggest impact. Clear concise information will make your points stand out. Long sentences and lengthy paragraphs may dilute your message.

Initial Questions to Consider	Deeper Dive
Justification	Clearly state your goals - why is this important and why is the timing right? Association of Child Life Professionals Position Statement: Professional Advancement Models and literature review - Do a quick lit search to see if there is anything new that would be useful. Can you use other department models as a precedence? Are there hospitals that you typically benchmark with that have working models?
Financial Input	Review ACLP Professional Advancement Model Universal Elements document (page 11). The pros and cons of the various component elements are explored. What will the likely cost be? Can someone in HR help you to estimate the total cost? The initial costs are greater than the year-to-year impact. Is it helpful to roll it out over several years to decrease the initial impact? What will you be saving in recruitment and onboarding costs?
Utilize the Child Life Professional Data Center (CLPDC) to benchmark child life programs in your region.	Are their programs that your organization uses as a benchmark? Do they have advancement models? Are there nationally recognized organizations that your hospital aspires to align with?
Human Resources	Review ACLP Professional Advancement Model Universal Elements document (page 22). The pros and cons of the various component elements are explored. Are there existing policies that can help guide the writing of your model? Will job descriptions need to change? Is there a timeline that you should be aware of? Is there a committee that approves promotions or job description changes? How often do they meet? It could be best to align the implementation of your professional advancement model with your budgetary process - are you timing things to align the work?

Step 4: Celebrate small wins.

This is a big project. Celebrate when you can. This helps to keep the momentum moving forward and creates an obvious path for transparency.

Universal Elements: Application

Disclaimer: All processes should align with institutional policies and already-established norms within individual institutions. This can help build alignment and equity. Complexity would be added to the process if there are vastly different expectations from one department to another.

The application process is the method in which objectivity and transparency can be set regarding movement through the professional advancement model. This provides the employee with a clear way to establish where they belong within the model. It also creates understanding around the timing and decision-making process. Applications may have different requirements based on the level to which the employee is applying. Before any decisions are made regarding the application process, it is recommended that discussions occur between the child life program and its leadership, leaders in human resources and finance, the office of general counsel, and when applicable, union leadership to determine if there are certain organizational requirements that must be followed in application design.

Factors to Consider:

The following list includes several factors that should be taken into consideration during the application process. Please refer to the representative sections on the following pages for more details.

1. **Application Timing**
2. **Application Prerequisites**
3. **Application Contents**
4. **Potential Obstacles**

Application Timing:

This is the timeline in which applications must be submitted for consideration. Timelines help review committees/processes to be efficient and creates clear expectations for the applicant. Timelines may need to fit institutional needs regarding evaluation period, compensation availability, budget processes, union negotiation timeline, and the availability of the review committee. When creating timelines, be intentional with dates/timing for:

- Application submission
- Application review – how long will the committee have to review the applications?
- Timeline for interviews
- Dates for decision making and notification announcements
- Dates for any subsequent changes in position or compensation
- Consider employee evaluations timeline, holidays, summer vacations, etc.
- Window and process for appeal

- **Rolling Applications:** employees can apply at any time within the year

Pros	Cons
• Employees can create their application materials on a timeline that works best for their workspace and personal commitments. • Less stress on others for contribution to the process (if asking for letters of recommendation, peer reviews, etc.).	• May not sync with timing of budget or performance appraisal process • May be difficult for manager to match project timelines to professional advancement model participants.

- **Annual Applications:** Applications may be submitted once per year, quarterly, or bi-annually based on hospital preference.

Pros	Cons
• Can be linked with the organizational budget and performance appraisal processes. • Ability to look at the program as a whole when making decisions. • Deadlines can be motivating for staff participation. • Leadership may be able to match project timelines to professional advancement model participants.	• Could be large volume at once for leadership. • May feel more subjective as applicants may be compared against each other instead of with established criteria.

Application Prerequisites:

It is helpful to suggest or require some actions prior to application submission. This can support the employee's learning and professional development. It can guide expectations and clarify misconceptions.

- **Letter of Intent:** (see appendix for example)

Pros	Cons
• Starts the process in a formal and respectful way. • Initiates meeting/discussion between supervisor and applicant. • Documents conversation for personnel file.	• Adds additional step to the process. • One more deadline

- **Meet with Supervisor:**

Pros	Cons
• Opportunity for open discussion about the process and potential for advancement; sets expectations. • Can provide guidance about process to help ensure success.	• This could feel subjective to the applicant. • Another meeting/task for both applicant and supervisor.

- **Education:**

Pros	Cons
• Can reward and recognize an applicant for furthering their education, pending HR support of various degrees. • Places an emphasis on continued growth and learning. • Education could be defined as highest degree achieved and/or based upon continuing education/commitment to lifelong learning. • May equalize value of education and clinical experience.	• Can be a barrier for those that are not able to continue formal education. • Education expense may feel unbalanced in comparison to model reward structure.

- **Experience/Years of Service:** It is common to have a baseline requirement regarding overall years of child life experience and/or years of service to the specific organization. For example, some organizations hire all new team members as a CCLS I and do not allow progression until the members serve a specific amount of time at the organization. Other organizations may hire a CCLS at a higher level based on their years of experience in the field prior to employment at their organization.

Pros	Cons
• Recognizes organizational longevity. • Provides guidance about expectation around growth and development of clinical practice over time. • Can reward years of experience in the field prior to joining the organization.	• Could be discouraging for experienced staff that are new to the organization. • Generational expectations around career progression could create dissatisfaction with the professional advancement model.

- **FTE Status:** Consideration regarding minimum FTE requirement for participation in the advancement program.

Pros	Cons
• Setting minimum requirements helps to establish responsibilities for each of the levels outside of everyday patient care responsibilities.	• This may limit staff ability to participate and could lead to perceived inequity.

Application Contents:

These are the actual materials that must be included to be considered for movement within the model. It can be very helpful for both the applicant and the reviewer to have a standardized checklist. Application presentation may take the form of a physical portfolio, digital submission, a PowerPoint presentation, interview, etc. Requirement complexity may differ based upon which level the applicant is applying. The applicant should be made aware of the confidentiality limitations of the process.

- **Résumé:**

Pros	Cons
• Provides formatted way for applicant to submit prior accomplishments, education, and experience. • Demonstrates personal/professional responsibility.	• All the information included in a résumé may be in other pieces of the application. This may lead to the resume being redundant and have less value added to the materials. • This adds to the workload of applying for advancement.

- **Most Recent Performance Appraisal:** It should be clear if there are minimum performance requirements and a clear time period free from disciplinary action.

Pros	Cons
• This can be an easy link to expectations related to job description. • Highlighting value-based behaviors ensures incorporation of organizational principles into daily practice. • Annual review discussion can establish a path for success.	• May not allow for or recognize improvements made outside of the annual review cycle. • It can be challenging for staff to understand the implications of not embracing value-based behaviors and organizational principles.

- **Feedback:** Feedback may be provided by child life peers, interdisciplinary staff, clinical area leadership, patients, and families, etc. This may be in recommendation letter format, evaluation form or checklist, web-based survey, or in-person feedback. Consideration should be given towards the total number of feedback sources and how the sources are selected. It's also important to consider confidentiality of feedback provided.

Pros	Cons
• Provides a confidential 360-degree view of the applicant's work. • Way to endorse applicant's value-based behaviors. • Allows opportunity for important feedback from outside of the child life team.	• Can be added tasks for multi-disciplinary team. • If given opportunity, applicant may only choose those that will exclusively give favorable responses. • Peers may withhold true feedback if applicant will see source of information.

- **Exemplars:** These are written statements in which the applicant provides specific examples of how they are meeting established standards. These may be specific to clinical skills, patient experience and family-centered-care practices, leadership skills, outreach and advocacy, teamwork, professional practice and development, research, and education. Exemplar volume and clinical complexity likely increases with each model level.

Pros	Cons
• Provide clear examples of how the candidate is meeting the established standards. • Creates expectations around shared goals and values within the program. • Provides a place for highlighting clinical excellence.	• Time intensive for applicant and reviewer. • May be challenging for those who struggle with written expression.

Potential Obstacles:

- Application length: If the application is too complicated then it may discourage people from applying.
- If the application is not thorough enough then it may not capture enough objective information for reviewers to decide.
- Reliance on others to complete tasks (peer evaluations).
- Consider protocol for employees that may be out on a leave of absence.

Universal Elements: Decision Making

It is essential to have a decision-making process that is fair and equitable. This allows candidates to understand how the process will proceed based on specific criteria and standards. An interdisciplinary review committee enhances objectivity of the process. All reviewers should be aware of confidentiality standards and be mindful of the information that they have access to, both for the application contents and decision-making outcome.

Factors to consider:

The following list includes several factors that should be taken into consideration during the application process. Please refer to the representative sections on the following pages for more details.

1. **Individual Decision Maker**
2. **Review Committee**
3. **Decision Tool**
4. **Potential Obstacles**

Individual Decision Maker:

Pros	Cons
• Less resources and coordination of time needed to review. • Simple process. • Easy to organize.	• Limited to one person's judgement. • There may be perception that the process is not done objectively.

Review Committee:

A committee may include child life manager/director, child life specialist of an equal or higher professional advancement level, interdisciplinary team members, nursing partners, organizational leader, etc. Additional reviewers may include any combination of the healthcare team based on size and structure of organization. Eligibility and selection criteria and length of term must be defined. Members must be able to uphold all expectations of confidentiality. It is important that the committee is comprised of a diverse representation of members and free of any bias.

Pros	Cons
• A Committee formalizes the process and ensures decision-making process is fair, consistent, and free of any bias. • The multidisciplinary team can offer a variety of perspectives. • Is a leadership and skill-building opportunity for those sitting on the committee.	• More resources to coordinate. • Use of peer reviewers can add complexity to working relationships.

Decision Tool:

Both individual decision makers and review committees should consider using a decision tool. A rated checklist, rubric, or matrix is used to ensure identified elements are demonstrated in a satisfactory manner. This tool should align with the tool used during the maintenance process. A standard tool should allow several methods for achieving the same goal to better meet the needs of differing learning styles.

Pros	Cons
• Provides an objective and consistent decision-making process. • Helps the applicant to understand exactly how the decision was made. • Offers an objective format to gather reviewer feedback. • Clearly identifies areas of strength and opportunities for further development.	• If not well designed, can still have inherent bias. • Utilization of a tool with deliverable options can be complex. • Too many choices can be overwhelming. • Some of the delivery methods may be perceived as inferior.

Potential Obstacles:

- Education should be provided to reviewers so they are informed of the format, process, and standards of the advancement program.
- Consider the sensitive nature of this process to preserve a person's professional integrity. Confidentiality among peers will be important to support this process. This is especially true for those that apply and do not advance.
- Caution with peer review process - standardized documents and evaluations help support a non-bias review. Ensure process is objective and avoid favoritism and subjectivity.
- It can be helpful to create a standard appeal process for applicants who feel they were unfairly denied. The appeals process should have a clear timeline and format.

Universal Elements: Reward

Rewarding staff for advancement is incentive for participation. This process also recognizes growth, clinical excellence, and professional development as essential parts of child life practice. Rewards may include monetary or non-monetary incentives.

Factors to Consider:

The following list includes several factors that should be taken into consideration during the application process. Please refer to the representative sections on the following pages for more details.

1. **Monetary Incentives**
2. **Non-Monetary Incentives**
3. **Potential Obstacles**

Monetary Incentives:

- **Hourly rate/Salary change:** This is generally connected to a change in job description and title. Each advancing level may include increase in responsibilities and expectations.

Pros	Cons
• Increases annual salary outside of annual merit increase. • Formal recognition of advancement with title change.	• Employees are required to continue to meet expectations for their level to maintain incentive. • If unable to maintain requirements, loss of incentive may occur which can be demoralizing.

