New Program Proposal

Name of Proposing Institution: College of Charleston

Program Title: Master of Science in Child Life

Date of Submission: January 10, 2014

Program Contact:

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2. Classification

Program Title: Child Life

Academic Units: School of Humanities and Social Sciences and School of Education, Health and Human Performance

Degree Designation: Master of Science

Proposed Date of Implementation: Fall 2014

CIP code: 19.0706

Site: College of Charleston Main Campus

Qualification for Palmetto Fellows and Life Scholarships: No

Delivery mode: Traditional

3. Institutional Approval

Approval by Departments of Psychology, Sociology, Communication, and Education, Health and Human Performance: August 22, 2013
Approval by Deans: August 22, 2013
Approval by Provost: August 27, 2013
Approval by Graduate & Continuing Education Committee: September 4, 2013
Approval by Graduate Council: September 13, 2013
Approval by Academic Planning Committee: September 19, 2013
Approval by Budget Committee: October 2, 2013
Approval by Faculty Senate: October 1, 2013
Approval by Board of Trustees: October 18, 2013
Approval by President: October 18, 2013

4. Purpose

Child life specialists are trained professionals who work with children and families with chronic or episodic healthcare needs. Based on a strong educational background in child and family development, pediatric illness, and psychological coping mechanisms, child life specialists help facilitate adaptive coping through developmentally appropriate preparation for medical intervention, education regarding pediatric illness, therapeutic play, and self-expressive activities. Child life professionals are often the primary members of pediatric multi-disciplinary team who provide emotional support for families facing medically challenging events. In addition, they facilitate optimal development of children facing healthcare and hospitalization events. Finally, they play a key role in educating health care providers and administrators, as well as the general public, about the critical needs of children facing stressful life events.

The purpose of the Master of Science in Child Life (MSCL) is to provide graduate-level academic training in child life (CL) for students in South Carolina and the surrounding region. Skill acquisition will promote the gold-standard of family-centered care for children and families facing acute, chronic, or terminal illness. Graduate students will gain a comprehensive understanding of the medical issues and developmental and family variables impacting pediatric care, and will learn to develop and initiate effective ways of working with children and their
families within health care settings. In addition, students will gain skills in working with multidisciplinary health care teams to provide optimal care for patients.

The MSCL program will provide students with academic and applied training in child life and prepare individuals to pass the national Child Life Council (CLC) professional certification examination in order to undertake a career as a child life specialist in hospital and community health care environments. Certification increases the proficiency of child life professionals by ensuring necessary mastery of theoretical and applied concepts relevant to practice and increasing the value of practitioners to their employers. The National CLC recommends all child life specialists obtain certification, and the majority of pediatric facilities require such certification for employment.

The objectives of the MSCL program are 1) to provide a nationally preeminent graduate program that provides students with comprehensive academic and experiential training that prepares them for gainful employment as child life specialists in diverse pediatric and community settings; 2) to provide students with the knowledge, skills, and professional abilities that enhances and enriches the lives of children and families facing medical illness; and 3) to design programmatic content and delivery of content that center on effective learning, which is durable and transferrable to a broad array of pediatric, general medical, and community settings.

5. Justification

The MSCL program is primarily designed to attract applicants from South Carolina, although students from the Southeast region and around the nation will be encouraged to apply. The program is strengthened by a longstanding professional collaboration between the College of Charleston and the Medical University of South Carolina (MUSC). Academic coursework will be taken at the College of Charleston and students will have an opportunity to complete the practicum experience at MUSC. The internship in child life can be completed at MUSC or at another hospital setting in the United States.

Student interest in and demand for the MSCL among currently enrolled undergraduates is strong. Many students at College of Charleston as well as those across the country are interested in a career working with children which is “hands-on” and through which they can make a meaningful difference in the lives of others. A brief interest questionnaire was administered to College of Charleston students enrolled in undergraduate classes in departments most relevant to child life coursework in 2011. The assessment of students enrolled in classes in psychology, health and human performance, elementary/early childhood education, and sociology revealed that of the 340 students who responded, 16% were “very interested”, 26% were “interested”, 24% were “undecided” and 32% were either “not very interested” or “not interested at all”. Overall 42% expressed significant to moderate program interest. When data from students who were not studying in fields related to CL were partitioned out, 57% were either “very interested” or “interested”. Although these data are specific to College of Charleston, we believe they are indicative of strong interest in the field, and that interest from students throughout the state and regional area will be robust (Appendix 1).

As the only graduate CL program in the state, the MSCL program will contribute to the overall economic growth and stability of the state. Numerous state economic reports across the country (e.g. Technical Report, UCED 2008/09-11; www.ncdhhs.gov/orhcc) demonstrate that the health care industry, in which ancillary care professionals play a critical role, is a central factor in stability and growth of the local, regional, and state economy. The MSCL directly enhances health care within the state as well as the activity of state health care organizations and their
employees. There are four children’s hospitals in South Carolina that currently employ CL specialists, as well as a number of related health care settings (e.g., comprehensive outpatient centers, rehabilitation centers, hospice centers, dental offices) which can employ child life specialists in the future. The combined organizational and individual purchasing power creates jobs and significantly contributes to the state’s economy.

A survey of 18 CL programs in the U.S. was conducted in the spring of 2011 to determine application patterns and placement of program graduates. Of the 16 programs that responded (88.9%), the average number of applicants per year was 18.33 (range 5-58), the average number of students accepted per year was 7.93 (range 3-20), and the average number of graduates placed in CL positions per year was 6.2 (range 2-16). The overall employment placement rate for program graduates was 78.18%. It should be noted that these placement data include outcomes for individuals from both undergraduate and graduate programs, many of which are not exclusively child life in focus (i.e. include family studies, education.). We anticipate a higher than average placement rate for our graduates since they will earn a Master of Science degree in our specialized child life program.

The CLC Placement Center averages > 25 listings for child life positions. Of course, this is only one source of job opportunity listings. Many CL settings recruit directly from their institutional websites, and do not use the CLC Placement Center. Data from the online job recruitment website, www.indeed.com, reported that in May 2013 there were more than 45 job listings for child life specialists. A recent compensation study conducted by the CLC (CLC, 2012), indicated that the mean salary for child life specialists (n=823) ranged from $37,162 to $55,164 annually depending on the region of the country in which the professionals were employed and their level of education. The mean salary for those entering the profession (i.e. less than four years of employment in the field) was $39,046 annually. According to www.Salary.com, the median salary for a child life specialist in November 2009 was $44,067.