- **Differential:** A differential is a specific dollar amount or percentage of pay that is allocated in addition to the employee's base rate.

Pros	Cons
• This allows for financial compensation without a formal change in position through human resources. • It can make it easier for staff to move up and down the model without affecting base pay. • This allows a culture of flexibility for life accommodations (i.e., medical, or personal leaves).	• There may not be formal recognition of the advanced level through human resources. • The differential does not change the base pay that is used to calculate merit-based increases. • Differential quantifies the financial incentive in a very concrete way.

- **Bonus:** Employees receive a lump sum amount when they advance or renew.

Pros	Cons
• This allows for financial compensation without a formal change in position through human resources. • It can make it easier for staff to move up and down the model without feeling that their base pay is affected. • This allows a culture of flexibility for life accommodations (i.e., medical, or personal leaves).	• Employee or leadership (dependent on institution) is required to resubmit for a bonus each year. • The bonus does not change the base pay that is used to calculate merit-based increases. • Availability of funds will be dependent on the yearly budget process with the potential that funding may not be approved. • There may not be formal recognition of the advanced level through human resources. • Federal taxes are typically withheld at a higher rate than base pay.

Non-monetary Incentives:

Examples could include but are not limited to conference attendance, administrative time, preference for vacation time, and desk space. This could also include public acknowledgement such as special luncheons, certificates, and other recognition programs celebrated by the institution.

Pros	Cons
• These often have less impact on the overall budget. • It can be useful to have a variety of choices to reward staff as people are motivated in different ways.	• Nonmonetary incentives can be perceived as inferior to financial incentives.

Potential obstacles:

- There is likely a formal process through human resources and/or administration to determine approval for new job description(s) and associated compensation.
- Financial considerations will depend upon hospital deadlines, organizational models, and budgeting process and fund availability, both operational and philanthropic.
- The cost of professional advancement implementation is higher than the cost of annual maintenance of the program. Implementation can highlight compression and market adjustment complexities. It is best to anticipate and plan for this with your compensation department. It is prudent to complete budget planning for anticipatory needs, creating a professional advancement model that provides equal opportunity for advancement. Planning may need to include incremental inclusion in the model to accommodate budget availability. This may mean that there are limited slots available for advancement on a year-to-year basis. Incremental inclusion should be clearly explained to staff.
- There are some organizations that are reluctant or unable to provide monetary support for professional advancement models. In your advocacy, it will be helpful to cite literature that clearly links monetary reward to sustainable advancement models.
- When educating staff about non-monetary incentives, it is essential that these are not explained as inferior benefits.
- When applicable, union leadership may need to have input on the initiation of these reward processes.

Universal Elements: Maintenance/Renewal

(For the purpose of this document we will use the word maintenance)
The process of maintenance clarifies that advanced practice requires continuous professional development, attention to clinical skill, team engagement, and contribution to child life programming from the clinical area to the system level. Staff must be aware of the requirements for maintenance as well as ramifications for employees who fail to maintain requirements for their specified level.

Factors to consider:

The following list includes several factors that should be taken into consideration during the application process. Please refer to the representative sections on the following pages for more details.

1. **Timing**
2. **Maintenance Application/Portfolio**
3. **Decision Tool**
4. **Maintenance Approval**
5. **Failure to Maintain Level Requirements**
6. **Potential Obstacles**

Timing:

- **Part of annual review process**

Pros	Cons
• All materials submitted at the same time. • Allows goal review and goal development to connect to model maintenance and progression. • Links annual review outcomes closely to the professional advancement status.	• Increases burden of work for leadership in a short time. • May cause the employee added stress to complete the performance appraisal and professional advancement process in a short time.

- **Separate from the annual review process**

Pros	Cons
• Allows for dedicated time and attention to each process.	• Creates multiple stress points when the two processes are separate.

Maintenance Application/Portfolio:

The application or portfolio can be a condensed version of the initial application. This is likely a combination of feedback, exemplars, clinical competencies, and demonstration of value-based behaviors through the most recent performance appraisal. See the application section above for further descriptions (page 9).

Pros	Cons
• The act of requiring these elements preserves the integrity of the professional advancement model. • The process of self-reflection can build emotional intelligence. • Reflection in annual accomplishments is intrinsically rewarding and can help build engagement.	• Staff may feel that the maintenance process is redundant to the application and performance appraisal processes. • The burden of work may discourage participation

Decision Tool:

A rated checklist, rubric, or matrix is used to ensure identified elements are demonstrated in a satisfactory manner. This tool should align with the tool used during the application process, likely in an abbreviated manner.

Pros	Cons
• Provides an objective and consistent decision-making process. • Helps the applicant understand exactly how the decision was made. • Offers an objective format to gather reviewer feedback. • Clearly identifies areas of strength and opportunities for further development.	• If not well designed, can still have inherent bias. • Utilization of a tool with deliverable options can be complex. • Too many choices can be overwhelming. • Some of the delivery methods may be perceived as inferior.

Maintenance Approval:

This process should have alignment with the decision-making process used for the initial advancement application and should also be an abbreviated version of the process. See details in the decision-making section on page 15.

- **Individual Decision Maker**

Pros	Cons
• Less resources and coordination of time needed to review. • Simple process. • Easy to organize.	• Limited to one person's judgement. • There may be perception that the process is not done objectively.

- **Review Committee:** Committee membership is outlined on page 15.

Pros	Cons
• Committee formalizes process and ensures decision-making process is fair, consistent, and free of any bias. • The multidisciplinary team can offer a variety of perspectives. • Leadership and skill-building opportunity for those sitting on the committee.	• More resources to coordinate. • Use of peer reviewers can add complexity to working relationships.

Failure to maintain level requirements:

In the event that a staff member does not maintain the expected standards of performance, an established process should be followed. This process may include a probationary period and performance improvement plan, up to and including demotion with associated compensation and nonmonetary reward implications. It can be helpful to have a stipulation allowing leadership discretion regarding the impact of LOA, change in FTE status, etc. Unrelated to the disciplinary process, staff may choose to return to a previous level due to personal or professional circumstances which likely will have compensation and nonmonetary reward implications.

Pros	Cons
• Provides motivation to follow policies and performance expectations. • A pre-established process helps remove inconsistences. • Creates a clear path for supportive resolution of infractions.	• It may limit someone with a minor infraction who may be meeting all other requirements for advancement.

Potential obstacles:

- Need to align with organizational policies and performance standards. Disciplinary action or performance deficiencies within the previous year may affect whether renewal is permitted or approved.
- Where applicable, unions may need to be involved in performance improvement discussions and plans.

The Child Life Model for Clinical Progression

Disclaimer: Although a professional advancement model may help one develop leadership and supervisory skills, it is not a straight path to leadership or supervisory positions. All child life specialists are responsible to engage in learning and development throughout their professional journey to align with child life certification maintenance requirements.

The Child Life Model for Clinical Progression is a tool to enhance the work of child life specialists across the child life profession. It provides the opportunity to standardize and create equity in the characterization of child life clinical skill development. This model defines the typical growth and development of a child life specialist's clinical skills and provides structure for the minimum expectations for each defined level. The Child Life Model for Clinical Progression is a tool that has been adapted from Dr. Patricia Benner's nursing professional advancement model. Benner's work has created a widely respected and evidence-based foundation of clinical advancement. It was recognized that creating a similar model within the child life profession would be beneficial in creating common language and expectations across the field.

Equitable and clear clinical progression definitions are as important for programs with professional advancement models as they are for those without. Clinical progression is an individual experience reflective of the growth of the child life specialist and their interest in deepening clinical competencies and expanding their scope of work. Years of service are often predictive in the development of clinical skills: however, years of service do not guarantee progression of skill and should not be treated as such. While progression of clinical skills may include the development of supervisory and leadership skills, this model captures clinical progression and is not meant to be a pathway to leadership.

While many existing models use other titles to distinguish between levels (CCLS I, CCLS II, etc.), the goal of this tool is to be compatible with diverse programs across the child life profession. The labels novice, proficient, advanced, and expert provide individual institutions the opportunity to use this tool in a manner that fits within their organizational structure while creating equitable clinical progression definitions across the ACLP community. While the literature does not provide definitive answers on whether a three- or four-level professional advancement model is more successful, the widespread acceptance and use of Benner's description of clinical skill development provides strong guidance for four clear and equitable clinical progression definitions. Detailed and task-specific descriptions for demonstrating clinical competence need to be defined at the program level (see appendix for specific examples).

Novice Child Life Specialist

The novice child life specialist demonstrates basic child life competencies, is starting to assimilate themselves into their role through application of knowledge to practice and seeks acceptance. The beginner is building confidence and self-awareness. Time management and critical thinking skills are emerging. Over time, the child life specialist builds efficiency and practical skills and may require supportive cues.

Complexity of Clinical Skills

- Task oriented and focuses on concrete information such as the "what" and the "how to."
- Focuses on one situational aspect at a time and is building a broad range of experiences to apply to specific situations.
- Starting to experiment more and build their repertoire of skills and techniques.
- Building prioritization skills and confidence.
- Possesses awareness of diversity, equity, and inclusion, and is working towards incorporating these tenets into clinical practice.
- Exhibits a participatory role when collaborating with the interdisciplinary team.
- Continues to develop written, verbal, and non-verbal communication skills.
- Developing self-reflective capacity and incorporating feedback into daily practice.

Proficient Child Life Specialist

The proficient child life specialist begins to see their actions in terms of long-range goals. This child life specialist purposefully uses abstract and analytical thinking in their daily practice. Their deliberate planning and organization of workflow builds efficiency and confidence.

Complexity of Clinical Skill

- Focuses on questions of "why" and "what else."
- Uses past experience to understand and recognize patterns in order to anticipate needs.
- Utilizes critical thinking skills and comprehensive assessment to develop individualized treatment plans.
- Has the ability to recognize, anticipate, and adapt therapeutic interventions to address subtle psychosocial changes.
- Communicates effectively with the interdisciplinary team.
- Effectively and appropriately advocates for patients, families, and the health care team.
- Efficiently prioritizes and manages discretionary time to meet patient care and professional goals.
- Possesses knowledge and understanding of diversity, equity, and inclusion, and incorporates these tenets into clinical and professional practice.
- Engages in lifelong learning to expand their knowledge and skill set.
- Contributes to professional and educational growth of others.
- Exhibits positive influence on team dynamics through self-reflection and feedback that supports overall team function and growth.

Advanced Child Life Specialist

The advanced child life specialist applies research and theory to enhance therapeutic interventions. They see their actions in terms of broad impact, demonstrating in-depth knowledge and skill in all child life competencies. This person serves as an educational resource for colleagues both formally and informally. The advanced child life specialist advocates for children and families throughout the healthcare continuum.

Complexity of Clinical Skill

- Utilizes multiple sources of data to analyze and resolve complex problems - offers multiple perspectives to enhance problem solving.
- Applies a comprehensive approach to incorporate and advocate for diversity, equity, and inclusion within clinical practice.
- Identifies and facilitates quality improvement initiatives.
- Takes a lead role in the creation/development of child life best practices.
- Actively seeks opportunities for lifelong learning to expand their knowledge and skill set while encouraging this in others.
- Intuitively models and mentors team members.
- Models value-based behaviors, self-reflection, and emotional intelligence to support personal, departmental, and organizational growth.

Expert Child Life Specialist

The expert child life specialist serves as an authority on child life practice through service excellence, superior clinical judgement, patient- and family-centered advocacy, and value-based behaviors. This child life specialist has made a conscious decision to advance as a clinical child life specialist. This commitment to the profession enhances the engagement and future development of the individual, the child life team, the organization, and the profession.

Complexity of Clinical Skills

- Provides complex clinical care while remaining focused on the core child life competencies and foundational skills.
- Consistently demonstrates a high level of critical thinking skills, including anticipatory problem solving to eliminate potential barriers and improve outcomes.
- Sought out by interdisciplinary team for clinical expertise and therapeutic recommendations
- Models the tenets of diversity, equity, and inclusion.
- Creates and provides evidence-based suggestions for policies that advocate for the care of children and families.
- Identifies and participates in research initiatives.
- Provides formal and informal mentorship to child life and interdisciplinary teams.
- Demonstrates a commitment to lifelong learning, skill development, and service excellence, and scaffolds these skills to teammates.
- Demonstrates enhanced skills in emotional intelligence and self-awareness and encourages the development of these skills in others.

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Appendix: Professional Advancement Model Evaluation Tool

Sections	Universal Components	Yes	No	Unclear
	Alignment with institution policies			
	Clear delineation of expectations/responsibilities of professional advancement levels			
Application				
	Objective and transparent in how people move through the model			
	Timeline is clear			
	Clear explanation of process and prerequisites			
	Final deliverable allows for options for different learning styles			
	Feedback from interdisciplinary team			
Decision Making				
	Clear, unbiased, and equitable process			
	Interdisciplinary review committee			
	Decision tool			
	Confidentiality			
	Appeal process			
Reward				
	Incentive for successful participation			
Maintenance				
	Clear requirements to maintain level			
	Timeline			
	Decision tool			
	Clear process for failure to maintain status			

Appendix: Universal Elements

It is with deep gratitude that we thank the following organizations for sharing their professional advancement models. Without their contributions this appendix would not be possible. The collegiality of the ACLP membership is one of our community's greatest strengths and is the force that will continue to help us to learn and grow.

Anne & Robert H. Lurie Children's Hospital of Chicago
Baystate Children's Hospital
Boston Children's Hospital
The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital
Children's Hospital of Los Angeles
Inova Fairfax Hospital for Children
INTEGRIS Children's at Baptist Medical Center
Johns Hopkins Children's Center
Monroe Carell Jr. Children's Hospital at Vanderbilt
Nemours Children's Hospital, Delaware
Phoenix Children's Hospital
UNC Hospitals

The examples that you will find on the following pages have been de-identified. Portions of models have been chosen to provide an example for the elements that have been described throughout these materials. In de-identifying the materials, it is our hope that leaders will be shielded from continuous requests to share their full models. We also recognize that organizations are constantly updating and revising materials and we did not want samples posted here to be inconsistent or immediately out of date. The choice to de-identify was made in order to protect the integrity of the process. The following materials have also been updated to include inclusive pronouns.

The examples included in the Appendix will focus exclusively on models for Certified Child Life Specialists.

Appendix: Purpose Statements

- To provide for high quality patient/family care through the delivery of child life services in direct alignment with the mission of the **X*** Hospital: Patient Care, Research, and Teaching.
- To provide career advancement opportunities for the child life specialists who demonstrate advanced clinical knowledge and skills; to reward the delivery of high- quality child life services.
- To promote satisfaction and retention of highly skilled child life specialists.
- To more effectively expand new services into identified areas.

The **X*** Hospital for Children CLCL program is designed to recognize, reward, and retain excellence in child life clinical practice. The purpose of the CLCL is:

- To provide an environment of safe and excellent patient care, through the delivery of child life services to include leadership development, education, and clinical skill improvement.
- To provide Certified Child Life Specialists (CCLS) with a career pathway for voluntary advancement. These clinical advancements allow professionals increased autonomy and accountability, provide opportunities for expanded professional roles, and provide recognition for clinical expertise.
- To promote employee satisfaction and retention of highly skilled child life specialists.

The purpose of the Child Life Department's Career Ladder program is:

- To provide opportunity for Child Life Specialists to advance their skills by taking initiative to improve themselves and the quality and efficiency of their department and/or PCH organization.
- To provide career opportunities for Child Life Specialists that allow increased autonomy and accountability, provide expanded professional roles, and recognize clinical expertise.
- To promote recruitment and retention of highly skilled Child Life Specialists.
- To provide opportunity for compensation within the Child Life Department to enhance job satisfaction.

** Where "X" refers to [insert hospital name here]:*

Appendix: Hiring Placement

Child life specialists are hired and oriented to Child Life Services and designated unit/areas as an entry level (Level I) specialist. The Child Life Services Department, with the support of the nursing leadership on the designated unit, supports professional development, as well as recognition of clinical advancement, through demonstrated and documented performance.

All child life specialists are eligible to participate in the clinical ladder after 6 months of employment as a child life specialist at **X***. All new specialists will be hired as a Level 1 specialist. After the 6-month period they may apply for a Level II position. A specialist must perform as a Level II specialist for a period of one year before applying for advancement to a Level III specialist.

At the time of the child life specialist's hire they will be placed on the ladder at the discretion of the Child Life manager in accordance with the following levels of practice, and through a conscientious review of previous practice experience.

All potential applicants are expedited to meet with their supervisor upon the announcement of a CLS III position. This will allow the supervisor to counsel, approve, and mentor the candidate, (review of recent performance appraisal, verification of current CCLS certification, and candidates' understanding and acceptance of the CLS III role). The announcement of the vacancy serves as the beginning of the time frame allotted for the preparation of the portfolio and determination of the application deadline.

** Where "X" refers to [insert hospital name here]:*

Appendix: Application Timing

Rolling Application:

Applications for advancement to CLS II are accepted year-round. While applications are accepted on a year-round basis, the Clinical Advancement Review Committee will review one application at a time and in the order the applications are received. For example, if an application is currently under review when a new application is submitted, the committee will not begin to review the new application until the 45-day review window ends for the current application.

Annual/Biannual Timing:

Action	Timeline
Formal, written notice of intent submitted to manager	By the first Friday of October
Manager notifies child life specialist of eligibility to apply	By the second Friday of October
Portfolio submission to manager	By the first Monday in December
Review process	December
Portfolio submitted to hospital-wide review (III and IV)	By second Friday in January
Portfolio returned to manager	By first Monday in February
Manager/director decision on advancement	By second Friday in February
Child life specialist notified of decision	At time of Annual Performance Appraisal
Opportunity to appeal	By fourth Friday in March
Merit-based salary increase	First paycheck in April
Clinical ladder salary increase	First paycheck in May

Appendix: Application Prerequisites

- The CLCL program consists of 3 levels with clearly defined qualifications and annual responsibilities.
- All child life specialists interested in advancement must meet the minimum qualifications and apply through the director of Child Life Services.
- The child life specialist is eligible to apply after 2 years as a child life professional, one of which must be with **X***.
- The applicant must be employed at a 0.5 FTE status or greater for Level II and a 0.8 status or greater for Level III.
- The child life specialist applying for advancement must produce all necessary documentation as described in the program.
- It is the expectation that once the child life specialist has advanced, they will maintain the required minimum qualifications and responsibilities. Failure to meet these requirements will result in returning to past clinical position with compensatory salary adjustments.
- The child life specialist must be in the positive discipline process.
- All child life specialists are hired at level I. There will be no automatic placement of a new hire to an advanced level.
- Performance appraisal at present level must be rated competent (3) or above in each performance standard.
- There will be 2 review cycles for the CLCL programs. Applications for advancement will be accepted bi-yearly.
- The director of Child Life Services determines the availability of advanced positions, based on budget.
- Applicant must submit letter of intent to director of Child Life and director must provide a letter of endorsement to employee to proceed with application process.
- All potential applicants are expected to seek counsel and mentorship from their direct supervisor regarding their interest in pursuing advancement no later than February of the year in which they intend to apply. This provides the opportunity for discussion of the advancement process and reflection on the applicant's professional career and recent (last two years) professional involvement and activities. If at this time the applicant's supervisor supports advancement, the applicant and supervisor will fill out the "Intent for Clinical Advancement" form (which will later be included in portfolio) and notify the Child Life manager and CARC Coordinator prior to the third Monday in March.

** Where "X" refers to [insert hospital name here]:*

- If applying for a Level II, the applicant must be employed as a child life specialist at **X*** for 2000 hours or greater and must be employed at 0.25 FTE or greater. If applying for a Level III, applicant must be employed as a child life specialist at **X*** for 4000 hours and must be employed at 0.50 FTE or greater.

- Prior to application submission, the applicant must be certified according to the Child Life Professional Certification process for at least two years for a Level II and four years for a Level III.

- Child life specialists seeking advancement to a Level II must have successfully supervised at least one child life intern, providing a minimum 6wks of intern supervision (at least 1 child life intern for a 6wk rotation or 3 interns for their short 2wk rotation).

- Master's Degree is required for applicants seeking advancement to a Level III.

- If an advanced practice child life specialist leaves **X*** and returns within 1 year of the exit date, there is eligibility to be rehired at the same level he or she was classified during the previous employment. The employee has 6 months after returning to meet the required competencies of the level of employment.

- Applicant must have successfully advanced to the level of CLS II at **X*** prior to applying for advancement to the level of a CLS III.

** Where "X" refers to [insert hospital name here]:*

Appendix: Application Content

1. **Applicant must include number copies of the application package.**
2. **The application package is reviewed by the Review Committee.**
3. **Interview.**

The application package must include the following:

1. Completed application form
2. Curriculum Vitae
3. Most recent performance evaluation
4. One-to 3-page justification statement which includes:
   i. Expertise as a clinical resource
   ii. Professional strengths and limitations
   iii. Personal and professional development desired to meet future goals
   iv. Behaviors and attributes that distinguish the applicant's practice at a proficient level
   v. Planned contribution after advancement
5. Performance growth activities: Provide a narrative description of two activities in which you are currently involved. For Level II, one activity may be from List A and one from List B, or both may be selected from List B. For Level III, both activities must be selected from List B. The applicant may choose to describe more than two activities.

List A	List B
Committee/council involvement – a participating member of the department, unit, or division committee or council. Groups must have documented meetings and goals in order to qualify as a committee.	Participating membership in a professional organization's working committee or holding of office.
	Presentation at educational programs or conferences.
Attendance at child life-related educational programs inside or outside **X***.	Formal education.
Completed session of being an internship supervisor.	Publication – development of internal education materials or publication in journals/books.
Provided first shift orientation to at least 2 new volunteers.	Community events – active involvement in community events which includes planning and coordination.

** Where "X" refers to [insert hospital name here]:*

6. Case Study: Written case study which the child life specialist will present orally at the discretion of the Review Committee.
7. Letters of Recommendation: Three letters of recommendation are required. Letters may not be from a member of the Review Committee. One letter must come from a member of the child life department. The other 2 letters must come from professionals outside of child life with whom you have an ongoing working relationship. Encourage those writing letters of recommendation to include specific examples of your clinical expertise. Please refer to the recommendation letter guidelines in Appendix X for more information.

Employees who wish to advance on the clinical ladder must meet the minimum qualifications set forth in this document and submit a portfolio to the manager. The creation of your portfolio is an opportunity for you to review your level of expertise in each of the competencies, to strengthen your practice through the identification of improvement opportunities, and to demonstrate how your practice exemplifies the standards as designated in successive levels. As importantly, it is a time for you to reflect on your personal and professional growth and anticipate new avenues for your future development. The child life specialist wishing to progress to the next level must submit the following documents within their portfolio:

1. Letter of Intent
2. Application for Promotion
3. Qualifications Summary
4. Clinical Skills Review Form
   - A self-assessment of clinical practice to include examples of skill level and reflection of growth
5. Additional Responsibilities Form
   - Documentation of committees, events, and projects that exemplify clinical skill and engagement
6. Peer Reviews
   - Applicants must select one senior CCLS and two multidisciplinary colleagues in your primary work site.
   - Provide your selected peer reviewers with the following forms:

CCLS Peer	Multidisciplinary Peer
Clinical Recognition Peer Review Clinical Skills Review - CCLS Peer Review	Clinical Recognition Peer Review

7. Clinical Narratives
   - Narratives should outline specific examples and recall interventions or interactions which demonstrate competency
     - To advance to a Level II, the applicant must write four narratives
     - To advance to a Level III, the applicant must write six narratives
     - To advance to a Level IV, the applicant must write eight narratives

The portfolio of the child life specialist advancing to Level II will be reviewed by the manager only. Advancement to Levels III or IV will require your portfolio to be submitted to the manager, and if deemed ready for advancement, submitted to a hospital-wide review committee for evaluation.