The American Academy of Pediatrics (Policy Statement, 2006, 2012) has indicated that child life services are a necessary component of quality pediatric care, and that child life services should not be withheld regardless of reimbursement. The majority of hospitals emphasizing pediatric services have child life programs, and the number of child life departments within hospitals has doubled since 1965. The National Association of Children’s Hospitals and Related Institutions indicated that 97 percent of the 112 hospitals who responded to their survey (response rate of approximately 74 percent of membership) employed child life specialists (NACHRI, 1998) and that child life services are a quality benchmark of an integrated child health delivery system. The American Academy of Pediatrics recommends a service provision ratio of 1 child life specialist for every 15-20 patients, with an increased number of child life specialists needed for more severely ill patient groups. Although most child life specialists work within inpatient, ambulatory care, and emergency pediatric units, an increasing number are now employed in outpatient settings in response to the general trend toward ambulatory health care (American Academy of Pediatrics, Committee on Hospital Care, 2000-2001). The Child Life Council (CLC), the national organization in the field, reports that “There is a growing awareness of the child life profession within the healthcare community as well as in the general public, and we expect to see a corresponding increase in demand for child life specialist” (www.childlife.org); we expect the employment opportunities to grow in the coming years.

**Centrality of the Proposed Program**
The mission statement of College of Charleston indicates, “The College of Charleston is a state-supported, comprehensive institution that provides a high-quality education in the arts and sciences, education and business. Since its founding in 1770, the College has maintained a
strong liberal arts curriculum in order to provide educational opportunities to students from South Carolina, throughout the U.S., and elsewhere in the world. The College also provides a range of master's degree programs that are compatible with the needs of the community and the state.” (www.cofc.edu). The proposed MSCL program will build on a superior undergraduate curriculum in psychology, education, sociology, and health and human performance. Although College of Charleston students will be ideally prepared for entry into the program, the program also will attract students from across the Lowcountry South Carolina, and the nation. The development of this master's degree program meets the needs of the community by training the next generation of professionals to work in family-centered care facilities and improve the quality of life of children and families.

Relationship to Other Related Programs within the Institution
The MSCL program complements a number of undergraduate programs at College of Charleston including psychology, elementary/early childhood education, communication, and sociology. This proposed master's degree program does not overlap with existing programming at the College of Charleston or Medical University of South Carolina (MUSC). The interdisciplinary nature of the proposed degree highlights the cooperation between the various College of Charleston departments. The curriculum includes a number of existing courses currently offered at College of Charleston that will be modified to include specialized readings and assignments specific to child life theory and applications.

Similar Programs in the State
There is no existing master’s degree program in child life in South Carolina. Due to the nature of training (coordinated coursework and applied training within health care facilities), master’s degree programs in child life are typically offered through on-campus study, and are unlikely to be offered online. A search through www.DegreeDirectory.org failed to identify any online master’s degree programs in child life.

Relationship to Other Programs within the State, Region, and Nation
According to the Child Life Council directory, there are currently 18 graduate degree programs in CL in the United States. Programs in the southeastern U.S. include the University of Georgia and Vanderbilt University. At present, Vanderbilt University enrolls only 2 to 3 students per year in the child life track of their M.Ed. program, and University of Georgia enrolls approximately 10 students per year. There are 16 undergraduate-only level child life programs. Importantly, the national CLC has set the recommended professional standard for entry into the child life field as of 2016 at the master’s degree level. In 2022, a master’s degree will be required for entry into the field. Students who complete undergraduate programs in child life from other institutions will be able to obtain the required master’s degree in child life through the College of Charleston program. In South Carolina, Columbia College recently has developed an undergraduate program in child life, and given the emerging necessity for a master’s degree to work in child life, we likely will draw students from Columbia College.

In designing our MSCL program, we have studied the various other programs across the U.S. to determine the best possible combination of courses and applied experience for our students. We have used CLC guidelines for curriculum in the development of our program, and although, at present, there is no official program approval through the CLC, we will seek their informal program review. In the case that future formal program review through the CLC becomes available, we will pursue such review.

6. Admission Criteria
The requirements for admission specific to the MSCL program are:

a) A personal statement, including a clear statement of the applicant’s educational and career goals.
b) Completion of a bachelor’s degree from an accredited institution of higher education with a minimum GPA of 2.75 (on a 4.0 scale) overall, and a recommended GPA of at least 3.0 overall for the last 60 hours of undergraduate coursework. A recommended GPA of 3.0 in a major related to CL, including child development, psychology, sociology, and education. All applicants must submit an official transcript from each institution of higher learning attended.
c) A minimum score of 153 on the verbal section, a minimum score of 144 on the quantitative section, and a minimum score of 4 on the analytical writing section of the GRE (equivalency to scores of approximately 500 using the former GRE scoring system).
d) Three (3) letters of recommendation from persons closely associated with previous academic performance and work related to the discipline.
e) Students are required to have completed 100 hours of formal volunteer experience with children, preferably in a child life setting, which must be documented in writing by their supervisor. A letter documenting the nature of the experience, the number of volunteer hours performed, and the quality of the applicant’s performance in this setting is required. (This letter can be used as one of the 3 required letters of recommendation).
f) Students must have completed a minimum of 18 credit hours in courses such as infant child, and adolescent development, multicultural child and family issues, childhood medical conditions, health communication, developmental psychology, health psychology, and child life theory.

All applicants whose primary language in not English must take the TOEFL and earn the following minimum scores: Writing = 20; Speaking = 23; Listening = 17; Reading = 21

7. Enrollment
Students enrolled in the program will be full time students, and the students will matriculate through the program in cohorts over the 2 years. We anticipate initially limiting admission to 10 new students into the program each year, primarily because of the need for practicum and internship placements. Typically, all students will take the same course together each semester, including two summer courses offered during the regular summer session(s). The courses normally will be offered in the daytime. Students will intern during the spring semester of their second year. Students must maintain a cumulative GPA of 3.0 on a scale of A=4.0. Students receiving three grades below the grade of “B” or one grade of “F” will be withdrawn from the Graduate School and will not be allowed to reapply for the program or enroll in any graduate coursework counting toward any graduate degree of certificate at the College of Charleston for one calendar year.