Child Life Clinical Advancement: Application Checklist

Below is a checklist of the required portfolio components. Please reference the Application Process document for additional information regarding each component.

- Intent for Clinical Advancement Form
- Curriculum Vitae
- Performance Evaluation Form
- Degrees and Certifications
- Letter of Justification
- Case Study
- Professional Growth Activities
- Letters of Recommendation
- Clinical Documentation
- Additional Information

When submitting, one complete copy of the application must be emailed to the Child Life manager. All application components must be typed and include the following:

- Letter of Intent - signed by direct supervisor at least 2 months prior to the submission deadline to allow time to counsel and mentor applicant. Once the letter of intent is submitted and reviewed, the Child Life manager will provide final approval. This form must be signed and dated by the Child Life manager on or prior to September 1st of each year.
- Curriculum Vitae
- Application Submission Cover Sheet and Attestations
- Verification of Professional Growth Activities or SBAR as appropriate
- One Interdisciplinary Letter of Recommendation
- Additional Information (if desired)

Appendix: Peer Review Tools

Peer Feedback Survey (pg. 1 of 2)

Associate:

Name and role of individual completing this reference:

How long have you known this associate?

In your experience, does this associate follow the standards of behavior? (mark your rating below using the three-point scale of “disagree”, “neutral” or “agree”.)

	Disagree	Neutral	Agree
Be in the moment			
Be authentic and humanistic			
Volunteer discretionary effort constantly			
Model high performance			
Respect and leverage separate realities			
Be curious vs. judgmental			
Look in the mirror first - be accountable			
Have courageous conversations			
Provide timely, clear and specific performance expectations and feedback			
Teach, coach and mentor			

Peer Feedback Survey (pg. 2 of 2)

Any additional comments on behavior?

Please describe what you think are the associate's strengths:

What do you think are this associate's primary contributions to your team and to the care of your patients?:

What are the skills that, if developed further, would enhance the effectiveness of this associate or add to the care of your patients?:

Additional comments?

Children's Hospital:

Clinical Recognition Program for Child Life Specialists: Peer Review

Name of Applicant:

Current CCLS Level:

Name of Peer Reviewer:

Peer Reviewer's Role at Hospital:

Your peer is seeking to attain/renew the status of advancement. The following questions must be completed. Indicate the consistency that your peer does or does not demonstrate the following behaviors.

Please be aware that your input is confidential. Do **NOT** return this to the applicant, but instead forward it to recipient indicated below. Thank you.

Section 1: To be completed by all peer reviewers

Excellence in Patient Care: Caring, Cultural Competence, Evidence-Based Practice	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. Demonstrates time-management and organizational skills in child life practice.	☐	☐	☐	☐	☐	☐
2. Attitude reflects **X*** System Standards of Behavior and Operating Principles (Trust, Respect, Integrity, Collaboration, and Communication).	☐	☐	☐	☐	☐	☐
3. Updates plan of care based on patient and family needs and with a patient- and family-centered approach.	☐	☐	☐	☐	☐	☐
4. Promotes care with dignity and respect, regardless of patient's level of consciousness.	☐	☐	☐	☐	☐	☐
5. Addresses and respects cultural differences of the patient/ family (i.e., language, beliefs, customs, dietary restrictions).	☐	☐	☐	☐	☐	☐
6. Effectively sets work priorities and utilizes critical thinking and appropriate problem-solving skills.	☐	☐	☐	☐	☐	☐
7. Documentation reflects both actual and potential problems in developmental and psychosocial parameters.	☐	☐	☐	☐	☐	☐
8. Keeps abreast of trends and practices in patient care and makes appropriate recommendations.	☐	☐	☐	☐	☐	☐
9. Consistently and thoroughly attends to needs of assigned patients and families.	☐	☐	☐	☐	☐	☐
Comments:						

** Where "X" refers to [insert hospital name here]:*

Partners in Strength: Collaboration, Communication & Advocacy	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
10. Cultivates teamwork in patient care and unit activities.	☐	☐	☐	☐	☐	☐
11. Responds to requests and communications in a timely manner (ex: e-mails, voicemails, pages, consults, other requests for assistance).	☐	☐	☐	☐	☐	☐
12. Establishes and maintains professional working relationships.	☐	☐	☐	☐	☐	☐
13. Disseminates vital information to appropriate sources.	☐	☐	☐	☐	☐	☐
14. Collaborates with peers to improve patient care.	☐	☐	☐	☐	☐	☐
15. Acts as an effective advocate for patients and families & empowers them to be equal partners in their own care.	☐	☐	☐	☐	☐	☐
16. Effectively and appropriately interacts with patients and families.	☐	☐	☐	☐	☐	☐
17. Addresses a variety of needs (ex: answering phones, cleaning and maintenance) to support service area function and patient care.	☐	☐	☐	☐	☐	☐
18. Takes ownership of all patients and families, regardless of assignment.	☐	☐	☐	☐	☐	☐
19. Present, visible, and accessible on unit.	☐	☐	☐	☐	☐	☐
Comments:						

Learning & Mentoring: Professional Development, Resource Utilization & Teaching	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
20. Contributes in a positive way to the orientation and on-going learning of all team members.	☐	☐	☐	☐	☐	☐
21. Consistently functions as a clinical resource for new and current staff.	☐	☐	☐	☐	☐	☐
22. Communicates rationale for child life interactions to staff/students.	☐	☐	☐	☐	☐	☐
23. Identifies patient's and family's readiness to learn and utilizes appropriate teaching strategies.	☐	☐	☐	☐	☐	☐
24. Accepts and offers feedback; integrates feedback into their practice.	☐	☐	☐	☐	☐	☐
Comments:						

Leadership in Service and Practice: Community, Quality Improvement & Transition Management	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
25. Demonstrates flexibility to unexpected changes on the unit.	☐	☐	☐	☐	☐	☐
26. Offers constructive suggestions to improve unit function.	☐	☐	☐	☐	☐	☐
27. Takes an active role in promoting philosophies and policies of hospital and their primary unit of service.	☐	☐	☐	☐	☐	☐
28. Promotes a culture of safety and quality.	☐	☐	☐	☐	☐	☐
Comments:						

Other General Comments:

If you are NOT a Child Life Specialist (CLS), please skip ahead to Section 3. If you ARE a CLS, please proceed to Section 2.

Section 2: To be completed by Certified Child Life Specialists only

Child Life Team Professional Expectations:	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. Maintains a clean, organized, and well-stocked workspace.	☐	☐	☐	☐	☐	☐
2. Documentation is comprehensive and completed in a timely manner per Joint Commission standards (within 24 hours).	☐	☐	☐	☐	☐	☐
3. Active member of work groups and committees; follows through on tasks as accepted or assigned in a timely manner.	☐	☐	☐	☐	☐	☐
4. Uses child life team members as a resource, regardless of level of experience.	☐	☐	☐	☐	☐	☐
5. Takes ownership of maintaining safety and cleanliness of play spaces and other common areas in primary service area.	☐	☐	☐	☐	☐	☐
6. Provides complete handoff with service area-specific considerations.	☐	☐	☐	☐	☐	☐
7. Assumes accountability for equipment and supplies.	☐	☐	☐	☐	☐	☐
8. Takes responsibility to stay updated on department, service area, and institution-wide happenings (ex: eWorkplace, NewsFlash, and other e-mails), and messages from Child Life manager and management in primary service area.	☐	☐	☐	☐	☐	☐
9. Displays helpful and supportive behaviors and is proactive in assisting other child life team members when they may be unavailable or otherwise in need of support.	☐	☐	☐	☐	☐	☐
10. Contributes to positive morale of child life department.	☐	☐	☐	☐	☐	☐
11. Capable of and willing to adapt skills to provide effective interventions outside of primary service area.	☐	☐	☐	☐	☐	☐
12. Balances direct and indirect patient care responsibilities.	☐	☐	☐	☐	☐	☐
Comments:						

Section 3: To be completed by all peer reviewers

1. Give examples of why you think your peer demonstrates **X***'s operating principles (trust, respect, integrity, collaboration, and communication)?

2. List contributions to unit:

3. Are there any areas for growth and development for your peer?

4. Is there anything else you'd like to share about your peer?

Signature of reviewer / Date of completion:

** Where "X" refers to [insert hospital name here]:*

Section 4: Peer Clinical Leadership Rating Form

All staff employed by the child life department for a minimum of 90 days will be asked to complete a Peer Clinical Leadership Rating Form. Completion of the form is encouraged but not mandatory. Reviewers are encouraged to rate the candidate on the following criteria using a rating system of "Never" to "Always" - or to use the "Unknown" rating if they have not had an opportunity to determine the candidate's abilities or potential in a particular category. Staff are reminded that their participation and scores are completely confidential.

Criteria	Never	Rarely	Sometimes	Most of the time	Always	Unknown
1. The candidate acts consistently and reliably as a resource to others within the dept/unit/hospital	☐	☐	☐	☐	☐	☐
2. The candidate demonstrates commitment to high standards of care. Clinical practice reflects this commitment with CLS acting as a role model for peers.	☐	☐	☐	☐	☐	☐
3. The candidate facilitates collaboration among and between child life and the interdisciplinary team.	☐	☐	☐	☐	☐	☐
4. The candidate identifies and analyzes department/unit/team problems and facilitates resolution.	☐	☐	☐	☐	☐	☐
5. As a peer within the child life department, I personally respect the candidate's clinical leadership abilities, anticipate a willingness on the candidate's part to support my own professional development, and would welcome any opportunity to take advantage of the leadership offered by this candidate as a CLS III.	☐	☐	☐	☐	☐	☐
Reviewer Signature: Date:						

Appendix: Decision-Making Review Committee

1. Upon receipt of the application package by the application deadline, the director of Child Life will present package to the Review Committee.
2. The Review Committee consists of [members]
3. All materials will be considered confidential.
4. The applicant will present the case study to the Review Committee and the Case Study Presentation Scoring Form will be used to evaluate the presentation.
5. The Review Committee will review information and utilize the Review Tool (Appendix X) to come to a decision. This decision will be communicated to the applicant verbally and in writing. All materials will then be kept in the employee's personnel file.
6. Decisions will be communicated no later than 6 weeks following the submission deadline.
7. Promotions will be effective at the 6-week mark following submission deadline.

Application will be reviewed by the Professional Advancement Review Committee -
Child Life Committee (PARC)

- Self-nominate and staff votes in June.
- Committee Chair will be a current Child Life Specialist Lead.
- Members Committee will be comprised of at least one member from each position level as available.
- Members are requested to commit for two years of service.
- Members will have to recuse themselves from committee meetings during any period in which they have submitted an application for promotion.

The Clinical Advancement Review Committee (CARC) reviews each application and conducts an interview with each candidate upon submission of their completed application. The CARC is composed of the vice president of Professional Practice, the manager of Child Life Programs and Services, the director of Volunteer Services and Programs, and two professionals selected by the child life manager from non-child life disciplines within **X*** Children's Hospital. If the review committee members feel there is not sufficient information within the application demonstrating an advanced level of performance, individual CARC members may choose to ask for additional verbal or written justification.

** Where "X" refers to [insert hospital name here]:*

1. Child Life Clinical Leadership Committee:
   i. The CLCLC is made up of the director of Child Life, CLS IIIs, one CLS II, and one CLS I. The CLS II position is a two-year term and voted by the CLS Is, IIs, and IIIs. Each cycle, all IIs are asked if they are interested in serving in this role. The final list is then voted on by Is, IIs and IIIs. The CLS IIIs serve as co-chairs or chair, depending upon the needs of the committee and department and availability. The term for all positions is from July 1 – June 30 and 2-year terms are served by elected or appointed members.
   ii. The purpose of this committee is, but not limited to: annually review the components of the CAP, make recommendations for changes to the program, and serve on the Clinical Advancement Review Committee.