<table>
<thead>
<tr>
<th>PROJECTED TOTAL ENROLLMENT</th>
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<tbody>
<tr>
<td>YEAR</td>
</tr>
<tr>
<td>Headcount</td>
</tr>
<tr>
<td>2014 – 2015</td>
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<tr>
<td>2015 – 2016</td>
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8. Curriculum
The program curriculum entails a combination of theory and application to optimize effective program development and initiation with children and their families. Specifically, students will learn to effectively educate children about their illnesses, minimize stress and anxiety for children and families facing medical illness, prepare children for painful and/or invasive medical procedures, advocate for children and families within the multi-faceted health care delivery system, create opportunities for facilitation of developmentally focused self-efficacy, self-esteem, and autonomy, provide non-pharmacological interventions to comfort children and improve adherence to medical treatment, and provide developmentally normalized life experiences within health care settings to promote optimal growth and development.

Upon completion of the program, graduates will have satisfied all course requirements and completed the mandated practicum hours and formal internship in CL settings (supervised and directed by certified CL specialists) necessary to take the certification examination given by the CL Council (CLC). As the culmination of the program, students complete a semester-long internship in child life (i.e. required for certification in child life), through the MUSC Children’s Hospital or other hospitals in SC and throughout the U.S. College of Charleston and MUSC have a long history of successful cooperation in CL training, dating back to the early 1990’s via volunteer experiences for College of Charleston undergraduate students and internship experience for bachelor degree graduates from College of Charleston. This ongoing relationship has been beneficial for students, staff, and faculty. This graduate degree program will further strengthen the existing well-established foundation of cooperative education and training.

The required core courses for this program include both new and existing College of Charleston graduate coursework. Elective coursework includes existing College of Charleston graduate level coursework. The program requires completion of a minimum of 33 graduate credit hours of coursework and a 9 hour internship course (course includes both academic coursework and a minimum 480 hours of supervised internship field experience). The 11 required courses and the required 9 hour internship course are listed below. Students will proceed through the program as cohorts over the two years, taking 9 hours in the first fall semester, 9 hours in the first spring semester, 6 hours in the first summer, and 9 hours in the second fall semester. They will complete a 9 hour internship course with internship placement during the second spring semester.

Two-Year Program Curriculum

<table>
<thead>
<tr>
<th>Year</th>
<th>Semesters</th>
<th>Total Credits</th>
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<tbody>
<tr>
<td>2016 – 2017</td>
<td>Fall</td>
<td>180</td>
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<tr>
<td>2017 – 2018</td>
<td>Spring</td>
<td>180</td>
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<tr>
<td>2018 – 2019</td>
<td>Fall</td>
<td>180</td>
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</tbody>
</table>

Notes: A new cohort of 10 students will be admitted each year. Students will progress through the program together with their cohort. Each year, students who completed the first year plus 10 new students will be enrolled in the program. Credit hour production = number of students x number of courses x number of credits per course.
Fall – Year One
CHLI 601 Introduction to Child Life
EDFS654 Infant/Child/Adolescent Development
CHLI 605 Psychosocial Aspects of Illness, Trauma, and Hospitalization/Pediatric Illness

Spring – Year One
EDEE 655 Therapy Play/Materials and Creative Arts
CHLI 603 Death and Dying
EDFS635/COMM 501/502 Research Methods

Summer – Year One
CHLI 604 Program Development and Practicum in Child Life
COMM 580 Seminar in Communication (Techniques in Health Communication)

Fall – Year Two
CHLI 606 Family Issues
CHLI 611 Working with Children with Special Needs/Developmental Disabilities
Elective Course (See “Elective Coursework Options”)

Spring – Year Two
CHLI 701 Child Life Internship

New Courses with Catalog Descriptions

CHLI 601 Introduction to Child Life (3): An introduction to the role of the child life specialist in health care settings and the impact of illness and hospitalization on children and families. Topics covered include history of child life, child life theories, common medical tests and procedures in pediatric care and the impact of these procedures on children and families, and ethical issues in pediatric care.

CHLI 603 Death and Dying (3): A developmental analysis of the child’s perception and understanding of levels of loss including separation and divorce, hospitalization, and/or death. The roles of the child life specialist, healthcare provider, and family members will be discussed, highlighting transdisciplinary collaboration which is essential between caregivers.

CHLI 604 Program Development and Practicum in Child Life (3): Emphasis on developing a philosophy of leadership that fosters team collaboration and interdisciplinary staff participation. Program development will be addressed within the context of child development and child life principles. Includes working with volunteers and donors, special program and event planning, interdisciplinary communication, in-service planning, designs for play environments, and supervision. 100 hours of child life practicum will be integrated into the course as an applied component integrated with course content.

CHLI 605 Pediatric Illness and Psychosocial Aspects of Illness and Trauma (3): An overview of the empirical literature regarding pediatric illnesses with a focus on chronic illness and accidental injury. A developmental perspective of children’s cognitive, social, and emotional experiences around illness, hospitalization, and pediatric care. Includes assessment, intervention, and planning for care to enhance child and family coping with medical events.

1Includes unique assignments for MSCL students.
CHLI 606 Family Issues (3): An analysis of the family including issues of diversity and culture. Examination of how sociocultural factors influence social interaction within families and how stress affects the family system. An emphasis on family centered care as a necessary component in pediatric intervention is included.

CHLI 611 Working with Children with Special Needs/Developmental Disabilities (3): An overview of physical and/or cognitive challenges which require special attention within the pediatric health care setting. Includes focus on common conditions and disabilities including autism, spina bifida, Down syndrome, and general developmental and cognitive delays and common medical challenges faced by children with special needs with an emphasis on the role of the child life specialist in programming.

CHLI 701 Child Life Internship (480 hours- MUSC and other children’s health facilities within the US) (Application process, facilitated by the CL Director) (9): Development of clinical competency in child life intervention and programming. Includes field placement and written integration of course content and applied service provision.

Elective Coursework Options from Existing Courses

COMM 521 Seminar in Small Group Communications (3)
ENGL 552 Literature for Adolescents (3)
MTLA 605 Young Children’s Literature (3)
MTLA 605 Literacy development of early learners (3)²
EDEE 620 Home, school, and community relationships (3)
EDEE 655 Creativity and the fine arts (3)
EDFS 670 Principles and strategies for teaching English to speakers of other languages (K-12) (3)

9. Assessment
The objectives for the MSCL program are:

1. To provide a nationally preeminent graduate program that provides students with comprehensive academic and experiential training that prepares them for gainful employment as child life specialists in diverse pediatric and community settings.

2. To provide students with the knowledge, skills, and professional abilities that enhances and enriches the lives of children and families facing medical illness.

3. To design programmatic content and delivery of content that center on effective learning, which is durable and transferrable to a broad array of pediatric, general medical, and community settings. The program will:
   a) enable faculty within the MSCL program to use the empirical data base regarding the science of learning to enhance comprehension, retention, transfer, and creative use of coursework within the MSCL graduate program.
   b) promote quality practices that further enhance effective teaching and student learning practices through academic leadership and support from the administration within College of Charleston and MUSC.

a) Assessment of Learning Outcomes

² Includes unique assignments for MSCL students
The Master of Science in Child Life program assessment plan will serve as a measure of student performance in the program and will guide programmatic adjustments and decisions. The assessment system in terms of student and program evaluation is listed below.

**MSCL Student Evaluation.** *Note: Ratings based on the candidate’s ability as compared with other students within the program and child life interns (3 = appropriate for program level, 2 = developing competence, 1 = at initial stage of development).*

<table>
<thead>
<tr>
<th>Domain 1: Child Life Knowledge</th>
<th>1A</th>
<th>Rating</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
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<tbody>
<tr>
<td>The student understands and applies a developmental perspective to program planning and child life activities, including verbal interactions with children.</td>
<td>Key Elements:</td>
<td></td>
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<tr>
<td>o identifies appropriate developmental stages in terms of cognitive, emotional, and behavioral development; and</td>
<td></td>
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<tr>
<td>o provides a sound rationale for how child life programming is tailored to the specific developmental stage of children</td>
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<tr>
<td>o evidences readiness to participate in CHLI 604 course (practicum)</td>
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<tr>
<td>o <strong>Unit of measure:</strong> Papers from students in CHLI 601, 605, 655 will be used to establish readiness for practicum. Readiness determined by grading rubric to determine foundation knowledge in above noted key elements</td>
<td></td>
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<tr>
<td>o Papers from CHLI 604 will be assessed using a grading rubric to determine whether students are applying developmental principles across developmental domains to program development in pediatric settings</td>
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</tbody>
</table>

1A - Rating 3 2 1

| 1B | The student understands and assists with program planning and implementation that is consistent with the appropriate developmental stage of children and includes content, strategies, materials, and resources that are appropriate for family-centered care needs. | Key Elements: | | | |
| | o understands and provides appropriate input for developmentally appropriate child life programming | | | | |
| | o exhibits developmentally appropriate interaction with patients and families. | | | | |
| | o exhibits a clear understanding of medical procedures associated with common pediatric chronic and acute illnesses | | | | |
| | o provides a sound explanation of factors that must be taken into consideration in balancing child life interventions and child and family needs, abilities, and developmental levels | | | | |
| | o **Unit of measure:** Program development plans from students in CHLI 604 will be assessed using a grading rubric to determine whether students are applying developmental principles across appropriate child and | | | | |

**Comments:** *Student papers across different sections of coursework*
family intervention plans for the pediatric settings
  o direct assessment of student interaction with children and families will be assessed using an observation grading rubric to determine appropriate child and family communication skills
  o direct assessment of student interaction with physicians and other health care team members will be assessed using an observation grading rubric to determine appropriate knowledge of medical procedures and interdisciplinary team communication

| 1B - Rating | 3 | 2 | 1 |

1C The student uses appropriate child life intervention strategies that are multi-sensory and multi-modal.

**Key Elements:**
- able to implement appropriate multi-sensory, multimodal child life intervention strategies including non-directive therapeutic play
- makes appropriate determinations regarding the need to make adjustments in child life intervention strategies and:
  - presents a solid rationale for making these determinations.
- **Unit of measure:** Papers from students in EDEE 655 will be assessed using a grading rubric to determine whether students are utilizing multi-sensory, multimodal, developmentally appropriate strategies within child life intervention planning

| 1C Rating | 3 | 2 | 1 |

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**Domain 2: Research and Science**

2A Student understands and applies an appropriate knowledge of scientific design and basic research approaches used within pediatric settings.

**Key Elements:**
- identifies appropriate methods of assessment
- evidences knowledge of qualitative and quantitative methodology used within pediatric settings
- provides a sound rationale for how child life issues may be researched within a pediatric setting
- **Unit of measure:** 10 question survey of major concepts and applications in research methodology administered at the completion of EDFS 635/COMM 501/502

| 2A Rating | 3 | 2 | 1 |

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**b) Programmatic Assessment**
Inherent to graduate training in child life are central student- and program-based evaluation components embedded into educational programming. There are four key components of evaluation of the 3 programmatic goals articulated above. First, during the first year practicum (summer), students will be evaluated on their ability to apply key principles of first year coursework into applied child life programming. Second, students must apply for competitive acceptance into formal child life internship programs (spring semester, second year). The MSCL director will review student performance and interview each student to determine their readiness for internship placement, based on academic and applied skill acquisition. Acceptance into internship positions involves external review (i.e. internship site director) of mastery of course content and applied skills obtained through the MSCL program. Third, at the completion of the internship, students will be evaluated on their mastery and application of core academic and applied concepts (i.e. comprehension, retention, and transfer of coursework), as well as their application of coursework to in vivo CL programming (i.e. creative use of program coursework) by the internship site supervisor(s). Finally, at the completion of the program, students must take and pass the Child Life Professional Certification Examination administered by the Child Life Council. This rigorous examination-based professional certification documents a level of academic comprehension and performance (i.e. comprehension, retention, and transfer of coursework), and serves as a critical outcome assessment for the College of Charleston MSCL program. Outcome assessment is established at a 75% student pass rate. Should this goal not be achieved, additional examination preparation resources will be added to the program.