2. Child Life Clinical Advancement Review Committee
   i. The CLCARC is an interdisciplinary committee made up of the CLCARC chair or co-chairs (CLS III/s), director of Child Life, CCLS II (CLCLC member), and a Hospital professional selected annually via a nomination process by the child life specialist staff members. Membership on the CLCARC follows the fiscal year, July – June, and each elected member completes a 2-year term.
   ii. An additional child life specialist, selected by the applicant, is required for the participation when reviewing CLS III applications.
   iii. The purpose of this committee is to review and make a decision about applicants for a CLS II and III position. The committee only meets when there are applicants going through the process of advancement or promotion.

** Where "X" refers to [insert hospital name here]:*

Appendix: Decision-Making Tools

Clinical Ladder Progression Matrix

	Minimum Requirements (Education, years of experience, certification, etc.)
Level 1	• Eligible **X*** Job Descriptions: Child Life Specialist • Bachelor's degree required (CLS); Master's degree preferred • Eligible for certification; CLS certification obtained within two rotations of exam administration cycle (CLS) • < 2 years (<4000 hrs.) paid full-time experience
Level 2	• Eligible **X*** Job Descriptions: Child Life Specialist, Child Life Specialist Sr., • > 2 years (or > 4000 hrs.) paid clinical experience in pediatric acute medical setting. This requirement needs to be met no later than the end of the first quarter of the year you are applying. • ≥0.5FTE (advancement is at the discretion of manager) • Certification (CCLS, CTRS, MT-BC, and/or ATR-BC) • Member of national organization (organization of professional affiliation strongly preferred) • Favorable performance review with no formal disciplinary action within the past 12 months and no performance improvement plan in place
Level 3	• ≥ 5 years paid clinical experience (1 year at **X***) • Master's degree preferred (CLS) • ≥0.75FTE • Member of national organization of professional affiliation required

** Where "X" refers to [insert hospital name here]:*

	Responsibilities Based Upon Job Description (No additional point value)
Level 1	(After 90-day probationary period:) • Eligible to provide coverage for other staff • Supervise volunteers • Unit preceptor for new hires • Department in-service presenter • CLS on-call bereavement rotation After completion of clinical competencies: • Supervise practicum students • Shadowing requests
Level 2	• Supervise practicum students and/or interns • Train new hires for bereavement on-call responsibilities • Serve as identified advanced competency sign-off following identification of skill level and Clinical Mentor sign-off
Level 3	• Clinical competency preceptor/mentor • Serve as a Clinical Mentor and Leader

	Competency Development
Level 1	• Completion of all clinical competencies within 6-9 months from hire • Attend all assigned new hire/departmental in-services within 1 year
Level 2	• N/A
Level 3	• Completion of all clinical competencies and relevant advanced clinical competencies

	Administrative & Clinical Roles (Conversations with manager required before taking on new roles)
Level 1	• Unit presentations & committee participation (as approved by manager) • Maintain department resource materials specific to unit (e.g., prep & coping)
Level 2	• Reflective Practice Group co-facilitator • CI, EBP, or research contributions • Expectation of maintenance of level 2 once minimum requirements are met by associate
Level 3	• Review departmental and/or hospital policies and procedures • Directly support organizational projects and initiatives • Attend and participate in clinical leader meetings • Participate in professional fundraising, leadership, research, and/or other post-graduate education activities and opportunities • Lead CLS meetings and department huddles as needed

	Progression Process
Level 1	• Progression to level 2 is optional, once minimum requirements are met by associate
Level 2	• Start progression conversation with manager no later than June 1st of preceding year • Submission of application by December 1st (see Professional Development Portfolio) • Additional advancement steps: • Case presentation to management team

Level 3	• Start progression conversation with manager no later than June 1st of preceding year
	• Submission of application by December 1st (see Professional Development Portfolio)
	• Additional advancement steps:
	  • Letter of Intent
	  • Interview with managers & director
	  • Presentation to Department (case presentation or unit project/task work)
	  • Child life peer feedback (manager will solicit)
	  • Interdisciplinary team feedback (x2; link to feedback survey will be provided by manager)

	Maintenance Process (continuing at current level)
Level 1	• N/A
Level 2	• Earn at least 12 points from 4 categories (part-time staff 4 points – manager discretion) in calendar year • Quarterly check-ins with manager on current progress on ladder • Final submission of portfolio with points by December 1st
Level 3	• Earn at least 22 points from 5 categories in calendar year • Attend at least 75% of clinical leader meetings in calendar year • Document progress with leadership development plan

	Professional Development Portfolio
Level 1	• N/A
Level 2	• Portfolio Expectation (Jan-Dec calendar year; due Dec. 1st) • Application with personal statement • Up-to-date resume or CV • Point tracker • Supplemental information for point tracker
Level 3	• N/A

	Compensation
Level 1	• N/A
Level 2	• Full-time staff: 14 points to receive bonus pay • Part-time staff: 5 points to receive bonus pay (manager discretion) • All bonuses based upon approval from finance • Bonuses are paid in the last pay period of the calendar year earned
Level 3	• Full-time staff: 22 points to receive bonus pay • All bonuses based upon approval from finance

	Confirmation of Progression Process
Level 1	• N/A

Level 2	• Manager will review application and portfolio and also confirm:
	  • Verification of certification
	  • Favorable performance review
	  • Completion of all clinical competencies
	• Manager and clinical mentor will provide feedback
	• Management team will provide feedback on case presentation
	• Manager will notify associate of final result by February 1st
	• If associate is not successful, they will be given feedback on how to take action steps to remedy performance and/or behaviors and can reapply in June for the following calendar year

Level 3	• Associate will receive summary of themes in feedback from peers and IDT • Associate will receive feedback from management team on statement and interview • Manager will notify associate of final result by February 1st • If new to level 3, associate will be invited to clinical leader meetings for the calendar year • Manager will announce progressions at next scheduled staff meeting

	Additional Considerations
Level 1	• Not eligible to change units/clinical areas as Level 1, unless approved by management team
Level 2	• N/A
Level 3	• When an associate self-selects to move out of Level 3 into Level 2, they are not eligible to advance into Level 3 again until the following evaluation year after their transition date

Clinical Ladder Progression Points Scorecard

Category	Tasks Worth 1 Point
Education	• Educating other associates about child life work using existing presentations (2 presentations = 1) • Educating other associates - novel content • Prepare and present university lecture
Training	• Maintain additional certification / licensure • Non-mandatory professional development learning (5 hrs = 1 point)
Committee & Task Forces	• Hospital-wide / department committee attendance and participation • Unit / Diagnosis-based committee or task force membership (1 point per committee - maximum 4 points per year) • Department Task Force (maximum 3 points per year)
Organizational Membership / Community Involvement	• Local / national organization member, closely aligned with professional responsibilities • Local foundation or organization membership
Department Activities	• Coordination of department resource
Presenting / Publications / Research	• Write and submit non-research article for publication (ie: CL bulletin) • Lead department research review
Clinical Supervision	• N/A
Strategic Plan Initiatives	• N/A

Category	Tasks Worth 2 Points
Education	• Present at a grand rounds
Training	• Recertification of additional certification / licensure
Committee & Task Forces	• Chair / lead a committee or task force • Interdisciplinary shared governance representative
Organizational Membership / Community Involvement	• Professional certifying body membership (ie: ACLP, ATRA, AMTA, AATA)
Department Activities	• Leading large hospital event or program*((i.e. Camp, Prom, Artist in Residence, etc).* • EPIC Superuser (responsible for ongoing staff education) • Coordinator of Practicum
Presenting / Publications / Research	• N/A
Clinical Supervision	• Provide ongoing and unpaid formal clinical supervision to another professional
Strategic Plan Initiatives	• Coordinator of the Residence Program

Category	Tasks Worth 3 Points
Education	• N/A
Training	• Obtain additional certification / degree / license • Obtaining LPC
Committee & Task Forces	• Lead project for committee or task force (conversation with manager)
Organizational Membership / Community Involvement	• National / local professional or organization board member • Coordinate local conference / serve on conference committee. Points awarded conference year only • Serve in a leadership role (chair / chair-elect) on a national / local professional organization
Department Activities	• Coordination of Internship
Presenting / Publications / Research	• Author or co-author chapter, research paper, etc. for publication • Participate in research project (e.g., complete tasks as member of research team, write proposal, literature review, etc.)
Clinical Supervision	• Reflective Practice Group Facilitator
Strategic Plan Initiatives	• N/A

Category	Tasks Worth Discretionary Point Values (Please discuss with your manager)
Education	• Teach a university course
Training	• N/A
Committee & Task Forces	• N/A
Organizational Membership / Community Involvement	• Committee membership of professional organization (Local / regional = 1 point, national = 2 points)
Department Activities	• Medical Play Morning (novel content = 1 point, co-lead = 0.5 point)
Presenting / Publications / Research	• Submit and present oral conference presentation (regional = 2 points, national = 3 points) • Submit a poster presentation (unstaffed = 1 point, local/regional staffed = 2 points, national = 3 points)
Clinical Supervision	• N/A
Strategic Plan Initiatives	• Please discuss with your manager to determine value of activity

Main Scoring Sheet

Professional Growth, CV, Employee Ed Record	Never	Rarely	Sometimes	Most of the time	Always	Unknown
1. Maintains membership and participates in professional and hospital organizations, teams, and committees	☐	☐	☐	☐	☐	☐
2. Attends and participates in continuing education; shares and communicates knowledge to others	☐	☐	☐	☐	☐	☐
3. Reviews journals and publications, shares this knowledge with peers, and utilizes this information in planning & implementing patient care	☐	☐	☐	☐	☐	☐
Clinical Practice: Recommendations, Chart Notes						
4. Comprehensively assesses patients and families to identify psychosocial and developmental needs; determines and prioritizes scope and depth of child life services	☐	☐	☐	☐	☐	☐
5. Develops and maintains appropriate and effective (therapeutic/supportive) relationships with patients/families	☐	☐	☐	☐	☐	☐
6. Demonstrates clinical/child life expertise to meet the psychosocial and developmental needs of high risk or complex patients/families	☐	☐	☐	☐	☐	☐
7. Documents concisely, objectively, and accurately the developmental and psychosocial issues which impact patient care	☐	☐	☐	☐	☐	☐
8. Evaluates the effectiveness of patient coping and provides supportive interventions accordingly (non-pharmacological pain management, therapeutic play, family support)	☐	☐	☐	☐	☐	☐

Clinical Practice: Recommendations, Chart Notes	Never	Rarely	Sometimes	Most of the time	Always	Unknown
9. Demonstrates excellence in providing family-centered care including: therapeutic relationships, cultural competence, effective education techniques, and supportive interventions	☐	☐	☐	☐	☐	☐
10. Highly motivated to seek out challenging clinical situations while demonstrating competence and professional growth	☐	☐	☐	☐	☐	☐
11. Acts consistently and reliably as a resource to others within the department, clinical unit, and hospital	☐	☐	☐	☐	☐	☐
12. Models the role of patient/family advocate effectively to other health care professionals	☐	☐	☐	☐	☐	☐
13. Demonstrates commitment to high standards of care; acts as a role model for peers	☐	☐	☐	☐	☐	☐
14. Facilitates collaboration among patient/family and interdisciplinary team	☐	☐	☐	☐	☐	☐
15. Identifies and analyzes department, unit, and team problems while facilitating resolution	☐	☐	☐	☐	☐	☐