**MSCL Program Evaluation.** Note: Ratings based on the candidate’s ability as compared with other students within the program and child life interns (3 = appropriate for program level, 2 = developing competence, 1 = at initial stage of development).

<table>
<thead>
<tr>
<th>Domain 1: Internship Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A</strong> The student, with appropriate application materials, gains acceptance into a child life internship program.</td>
</tr>
<tr>
<td><strong>Key Elements:</strong></td>
</tr>
<tr>
<td>o student is able to document training (e.g. specialized coursework, supervised practicum hours) commensurate with that necessary to apply to child life internship program.</td>
</tr>
<tr>
<td>o student applies to a minimum of 5 internship programs, and gains acceptance into at least 1 program (students with lower grade point averages will typically need to apply to &gt; 5 programs).</td>
</tr>
<tr>
<td>o <strong>Unit of measure:</strong> student acceptance data for internship program acceptance.</td>
</tr>
<tr>
<td><strong>Comments:</strong> * Student papers across different sections of courses <strong>Readiness to apply for internship determined by GPA, practicum evaluation, and interview with Program Director.</strong></td>
</tr>
<tr>
<td><strong>1A - Rating</strong></td>
</tr>
</tbody>
</table>

| **1B** Post-completion internship evaluation completed by internship supervisor(s) documents the student understands and applies an appropriate developmental perspective to program planning and child life activities, including interactions with children. |
| **Key Elements:** |
| o identifies appropriate developmental stages in terms of cognitive, emotional, and behavioral development |
|   | Provides sound rationale for how child life programming is tailored to the specific developmental stage of children.  
|   | **Unit of measure:** Standardized evaluation ratings completed by child life internship site supervisor(s) and returned to the College of Charleston Master of Science in Child Life program director post-internship completion. Measure assesses knowledge and application of developmental principles, knowledge and application of multi-modal, multi-sensory interventions strategies including therapeutic play, knowledge of pediatric medical conditions and medical interventions faced by pediatric patients, effective communication with children and parents, and effective communication with multi-disciplinary team members. |
| 1B - Rating | 3 | 2 | 1 |

**1C** Post-completion internship evaluation indicates the student is able to participate in program planning and implementation that is consistent with the appropriate developmental stage of children, and includes content, strategies, materials, and resources that are appropriate for family-centered care needs.

**Key Elements:**

- student understands and provides appropriate input for developmentally appropriate child life programming.
- student exhibits developmentally appropriate interaction with patients and families.
- student exhibits a clear understanding of medical procedures associated with common pediatric chronic and acute illnesses.
- student provides a sound explanation of factors that must be taken into consideration in balancing child life interventions and child and family needs abilities, and developmental levels.

**Unit of measure:** Passing grades in all core academic content courses. Standardized evaluation ratings completed by internship site supervisor(s) and returned to College of Charleston Master of Science in Child Life program director post-internship completion. Measures assess knowledge and application of developmental principles, knowledge and application of multi-modal, multi-sensory interventions strategies including therapeutic play, knowledge of pediatric medical conditions and medical interventions faced by pediatric patients, effective communication with children and parents, and effective communication with multi-disciplinary team members.
1D Student obtains an average or above overall positive summative evaluation from the internship supervisor(s).

**Key Elements:**
- Student obtains an overall passing summative evaluation from the internship supervisor(s).
- **Unit of measure:** overall evaluation composite score from standardized evaluation rating completed by internship site supervisor(s) and returned to College of Charleston Master of Science in Child Life program director. Grade of “B” or above in Internship Course overall.

| 1D Rating | 3 | 2 | 1 |

### Domain 2: Child Life Professional Certification Examination

2A Student obtains a passing score on the national Child Life Council Child Life Professional Certification Examination.

**Key Elements:**
- Student obtains a passing score on the national Child Life Professional Certification Examination.
- **Unit of measure:** Minimum 75 percent pass rate on the National Child Life Council Child Life Professional Certification Examination.

| 2A Rating | 3 | 2 | 1 |

**c) Use of Program Evaluation and Student Performance Data**

Program evaluation data will be used to improve student learning and the overall program and to adjust programmatic content and shape programmatic content delivery (i.e. use of the empirical data base on education, learning, and cognition to enhance comprehension, retention, transfer, and creative use of coursework within the MSCL program). The success of students in securing competitive internship placement and successfully passing the CLC Professional Certification Examination will serve as a benchmark for evaluating both course content and the program delivery format.

Relevant data from the program assessment will be collected at the appropriate evaluation points (i.e. academic coursework, post practicum, pre-internship, post-internship, post certification examination). Data will be entered into the data management system and the institutional assessment system at College of Charleston. Overall summary and analysis of data for the program cohort will allow for critical analysis of coursework and practicum training. Course change(s) or programmatic changes will be made based on the data, if changes are warranted given the data.

10. **Faculty**

**a) Current Faculty**

The College of Charleston currently has several tenured or tenure-track faculty who could teach in the program regularly or on occasion. The name, rank, and highest degree for each faculty member are listed below.

| FACULTY LIST |
**b) Additional Faculty**
Contingent upon program approval by CHE, the Deans of Education, Health, and Human Performance and Humanities and Social Sciences will request one new joint faculty line. Candidates for the position must have a child life certification and hold a Ph.D. or an Ed.D. in a related field (e.g. education, psychology, etc.). The faculty member will occupy a tenure-track position in the appropriate academic department.

**c) Changes in Assignments**
A program director is required to administer the program. The program director will be a tenured faculty member and teach two courses per semester (generally 6 hours) within the program. The departments contributing courses to the MSCL program will integrate graduate level teaching responsibilities as part of their instructional responsibility. In addition to the program director, 6 faculty members, teaching one course each, will deliver the MSCL curriculum each academic year. Teaching schedules for current College of Charleston faculty contributing to the MSCL program will be adjusted to reflect the needs of the new program.

**d) Faculty Development**
All program faculty are expected to pursue active programs for professional growth that will include, but not be limited to, research and professional publication, regional and national conference presentation, regional and national conference participation, curriculum development, grant writing, and professional leadership. Program faculty will have regular opportunities for faculty development. The faculty are able to participate in applied and research based presentations and discussions focused on topics central to the field of child life, including interdisciplinary pediatric health care and child development. The format of this continued professional development may include a number of presentation methods, including...
print and web-based delivery and be offered through both the College of Charleston, the Medical University of South Carolina, and the Child Life Council.

c) Institutional Definition of Full-Time Equivalent
FTE refers to a 4-course teaching load for the 9 month academic year with each course being .25 and receiving 3 hours of credit. The Director will be full time, teaching 2 courses per semester, with reassigned time for administrative duties.

f) Unit Administration, Faculty, and Staff Support Table
Administrative, faculty, and staff support data for the period of 2014-2019 are listed below.

<table>
<thead>
<tr>
<th>UNIT ADMINISTRATION/FACULTY/STAFF SUPPORT</th>
<th>YEAR</th>
<th>NEW</th>
<th>EXISTING</th>
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<tbody>
<tr>
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<td>Headcount</td>
<td>FTE</td>
<td>Headcount</td>
<td>FTE</td>
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<tr>
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<tr>
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<td>STAFF</td>
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<tr>
<td>2018-2019</td>
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</tr>
</tbody>
</table>

11. Physical Plant
No new facilities are required for this program.

12. Equipment
No major equipment items are needed in the initial five years of the program.

13. Library Resources
a) Assessment of Current Holdings
The Library System at the College of Charleston is structured around one main library. The Marlene and Nathan Addlestone Library, with smaller, more specialized libraries that support the diverse teaching and research needs of the institution. These satellite libraries include the Marine Resources Library, the North Campus and Lowcountry Graduate Center Library, and the Avery Research Center of African American History and Culture. The Addlestone Library encompasses 140,000 square feet; accommodates up to one million volumes; seats 1,400 patrons; offers 16 group study rooms; and maintains over 270 computer workstations. The Addlestone Library was designed to accommodate the technological needs of a contemporary academic library. The computer workstations are equipped with links to several web browsers, a suite of Microsoft Office software, statistical software packages, and other standard computer applications. These computers are networked to seven high capacity laser printers; one color printer is also available. In addition to the desktop computers, students may borrow one of 30 laptops equipped with wireless internet hardware and software for use within the building and grounds. Wireless access is available throughout the library. Operational hours reflect the libraries commitment to serving user needs. When classes are in session during the fall and spring semesters, the Addlestone Library is open 112.5 hours a week. Public Safety staffs the building from midnight until 2:00 a.m. Sunday through Thursday nights to provide additional time for quiet study. Beginning two weeks prior to exams until the last day of finals, the Addlestone Library is open 24 hours a day. The library works closely with the campus Public Safety Department and two officers are dedicated to the Addlestone Library.

The libraries' collection consists of over 698,306 cataloged monographs, serials and other hard copy items, including 11,666 audiovisual items in the Media Collection and 3,067 print subscriptions to journals and other periodicals. Print subscriptions are supplemented by over 259,250 electronic books and over 53,686 electronic journal titles which are available online through library supported subscriptions. All faculty and students with a valid College of Charleston account may access electronic resources from anywhere in the world.

b) Child Life Library Resources
The Addlestone Library has sufficient holdings for the MSCL degree because of its holdings for the existing psychology, education, sociology, and health and human performance programs. Holdings in the Library consist of over 7,540 monographs covering diverse aspects of, child and adolescent development, pediatric psychology, family systems, medical illness, medical centers, hospitals, and clinics, pharmacology, preventative medicine, and public health. Since much of the scientific literature is published in serial form, the library has over 56,753 journal subscriptions, the majority of which are available electronically. In addition to traditional print resources, faculty and students have access to diverse online resources (e.g., PsycINFO, Medline, PsycARTICLES, Psychology and Behavioral Sciences Collection, Cumulative Index to Nursing and Allied Health Literature, ERIC, and, Sociological Abstracts. In addition to the Addlestone Library, the MUSC Medical Library offers a diverse array of scholarly information on health related topics in a variety of formats including pediatric illnesses and conditions, surgical procedures, medical diagnoses, laboratory tests and results, and pharmacology.

c) Estimate of Independent Acquisitions Needed Annually
The College of Charleston and MUSC libraries already house a good collection of books and periodicals related to the program due to the interdisciplinary nature of the program content and the interdisciplinary departmental involvement. It is estimated that there may be the purchase of several child life specific resources (e.g. Handbook of Child Life, Handbook of Pediatric Psychology). The cost of these additional books across the first 5 years of the
program should not exceed $5,500.

d) Impact of PASCAL
The College is a member of the Partnership Among South Carolina Academic Libraries (PASCAL). Three core services are provided through PASCAL: electronic resources, three-day book delivery, and digital collections. PASCAL’s electronic resources build on the general-level information resources furnished by DISCUS, a program of the SC State Library. PASCAL is essential to the academic foundation of the MSCL program, both in terms of the universal borrowing and electronic databases. The MSCL program is designed and will be taught using a scientist-practitioner model, and access to the empirical literature across child life, education, developmental, pediatric, and clinical-child psychology, research methodology and statistics, pediatrics, sociology, family studies, and health communication is fundamental to the program. It is projected that the majority of access will involve the electronic databases. However, universal borrowing may be used if needed.

14. Accreditation, Approval, Licensure, or Certification
The CL Council administers the Child Life Professional Certification Examination twice per year. The CL Council is currently reviewing options for the development of program accreditation. If an accreditation procedure is developed, the College will pursue accreditation.

15. Articulation
a) Degree Path of proposed Program and Relation to Other Programs in SC.
There is no existing master’s degree program in child life in SC. There is an undergraduate concentration in child life at Columbia College. Given that the entry point for employment in the in the near future will be at the master’s degree level, we will network with Columbia College to encourage their students to apply to the MSCL program. We also will network with other SC colleges and universities to publicize the MSCL program highlighting the graduate degree opportunity for students completing undergraduate studies in related fields (e.g., psychology, education, sociology, etc.). The master’s degree in child life is considered the terminal degree in the child life field.

b) Collaboration with Other State Institutions
The MSCL program is a collaborative effort between the College of Charleston and the Medical University of South Carolina. The program will be administered, and the degree conferred by College of Charleston. The coursework will be through College of Charleston; however, practicum training will be located primarily at MUSC. (Appendix 2, Memorandum of Understanding). The formal applied internship hours in CL which represents the culmination of the program, will be offered by MUSC and other pediatric health care settings across the US.

c) State Policy on Transfer
Due to the specialized nature of the graduate level coursework within this MSCL program, it is unlikely that students will apply for transfer credit. A maximum of 6 graduate hours can transfer into the program from accredited institutions. All transfer credit requests will be evaluated by the MSCL Admissions Committee.