CL Clinical Ladder Level 2

Mandatory Academic Requirements

	Clinical / Academic Knowledge
☐	Minimum 6 months experience at **X***
☐	Minimum 3 years' experience as a CCLS
☐	FTE status equal to or greater than 0.5
☐	Bachelor's Degree in child life or related field; CCLS certification maintained
☐	12 Professional Development Hours as recognized by the standards of the ACLP OR child life related college course

Mandatory Clinical Requirements

	Professional Responsibility
☐	Complete supervisory training with student coordinator prior to completing CCLS level 2 application
☐	Supervise child life intern and practicum students year-round
	Hospital Engagement
☐	Participate in a minimum of 1 hospital volunteer activity, outreach event, committee or task force

** Where "X" refers to [insert hospital name here]:*

Professional Practice:

Demonstrating CORE (Caring, Outreach, Research, Education) Values

Caring (Choose 1)	
☐	Receive an All-Star Card
☐	Recommendation letter from an interdisciplinary team member that describes a situation where your intervention or advocacy resulted in a positive clinical outcome
☐	Write two examples of your contribution to positive clinical outcomes
Outreach (Choose 1)	
☐	Organize and facilitate a community outreach program (i.e., CHAT, Teddy Bear Clinic, Destress for Success). Cannot duplicate mandatory clinical requirement for hospital engagement
☐	Provide two professional presentations of information on relevant clinical or professional topic to hospital department/group other than child life
☐	Active involvement in professional organization (i.e., committee work)
Research (Choose 1)	
☐	Complete Rutgers IRB (CITI) training course (initial training, not renewal)
☐	Actively participate as part of a research team
☐	Initiate and complete a unit-based performance improvement project
☐	Research-based publication
☐	Attend an EBP journal club or EBP grand rounds and present to staff
☐	Present an EBP article to staff outside of child life department
Professional Practice and Development (Choose 1)	
☐	Abstract submission to national organization/conference
☐	Obtain national certification aside from CCLS relevant to the role and approved by the director (i.e., Infant Massage, Healing Touch, etc.)
☐	Development of internal education materials or program (to be reviewed and approved ahead of time)
☐	Oversee child life student programming or volunteer programming
☐	Provide at least two safety stories at child life staff meeting and lead 2 safety huddles
☐	Participate in regulatory compliance with monthly department rounds
☐	Mentor novice child life specialist in department mentor program

CL Clinical Ladder Level 3

Mandatory Academic Requirements
(with a Master's Degree)

	Clinical / Academic Knowledge
☐	Minimum 1 year experience as a Level II CCLS at **X***
☐	Minimum 6 years' experience as a CCLS
☐	Master's Degree in child life or related field; CCLS certification maintained
☐	FTE status equal to or greater than 0.8
☐	12 Professional Development Hours as recognized by the standards of the ACLP OR child life related college course

Mandatory Academic Requirements
(without a Master's Degree)

	Clinical / Academic Knowledge
☐	Minimum 1 year experience as a Level II CCLS at **X***
☐	Minimum 6 years' experience as a CCLS
☐	Bachelor's Degree in child life or related field; CCLS certification maintained
☐	24 Professional Development Hours as recognized by the standards of the Child Life Council OR 1 child life or related college course and 12 Professional Development Hours as recognized by the standards of the ACLP

Mandatory Clinical Requirements

	Professional Responsibility
☐	Minimum of Strong Contributor on **X*** Performance Appraisal; All job performance standards and values must meet or exceed standards
☐	Supervise child life intern and practicum students year-round
	Clinical Excellence
☐	Facilitate child life staff clinical supervisions
	Leadership
☐	Review intern and practicum student resumes and be a part of the interview panel
☐	Provide research articles quarterly for staff on best practice (located on I drive; create a summarized form of information)
☐	Mentor CCLS Level II staff on maintaining clinical ladder standards
	Hospital Engagement
☐	Hospital committee/task force participation or organizational-wide initiative

** Where "X" refers to [insert hospital name here]:*

Professional Practice:

Demonstrating CORE (Caring, Outreach, Research, Education) Values

Caring - Clinical Practice (Choose 1)	
☐	Recommendation letter from an interdisciplinary team member that describes a situation where your intervention or advocacy resulted in a positive clinical outcome
☐	Write about 2 critical incidents that demonstrate your fulfillment of exemplary practice in two (2) domains of child life practice
☐	Write two written examples that describe situations where your interventions and or advocacy resulted in positive clinical outcomes for a child and their family
☐	Write an example describing how your efforts with at least 3 other interdisciplinary team members resulted in a positive outcome for a child and their family
Caring - Clinical Leadership (Choose 1)	
☐	Write an example of how you promote team building and/or conflict resolution within the department
☐	Describe how you promote interdisciplinary, family-centered care throughout **X***
Caring - Patient Engagement (Choose 1)	
☐	Write two examples of situations where your interventions resulted in a positive customer service outcome
☐	Presentation of information on patient engagement/customer service to staff
Outreach (Choose 2)	
☐	Organize and coordinate a community outreach program (i.e., CHAT, Teddy Bear Clinic, Destress for Success). Cannot duplicate mandatory clinical requirement for hospital engagement
☐	Provide two professional presentations of information on relevant clinical or professional topic to hospital department/group other than child life
☐	Active involvement in professional organization (i.e., committee work)
☐	Coordinate opportunities for staff to obtain a minimum of 4 PDUs

** Where "X" refers to [insert hospital name here]:*

Professional Practice:

Demonstrating CORE (Caring, Outreach, Research, Education) Values

Research (Choose 2)	
☐	Complete Rutgers IRB (CITI) training course (initial training, not renewal)
☐	Actively participate as part of a research team
☐	Research-based publication
☐	Initiate and complete a unit-based performance improvement project
☐	Present an EBP article to staff outside of child life department
Professional Practice and Development (Choose 2)	
☐	Abstract submission to national organization/conference
☐	Obtain national certification aside from CCLS relevant to role and approved by the director (i.e., Infant Massage, Healing Touch, etc.)
☐	Development of internal education materials or program (to be reviewed and approved ahead of time)
☐	Oversee child life student programming or volunteer programming
☐	Provide at least two safety stories at child life staff meeting and lead 1 safety huddle per quarter
☐	Participate in regulatory compliance with monthly department rounds
☐	Mentor novice child life specialist in department mentor program

Clinical Skills Review

Advancement: Self-Evaluation

Name:	Current Level:	Year of Review:

Introduction and Instructions for the Clinical Skils Review

The purpose of the Clinical Skills Review is to demonstrate clinical skill level for each competency. The child life specialist is expected to review all descriptions and assess which level they are performing at on a yearly basis. Please adhere to the following guidelines when completing the Clinical Skills Review:

- Higher levels are inclusive of the skill set identified for all previous levels.
- Criteria for each competency must be evidenced in at least one section of the portfolio. Select the appropriate box or boxes in the column in which you are scoring your skill set once you are meeting the criteria on a consistent basis and not just periodically. Note: the Peer Review box will only be utilized in the manager's review. The abbreviations for the selections are:

SR = Skills Review	AR = Additional Responsibilities	PR = Peer Review	N = Narrative

- It is the expectation that the child life specialist provides examples to demonstrate how they meet the criteria for each level. Examples may be provided at the end of each competency or at the end of each section.
- If the child life specialist is scoring below their current level, a detailed explanation and self-reflection must be provided in the comments.
- It is expected that all components of each box of the Level I and II columns are consistently being met on a yearly basis to maintain or advance to Level I and II.
- It is expected that most components of each box of the Level III column are consistently being met on a yearly basis to maintain or advance to Level III.
- As the components of the Level IV column are larger-scaled and more time intensive, the child life specialist is not required to consistently meet all components of the column, but is expected to meet one or more components of each box over a 2-year time period.
- The phrase "receives training or certification or otherwise advances their own education related to..." carries with it the expectation that the child life specialist formally presents or disseminates the learned information to the Child Life team.
- In this document, the child life specialist must check off where the evidence can be found that they are performing at the level they have selected for each competency.

- There are a total of 19 competencies in the Clinical Skills Review. In order to advance levels in the Clinical Recognition Program, the child life specialist must meet the following number of competency items:

To Advance To:	Number of Competency Items met in Level 1 Column	Number of Competency Items met in Level 2 Column	Number of Competency Items met in Level 3 Column	Number of Competency Items met in Level 4 Column
Level 1	Minimum of 19	---	---	---
Level 2	Minimum of 2	Minimum of 17	---	---
Level 3	0	Maximum of 4	Minimum of 15	---
Level 4	0	Maximum of 2	Maximum of 7	Minimum of 12

1. Care of Infants, Children, Youth and Families

This section of the clinical skills review evaluates the CCLS's skills in providing comprehensive direct psychosocial care to infants, children, youth, and families undergoing healthcare experiences.

1A	**Competency A. The ability to assess the developmental needs of infants, children, youth, and families** **Refer to Child Life Competency 1A**	
CCLS 1 Novice	Can articulate theories of human growth and development. Applies formal and informal techniques appropriately to assess a patient's developmental level.	SR AR N PR
CCLS 2 Proficient	Uses increased knowledge and clinical experience to anticipate impact of healthcare on normative growth and development; educates family members and multidisciplinary team via verbal and written information.	SR AR N PR
CCLS 3 Advanced	Serves as a primary resource in work group or on unit regarding impact of healthcare on normative growth and development.	SR AR N PR
CCLS 4 Expert	Maintains expert-level developmental assessment skills based on extensive clinical experience in this regard. Receives training or certification or otherwise advances their own education related to child development. Participates in or creates new program related to child development. Implements new developmental assessment in department or unit. Provides education related to developmental assessment issues at the unit, institutional, regional, or national level across disciplines.	SR AR N PR

Evidence:

1B	**Competency B. The ability to assess the psychosocial needs of infants, children, youth and families** **Refer to Child Life Competency 1A**	
CCLS 1 **Novice**	Uses knowledge of stress potential and recognizes psychosocial factors including family-identified needs and goals in order to provide child life services.	SR AR N PR
CCLS 2 **Proficient**	Completes more comprehensive psychosocial assessment by proactively soliciting information from patient and family in regards to psychosocial needs. Anticipates impact of healthcare on psychosocial needs. Uses increased knowledge and clinical experience to educate patient, family, and multidisciplinary team via verbal and written information.	SR AR N PR
CCLS 3 **Advanced**	Serves as a primary resource in work group or on unit regarding impact of healthcare on psychosocial needs.	SR AR N PR
CCLS 4 **Expert**	Maintains expert-level psychosocial assessment skills based on extensive clinical experience in this regard. Receives training or certification or otherwise advances their own education related to psychosocial assessment. Participates in or creates new program related to psychosocial assessment. Implements new psychosocial assessment in department or unit. Provides education related to psychosocial assessment issues at the institutional, regional, or national level across disciplines.	SR AR N PR

Evidence:

1C	**Competency C. The ability to initiate and maintain meaningful and therapeutic relationships with infants, children, youth, and families** **Refer to Child Life Competency 1B**	
CCLS 1 **Novice**	Establishes therapeutic relationships and maintains professional boundaries to preserve those relationships. Recognizes and addresses boundary crossings and violations.	SR AR N PR
CCLS 2 **Proficient**	Adept at establishing therapeutic relationships with families identified as 'more challenging' or complex. Models and teaches best practices in communication when patient and family present with unique communication needs. Addresses boundary issues using appropriate resources.	SR AR N PR
CCLS 3 **Advanced**	Models therapeutic relationship building and professional boundaries in their primary service area and to the multidisciplinary team. Evaluates environment for potential barriers to therapeutic relationship building or issues with privacy violations and recommends changes.	SR AR N PR
CCLS 4 **Expert**	Involved in department, unit, or hospital-wide initiatives related to initiating and maintaining therapeutic relationships; suggestions include: involvement in Compassionate Connections, HIPAA, Corporate Compliance, Risk Management, or SRS system. Provides formal education on therapeutic relationships at a hospital-wide, regional, or national level.	SR AR N PR

Evidence:

1D	**Competency D. The ability to provide opportunities for play (inclusive of developmental, therapeutic, medical, and diversional play) for infants, children, youth, and families** **Refer to Child Life Competency 1C**	
CCLS 1 Novice	Articulates the definitions, theories, and functions of play. Understands common play themes relevant to healthcare experiences. Uses play as a tool to normalize healthcare environment. Assesses patient and family play needs; plans and implements appropriate play interventions for patient and family of diverse cultures, needs, and abilities.	SR AR N PR
CCLS 2 Proficient	Accounts for impact of culture on play. Regularly uses medical play as an assessment tool to determine patient understanding of their healthcare experience and to promote mastery. Establishes alternative, safe, least-restrictive, and engaging play spaces. Educates family and multidisciplinary team regarding the importance of play at all stages of development and illness; including alternative means of play related to healthcare needs.	SR AR N PR
CCLS 3 Advanced	Supplies primary service area with culturally diverse play materials. Models and teaches play skills to build capacity in others, such as volunteers or multidisciplinary team.	SR AR N PR
CCLS 4 Expert	Receives training or certification or otherwise advances their own education regarding play. Consults to areas without child life coverage to improve environment and play opportunities. Presents on the hospital, regional, or national level in regards to play.	SR AR N PR

Evidence:

1E	**Competency E. The ability to provide a safe, therapeutic, and healing environment for infants, children, youth, and families** **Refer to Child Life Competency 1D**	
CCLS 1 Novice	Explains the impact of environmental design on human behavior. Identifies environmental safety hazards, necessary adaptations, and corresponding preventive and protective measures. Recognizes public health guidelines for appropriate use of technology. Encourages patient and family to individualize their healthcare environment.	SR AR N PR
CCLS 2 Proficient	Identifies emotional safety hazards and corresponding preventative and protective measures. Aware of family dynamics that contribute to patient or unit safety. Assists patient and family to individualize their environment. Creates least-restrictive environments for patient and family.	SR AR N PR
CCLS 3 Advanced	Advocates on unit-level for safety, environmental, or technical improvements that best meet patient and family needs.	SR AR N PR
CCLS 4 Expert	Provides input about facility design to promote orientation, comfort, healing, culturally inclusive materials, security, and normalization. Advocates on hospital-wide level for safety, environmental, or technical improvements that best meet patient and family needs.	SR AR N PR

Evidence:

1F	**Competency F. The ability to support infants, children, youth, and families in coping with stressful events (defined as but not limited to medical procedures, new diagnoses, and pain. Not inclusive of trauma or grief and loss.)** **Refer to Child Life Competency 1E**	
CCLS 1 Novice	Recognizes stressful events as unique to individual patient and their family. Describes coping styles and techniques and their impact on patient and family. Has baseline knowledge of pharmacological and nonpharmacological pain management techniques available. Offers and advocates for parental presence. Implements a team plan for coping considering patient and family input; is flexible regarding chosen support strategy. Facilitates opportunities for interventions following stressful events.	SR AR N PR
CCLS 2 Proficient	Demonstrates an ability to use verbal and non-verbal empathic responses with patient and family during stressful events. Has a wide repertoire of planned alternative focus techniques; effectively shifts chosen support strategy as needed during procedure. Empowers and supports patient and family to effectively self-advocate and advocates on behalf of those who cannot do so. Solicits information from patient and family regarding coping; addresses long-term coping issues. Encourages use of and advocates for non-pharmacological pain management techniques and pharmacological interventions when appropriate.	SR AR N PR
CCLS 3 Advanced	Is creative and unique in planned alternative focus techniques and chosen support strategies. Actively empowers parents to be primary support during stressful events. Educates patient, family, and multidisciplinary team regarding strategies to use when child life is unavailable. Recognizes gaps in or barriers to coping with stressful events and facilitates appropriate interventions for patients and family.	SR AR N PR
CCLS 4 Expert	Maintains expert-level skills based on extensive clinical experience in this regard. Receives training or certification or otherwise advances their own education related to providing support to those coping with stressful events. Recognizes systemic barriers to coping with stressful events and advocates for change on the unit or departmental level. Educates units or facilities without child life services. Completes related special project (with manager approval). Provides community-wide education regarding support through stressful events.	SR AR N PR

Evidence:

1G	**Competency G. The ability to support infants, children, youth, and families in coping with traumatic events (defined as experiencing or witnessing a frightening, dangerous, or violent event that poses an actual or perceived threat to life or bodily integrity.)** **Refer to Child Life Competency 1E**	
CCLS 1 Novice	Differentiates between stress and trauma. Assesses responses to trauma; plans, implements and evaluates care accordingly. Identifies factors that may impact vulnerability to trauma. Assesses self-awareness skills concerning traumatic events in order to practice effective self-reflection. Facilitates opportunities for play following traumatic events to promote normalization.	SR AR N PR
CCLS 2 Proficient	Effectively advocates during traumatic events in partnership with patient, family, and multidisciplinary team. Intervenes to prevent re-traumatization or unnecessary traumatization.	SR AR N PR
CCLS 3 Advanced	Educates patient, family, and multidisciplinary team regarding trauma and appropriate trauma response techniques. Encourages appropriate follow-up in the community and provides resources to family after traumatic events.	SR AR N PR
CCLS 4 Expert	Maintains expert-level developmental assessment skills based on extensive clinical experience in supporting those coping with traumatic events. Receives advanced training or certification or otherwise advances their own education related to supporting those coping with trauma. Educates units or facilities without child life services. Completes related special project (with manager approval). Provides community-wide education regarding support through traumatic events.	SR AR N PR

Evidence:

1H	**Competency H. The ability to support infants, children, youth, and families in coping with grief, loss, and bereavement** **Refer to Child Life Competency 1E**	
CCLS 1 **Novice**	Bases interventions on knowledge of stages of and responses to grief, loss, and bereavement. Aware of unit-specific processes. Coordinates care with the multidisciplinary team to provide timely interventions that meet individual needs of patient and family.	SR AR N PR
CCLS 2 **Proficient**	Effectively advocates during traumatic events in partnership with patient, family, and multidisciplinary team. Intervenes to prevent re-traumatization or unnecessary traumatization.	SR AR N PR
CCLS 3 **Advanced**	Educates patient, family, and multidisciplinary team regarding trauma and appropriate trauma response techniques. Encourages appropriate follow-up in the community and provides resources to family after traumatic events.	SR AR N PR
CCLS 4 **Expert**	Maintains expert-level developmental assessment skills based on extensive clinical experience in supporting those coping with traumatic events. Receives advanced training or certification or otherwise advances their own education related to supporting those coping with trauma. Educates units or facilities without child life services. Completes related special project (with manager approval). Provides community-wide education regarding support through traumatic events.	SR AR N PR

Evidence:

1I	**Competency I. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth, and families** **Refer to Child Life Competency 1F**	
CCLS 1 Novice	Articulates fundamentals of psychological preparation. Recognizes and addresses most common fears and misconceptions. Assesses readiness to learn. Uses a variety of resources to increase their own knowledge of terminology, processes, medical care, and trajectory of illness. Collaborates with patient, family, and multidisciplinary team to assess educational needs and provide developmentally appropriate teaching. Recognizes and respects consequences of patient and family decisions. Adapts teaching based on verbal and nonverbal cues.	SR AR N PR
CCLS 2 Proficient	Uses increased knowledge and experience to provide more comprehensive teaching. Respectfully educates patient and family regarding evidence-based practice related to teaching. Provides teaching based on continual evaluation of education needs. Serves as a model and informal educator for multidisciplinary team members on appropriate teaching techniques.	SR AR N PR
CCLS 3 Advanced	Incorporates evidenced-based interventions into creation of new teaching materials. Capable and willing to adapt skills to provide effective interventions outside of primary service area.	SR AR N PR
CCLS 4 Expert	Involved in research efforts to improve child life practice regarding psychological preparation. Models and mentors to healthcare providers outside of child life service areas regarding patient education. Designs and facilitates innovative education initiatives impacting overall education of patient and family in variety of settings.	SR AR N PR

Evidence:

2. Professional Responsibility

This section of the clinical skills review evaluates the CCLS's skills in practicing within their scope and being a self-reflective member of the multidisciplinary team.

2A	**Competency A. The ability to practice within the scope of professional and personal knowledge and skill base** **Refer to Child Life Scope of Assessment Policy, Child Life Program Policy, ACLP Code of Professional Practice, and Child Life Competency 2A**	
CCLS 1 Novice	Demonstrates an understanding of the scope of practice as defined in XXX Children's Hospital policies and procedures. Practices according to professional responsibilities and competencies. Manages overlap with other professions and recommends referrals when the patient and family needs fall outside of the child life scope of practice. Practices according to Child Life Code of Ethics.	SR AR N PR
CCLS 2 Proficient	Scope of practice has expanded based on increased knowledge and clinical experience. Questions appropriateness of standards of care, policies, and procedures and protocols. Reviews ethical issues with child life team, multidisciplinary team, or manager as appropriate. Educates the multidisciplinary team regarding the child life scope of practice.	SR AR N PR
CCLS 3 Advanced	Expands scope of practice to more complicated scenarios. Provides education to areas without child life coverage regarding child life scope of practice.	SR AR N PR
CCLS 4 Expert	Expands scope of practice by attaining new certification and utilizing it in practice. Improves standards of care or policies and procedures that impact the patient and family across the healthcare system.	SR AR N PR

Evidence:

2B	**Competency B. The ability to continuously self-reflect and engage in educational opportunities to improve child life practice** **Refer to Child Life Competency 2B**	
CCLS 1 **Novice**	Aware of the impact of their own experiences, cultural values, and beliefs on their practice with diverse populations. Willing to be taught, mentored, and coached. Assumes responsibility for continued learning to enhance clinical practice. Practices self-reflection in stressful situations in order to provide best child life services.	SR AR N PR
CCLS 2 **Proficient**	Able to think critically about and address gaps in their knowledge and practice. Seeks continuing education to meet demands of evolving child life practice. Utilizes members of the multidisciplinary team as a resource.	SR AR N PR
CCLS 3 **Advanced**	Highly knowledgeable of evidence-based interventions that apply to their primary service area. Serves as a resource to help other child life specialists hone self-reflective skills.	SR AR N PR
CCLS 4 **Expert**	Receives advanced training or certification or otherwise advances their own education related to self-reflection. Completes related special project (with manager approval). Identifies the need for further education for the child life team and creates learning opportunities in order to further develop the program. Contributes to the overall education of the profession through planning or presenting at conferences.	SR AR N PR

Evidence:

2C	**Competency C. The ability to function as a member of the service team (defined as multidisciplinary team across healthcare system)** **Refer to Child Life Competency 2C**	
CCLS 1 **Novice**	Professionally communicates to establish and maintain effective relationships. Articulates the organizational structure and function of the service team. Willing to perform tasks and provide care for patient and family outside of primary assignment. Identifies the importance of advocacy in collaboration with the service team. Partners with the service team to integrate goals into child life services. Shares concise, objective, timely, and accurate clinical information through documentation and other means of handoff to ensure continuity of care.	SR AR N PR
CCLS 2 **Proficient**	Integrates theory and evidence-based practice while obtaining and sharing pertinent information. Instructs patient and family in the culture of medicine and delivery of healthcare so that patient and family can effectively self-advocate and navigate the healthcare system. Respectfully questions plan of care with other service team members in best interest of patient and family care. Accepts and provides feedback from all disciplines. Participates in conflict resolution to enhance service team function.	SR AR N PR
CCLS 3 **Advanced**	Recognizes and intervenes to resolve ineffective communication across service team relationships. Recommends and facilitates strategies when conflict resolution tactics have been unsuccessful.	SR AR N PR
CCLS 4 **Expert**	Functions as a member of at least one hospital-wide committee, advocating for the psychosocial needs of patient and family. Is directly responsible for a significant product or initiative as a result of committee work.	SR AR N PR