16. Estimated Costs and Sources of Financing
The budget is based on the fact that the only new sections of courses that must be taught are the Child Life (CHLI) courses; the contact person for the proposed degree has confirmed with department chairs that all of the existing courses that would be taken as required or elective
courses have the capacity to handle the anticipated number of additional students. Should enrollments increase beyond the current projection of 10 new students each year, additional sections of these courses may be necessary and thus additional faculty resources. The program requires three courses for each of the first and second-year students fall and spring (the internship course, while 9 hours, will contribute a single course to a faculty member’s instructional workload) as well as a single summer course for first-year students that is included but budgeted differently. The director, committed fully to the program, will cover 4 courses each academic year.

Table D – Estimated Costs and Sources of Financing by Year

<table>
<thead>
<tr>
<th>Category</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
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Sources of Financing by Year

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<th>Funding Type</th>
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<td>$175,770</td>
<td>$175,770</td>
<td>$175,770</td>
<td>$803,520</td>
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College of Charleston, M.S., Child Life, Program Proposal, ACAP 2/20/2014 - Page 19
Reallocation of Existing Funds

<table>
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<td>$175,770</td>
</tr>
<tr>
<td>$175,770</td>
<td>$803,520</td>
</tr>
</tbody>
</table>

*Program administration consists of .25 FTE of a faculty member (estimated salary of $75,000 and benefits of 34%) committed to the program during the fall and summer as well as a stipend of $5,000. Actual starting salary might be different, and should a director be hired internally, costs would decrease to salary and benefits associated with a visiting replacement. The remaining .75 FTE for this faculty member is included under faculty costs.

**Faculty salaries include only the costs of four courses in year one (three fall and spring, one summer) and seven courses in years 2 and beyond. Faculty costs for courses already being taught that have the capacity to absorb these students are not included.

***Tuition funding is based on an in-state/out-of-state ratio of 90%/10%, projected from FY12 data, and a calculation of the per credit hour rate for tuition minus fees of $343 in-state/$1,098 out-of-state.
Appendix 1

Child Life Survey

A committee at the College of Charleston is studying the feasibility of offering a Master of Science in Child Life, perhaps as early as the fall of 2012. An M.S. in Child Life will prepare individuals for careers in both community and health care environments. Child Life specialists work with children and families facing a broad range of challenging experiences related to healthcare and hospitalization such as chronic illness, trauma, and disabilities. Child Life specialists are experts in child development and promote effective coping through play, preparation, education, and self-expression activities. They also play a vital role in educating caregivers, administrators, and the general public about the needs of children under stress.

There are currently 18 Child Life graduate programs in the US (none in South Carolina). Preparation for the program would be a baccalaureate degree in areas such as Psychology, Early Childhood/Elementary Education, Health, Communication, Sociology and Anthropology, though not limited to these. It would be preferred that successful applicants to the program would have had volunteer work with children, typically around 100 hours in a hospital setting. The MS degree will likely require 42 hours of graduate work (12 of these hours in an internship under a certified Child Life specialist). For more information on the Child Life career, go to www.childlife.org.

We are trying to assess the need for such a program by determining interest from current College of Charleston students. Please answer the questions below by marking the blank beside the answer which best fits your response or by filling in the blank. Thanks for your cooperation.

1. I am interested in applying for the Master of Science degree in Child Life, if the College approves such a program.
   _____ Very interested
   _____ Interested
   _____ Undecided
   _____ Not very interested
   _____ Not interested at all

2. My current major is:
   ____________________________________________________.

3. My current minor is:
   ____________________________________________________.

4. My current classification is: _____ freshman _____ sophomore _____ junior _____ senior

Comments or questions? (Please write on the back of this sheet).
Appendix 2: Memorandum of Understanding, College of Charleston and Medical University of South Carolina

MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT made and entered into as of the 25th day of November, 2013, by and between the College of Charleston ("the College") and the Medical University Hospital Authority (collectively "MUHA").

WHEREAS, the College wishes to provide clinical practicum experiences for students in the College of Charleston Master of Science in Child Life program (hereinafter referred to as "the Program"),

AND WHEREAS, MUHA wishes to have students participate in clinical practicums at MUHA,

NOW, THEREFORE, in contemplation of the relationship to be established between the parties and in consideration of the mutual covenants contained herein, the parties mutually agree as follows:

I. DUTIES OF THE PROGRAM:

1.01 Assume responsibility for assuring compliance with the educational standards of the appropriate accreditation bodies.

1.02 Communicate with MUHA, through the director of Child Life, on all items pertinent to the Program.
1.03 Notify MUHA, through its Preceptor, as defined in 2.02 below, of the planned schedule of student assignment, including the name of the student, and length and dates of practicum assignment.

1.04 Refer to MUHA only those students who have successfully completed the prerequisite didactic portion of the curriculum applicable to the Facility.

1.05 Inform the student of any special requirements at MUHA for participation in the practicum experience.

1.06 Support the rules and regulations governing students.

1.07 Ensure health insurance is maintained by each assigned student. Certificates of coverage shall be provided to the Facility upon reasonable request.

1.08 Comply with and to require that its students agree to comply with MUHA’s Code of Conduct.

1.09 Comply with and to require that its students agree to comply with the policies and procedures of MUHA including, but not limited to, the Infection Control Policies, the Statement of Policy Regarding Blood Borne Pathogens, prevention of Transmission of Tuberculosis, Employee/Student Health Policy, Communicable Disease Exposure, Alcohol and Drug Abuse Policy, Confidentiality, the Fire, Disaster and Safety policies and any subsequent to or revisions in these policies and procedures.