Evidence:

2D	**Competency D. The ability to incorporate into practice the Baby and Parent Bill of Rights (BPBR), Bill of Rights for Children and Teens (BRCT), and core concepts of Patient- and Family- Centered Care (PFCC)** **Refer to the BPBR, the BRCP, the Core Concepts of PFCC, and Child Life Competency 4A**	
CCLS 1 Novice	Practice supports the BPB, the BRCT, and models the core concepts of PFCC. Recognizes the integral role of the patient and family within the multidisciplinary team. Responds to patient- and family-identified strengths and preferences for participation in care and decision making to establish plan of care and prioritize delivery of services.	SR AR N PR
CCLS 2 Proficient	Encourages patient and family to self-advocate. Advocates for patient and family based on the core concepts of PFCC, as needed. Proactively solicits patient and family priorities for support and education in creating responsive plan of care. Recognizes changes in patient and family needs and revises plan of care accordingly.	SR AR N PR
CCLS 3 Advanced	Effectively addresses most complex patient and family plan of care issues. Identifies unit-based barriers to practicing according to the core concepts of PFCC, the BPBR, and the BRCT, and takes steps to address those barriers appropriately. Models and teaches best practices in PFCC to the multidisciplinary team.	SR AR N PR
CCLS 4 Expert	Utilizes advanced skills and knowledge regarding PFCC, the BPBR, and the BRCT on committees or other initiatives that have an institution-wide impact such as policies, procedures, or facility design. Advocates for the inclusion of the patient and family voice in organizational decision making.	SR AR N PR

Evidence:

2E	**Competency D. The ability to demonstrate engagement and investment in the success and growth of the child life team and profession.**	
CCLS 1 Novice	Actively seeks support and guidance from more experienced XXX team members. Recognizes one's own impact on XXX team function; makes an effort to contribute to positive work environment. Actively participates in child life staff meetings and on team projects. Attends to updates from ACLP relevant to the profession.	SR AR N PR
CCLS 2 Proficient	Actively seeks support and guidance from more experienced XXX team members; provides feedback and guidance to Level I, new graduates, and per diem staff. Uses internal and external resources to ensure that they are providing optimal child life interventions in their primary service area. Proactively brings successes and challenges up in discussion and reviews for celebration or resolution. Reads ACLP Child Life Forum, participating in discussions as appropriate. Attends regional child life or related networking and educational events.	SR AR N PR
CCLS 3 Advanced	Actively seeks support and guidance from more experienced XXX team members; provides feedback and guidance to Level I, Level II, new graduates, and per diem staff. Participates in efforts to identify and resolve issues in XXX team function and cohesiveness. Facilitates active involvement and contributions of others in XXX team meetings and discussions. Provides accurate guidance to students or future professionals. Contributes to the advancement of the profession through formal teaching or service in the community.	SR AR N PR
CCLS 4 Expert	Actively seeks support and guidance from all XXX team members; provides feedback and guidance to Level I, II, and III, new graduates, and per diem staff. Serves on the Executive Board of a regional or national child life group or an active participant on an ACLP Committee. Serves as a resource for the regional or national child life community.	SR AR N PR

Evidence:

3. Education, Supervision & Research Fundamentals

This section of the clinical skills review evaluates the CCLS's ability to educate others on child life services and to integrate knowledge into decision making.

3A	**Competency A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth, and families to others. Refer to Child Life Competency 3A.**	
CCLS 1 Novice	Introduces full scope of services to patient, family, and multidisciplinary team in a fluid manner. Maintains professional presentation of self, child life profession, and XXX Health System to audiences in a variety of settings. Incorporates media, content, and evidence as appropriate to the presentation and intended audience.	SR AR N PR
CCLS 2 Proficient	Demonstrates effective advocacy for child life practice and psychosocial issues. Integrates the basic concepts of public speaking and teaching methods appropriate to the subject matter and audience.	SR AR N PR
CCLS 3 Advanced	Partners with patient and family to share their unique perspectives in educating others on child life practice and psychosocial issues. Promotes child life services, outside their primary service area and in the community, and educates about psychosocial issues facing patient and family using current and classic literature and knowledge.	SR AR N PR
CCLS 4 Expert	Educates professionals on a regional or national level regarding child life services and psychosocial issues.	SR AR N PR

Evidence:

3B	**Competency B. The ability to supervise child life students and volunteers. Refer to Child Life Competency 3B.**	
CCLS 1 Novice	Demonstrates appropriate utilization of volunteer services and organizes volunteer tasks. Communicates roles and expectations clearly. Engages, educates, and provides constructive feedback. Models professional behavior and work ethic. Understands difference between the goals and practice of supervising volunteers and students.	SR AR N PR
CCLS 2 Proficient	Knowledgeable in adult learning styles and generational differences and applies this knowledge to their supervision. Participates in formal supervision of students when assigned. Provides orientation to the setting and policies and procedures of the work environment. Provides formal supervision and assessment as assigned. Fosters growth and development and encourages connections that build lasting relationships, leading to retention.	SR AR N PR
CCLS 3 Advanced	Evaluates program and makes improvements as needed. Provides feedback and support to program coordinators. Easily adapts teaching styles to learning styles. Empowers learners to build on their strengths and improve their areas of weakness. Addresses more complex issues that require feedback.	SR AR N PR
CCLS 4 Expert	Maintains expert-level supervision skills based on extensive experience in this regard. Institutes innovative way to utilize volunteer services that results in significant impact. Expands program to serve previously unserved area or to meet previously unmet need; maintains involvement with developed project. Involved at institution or profession-wide level to coordinate, create, or revise educational opportunities.	SR AR N PR

Evidence:

3C	**Competency C. The ability to integrate clinical evidence and fundamental child life knowledge into professional decision-making.** **Refer to Child Life Competency 4A.**	
CCLS 1 **Novice**	Makes clinical decisions based on theoretical knowledge and baseline clinical experience and services. Accesses information pertinent to best clinical practice from a variety of sources.	SR AR N PR
CCLS 2 **Proficient**	Shares reasoning for clinical decisions with patient, family, and multidisciplinary team using theoretical knowledge and increased clinical experience.	SR AR N PR
CCLS 3 **Advanced**	Seeks and utilizes research and evidence-based practice statements to advance clinical practice and service.	SR AR N PR
CCLS 4 **Expert**	Recognizes situations that may benefit from data collection and analysis to improve patient care or services; initiates data collection. Participates in formal research project.	SR AR N PR

Evidence:

4. Administration

This section of the clinical skills review evaluates the CCLS's ability to evaluate and to implement child life services.

4A	**Competency A. The ability to develop and evaluate child life services. Refer to Child Life Competency 4A.**	
CCLS 1 Novice	Demonstrates curiosity related to child life services. Provides feedback relevant to continuing program improvement.	SR AR N PR
CCLS 2 Proficient	Identify program components that require assessment. Recommends program improvements based on evaluation of current child life services.	SR AR N PR
CCLS 3 Advanced	Continuously reevaluates effectiveness of child life service in primary service area and makes appropriate adaptations. Implements new service or offering within primary service area.	SR AR N PR
CCLS 4 Expert	Evaluates and makes recommendations for expansion of services. Assumes leadership role in promotion or implementation of child life services in a new service area or capacity.	SR AR N PR

Evidence:

4B	**Competency B. The ability to implement child life services within the structure and culture of the work environment** **Refer to Child Life Competency 4B.**	
CCLS 1 **Novice**	Prioritizes and organizes workload for accurate and timely outcomes. Procures and maintains equipment and supplies in a cost-effective manner. Identifies organizational structure and information necessary for effectively managing resources.	SR AR N PR
CCLS 2 **Proficient**	Identifies methods for effectively managing resources. Advocates for the inclusion of the patient and family voice in unit decision making in regards to structure and culture of the work environment.	SR AR N PR
CCLS 3 **Advanced**	Understands that there is a unique culture in each work environment; able to navigate and function in an unfamiliar setting.	SR AR N PR
CCLS 4 **Expert**	Identifies methods for obtaining ongoing needed resources. Leads an initiative that results in cultural or structural change to a work environment.	SR AR N PR

Evidence:

Behavior Score Card

1. Care of Infants, Children, Youth and Families

	Novice	Proficient	Advanced	Expert
Number of Behaviors (of 9)				

2. Professional Responsibility

	Novice	Proficient	Advanced	Expert
Number of Behaviors (of 5)				

3. Education, Supervision & Research Fundamentals

	Novice	Proficient	Advanced	Expert
Number of Behaviors (of 3)				

4. Administration

	Novice	Proficient	Advanced	Expert
Number of Behaviors (of 2)				

Reward, Monetary Incentive

Hourly rate / Salary change:

After completion of yearly performance appraisal, merit-based salary increases may be awarded. In a successful advancement year, the new pay grade will be assigned after the merit-based increase takes effect. The advancement increase will be implemented at a rate to be determined by the Compensation Department at the same rate established for that year's nursing increase percentage.

Maintenance

Non-Advancement Process Guidelines

Each of the following documents must be submitted to the Child Life Department manager.

- Qualifications Summary
- Clinical Skills Review Form
  - A self-assessment of clinical practice to include examples of skill level and reflection of growth
  - This document is the annual performance appraisal
- Additional Responsibilities Form
  - Documentation of committees, events, and projects that exemplify clinical skill and engagement
- Peer Reviews
  - Applicants must select two colleagues in your primary work area.
  - Provide your selected peer reviewers with the Clinical Recognition Peer Review Form
    - CCLS Peer: Workday - Clinical Recognition Peer Review
    - Multidisciplinary Peer: Workday
- One Clinical Narrative
  - Narratives should outline specific examples and recall interventions or interactions which demonstrate competency

Any merit-based salary increase is dependent upon annual performance appraisal. If expectations of current level are not met, the child life specialist will begin a six-month performance improvement period with direct oversight by the **X*** manager. Failure to meet performance improvement expectations will result in a return to previous clinical level and pay grade.

All CLS IIs and CLS IIIs must submit annual renewal forms to maintain advancement. Renewal application is due every year, coinciding with the employee's annual evaluation. For renewal, employees must complete the standards for the level in which they are applying for renewal. All standards and examples must be met within the 12-month preceding period to maintain advancement level. Failure to maintain standards or any requirements within the 12-month period will result in the professional returning to the previous level. All staff are required to schedule a mid-year check-in to review modules and examples for approval. The mid-year check-in form must be completed and submitted with your renewal.

The Child Life manager is responsible for ensuring that the child life specialist consistently meets the necessary behaviors and requirements for their current level. It is the expectation that once the child life specialist has advanced, they will maintain the required minimum qualifications and responsibilities. A child life specialist must show that they can maintain their current level of practice for at least one review cycle before advancing further. Failure to meet the requirements on an annual basis will result in a performance improvement process and may result in returning to the previous clinical position with appropriate salary adjustment. The child life specialist may not apply or advance if they are not currently meeting performance standards or if they have received a documented disciplinary action.

** Where "X" refers to [insert hospital name here]:*

Appeals

Candidates who do not meet requirements for maintenance of an achieved level or who are denied advancement to the next level will be notified, in person, by the **X*** manager. Candidates who do not successfully advance will meet with the **X*** manager to jointly identify a clinical practice development plan.

To appeal a denial, the child life specialist must first notify the **X*** manager of their intent to appeal within 14 days of notification of denied advancement. A meeting with the child life specialist, **X*** manager, and the director of Women's and Children's Services would then be conducted. If the child life specialist is not satisfied with the outcome of this meeting, the final appeal may be made within 14 days, to the chief nursing officer/vp of Patient Care Services, who may request a review of the portfolio by the Clinical Nursing Recognition Oversight Review Committee.

** Where "X" refers to [insert hospital name here]:*