1.10 Comply, and require its students to comply with, all applicable federal and state laws and regulations concerning patient privacy and confidentiality of protected
health information, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

1.11 Require its student to sign the MSCL Practicum Agreement and Emergency Medical Authorization attached hereto as Appendix C and made a part hereof by reference.

1.12 Require that students attend annual mandatory Occupational Safety and Health training including, but not limited to, Fire/Electrical Safety, body mechanics, Standard Precautions/Infection Control, Blood Borne Pathogens/OSHA, hazardous materials.

1.13 Require that its students have current student health vaccinations and health screening as required by the Infectious Control Policy of MUHA and to maintain records of student vaccinations in order to provide MUHA with a copy upon request.

1.14 Collect a Communicable Disease Attestation form from each student attached hereto as Appendix B and made a part hereof by reference.

1.15 Appoint a contact person who will coordinate with MUHA staff and ensure the performance of duties and responsibilities relative to MUHA’s Infection Control policies. The contact person will work with MUHA to: (1) ensure that any affected student shall have received any counseling required by the aforesaid policies, and (2) ensure that any affected student shall have received any follow-up testing required by the aforesaid policies. Such contact person will have the
written permission of the student to be contacted when a blood and body fluid exposure occurs to any student.

1.16 MUHA shall terminate the practicum training for any student whose health or performance is determined by MUHA to be a detriment to client well-being or to achievement of the stated objectives of the practicum experience, upon first discussing problems with the Child Life Program Director, and notify the Child life Director of such action immediately. MUHA agrees that the College of Charleston will allow the student the opportunity to respond to MUHA’s charges against the student.

1.17 Provide verification to MUHA that the following have been completed for each student prior to the start of the clinical rotation:

a. Criminal background check for places of residence since age 16;

b. Verification that the Student is not on the Sex Offender Registry for places of residence since age 16;

c. Verification that the Student is not prohibited from participating in Federal healthcare programs (e.g., Medicare and Medicaid) as identified by the Office of Inspector General;

d. Notification to each Student that he/she must report to the College of Charleston and the Director of the Master of Science in Child Life Program any arrests and/or criminal charges or convictions filed subsequent to completion of the criminal background check. The College
of Charleston further agrees to notify MUHA within 3 days of learning of such charges or convictions.

Costs of such background checks are not the responsibility of MUHA. Criminal background checks may be conducted by an agency of the College of Charleston’s choosing. The College of Charleston shall report adverse findings to MUHA’s Human Resources Department prior to the start of the practicum. MUHA may, at its discretion, refuse to allow any student to participate in the practicum based on review of the student’s background check.

2. DUTIES OF MUHA

2.01 Maintain standards for appropriate health care services which are conducive to sound educational experiences for students participating in the Program.

2.02 Designate as Preceptor a staff member who will be responsible for the practicum experience and who will notify the College of Charleston if a student files a Complaint.

2.03 Insofar as possible, make available to faculty and students library facilities, appropriate records and equipment, classrooms and conference space, and suitable provisions for personal belongings.

2.04 Assist in the orientation of faculty and students to the physical facilities, policies and procedures of MUHA.
2.05 Provide limited emergency medical care in the event of an accident during the practicum experience. Costs associated with such emergency care shall be the responsibility of the student.

2.06 Notify the College of the number of students MUHA can accommodate during any specific period of time. MUHA will work with the College to determine times at which students can be accommodated for practicum experience.

2.07 Evaluate the performance of assigned students on a regular basis using evaluation forms which are supplied by the College and acceptable to MUHA. The completed evaluation will be forwarded to the College’s program director within the time period required to submit formal grades to the Registrar’s office of the College.

2.08 Advise the College at mutually agreeable intervals of any serious deficiencies noted in the ability of the assigned students to progress toward achievement of the stated objectives of the practicum experience, and to assist the College and the student in attempting to correct these deficiencies.

2.09 MUHA will retain full responsibility for the care of patients and will maintain administrative and professional supervision of students insofar as their presence affects the operation of MUHA and/or the direct or indirect care of patients and their families.

2.10 Keep confidential students’ records deemed to be “education records” within the meaning of the Family Educational Rights Protection Act (20 U.S.C. § 1232g).
To the extent that MUHA does have access to, or possession of such education records, it agrees that those records may only be released or disclosed to the College and to the relevant student and/or as may otherwise be provided under 20 U.S.C. § 1232g and rules and regulations promulgated pursuant thereto (34 C.F.R. Part 99).

2.10 MUHA will advise the College’s Master of Science in Child Life Program Director of any changes in its operation, policies, or personnel which may affect the practicum experience.

3. MUTUAL DUTIES OF THE COLLEGE OF CHARLESTON AND MUHA

3.01 If requested by the College and agreed to by MUHA, the College and MUHA will mutually establish the educational objectives for the practicum experience, devise methods for their implementation, and continually evaluate the effectiveness of practicum experience; if not so requested, this shall remain the duty of the College.

3.02 If mutually agreeable, schedule at least one (1) joint conference per semester to discuss progress of the Program and changes or revisions desired in the agreement.

3.03 To the extent permitted by law, each party shall remain responsible for the acts or omissions of their institutions, agents, or employees acting within the scope of employment which may cause injury or create a cause of action.
3.04 Agree that there shall be no unlawful discrimination in the Program based upon race, color, ancestry, religion, sex, age, disability, veteran status, or any other legally protected basis.

STUDENT EXPOSURE TO BLOODBORNE PATHOGENS IN THE WORKPLACE.

4.01 Information and Training – The College shall be responsible for compliance with the regulations governing training regarding employee exposure to blood borne pathogens in the workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, which became effective March 6, 1992. This responsibility includes but is not limited to providing all students with (a) information and training about the hazards associated with blood and other potentially infectious materials, (b) information and training about protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens, (c) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and (d) information as to the reasons the student should participate in hepatitis B vaccination and post-exposure evaluation and follow-up.

4.02 Protective Equipment – MUHA shall be responsible for providing students under the Agreement with personal protective equipment which is necessary to comply with the laws and regulations.

4.03 Records – The College shall be responsible for the maintenance of all student records as required under the Regulations. The College shall make all records
regarding its compliance responsibilities hereunder available to MUHA as required by law or upon the MUHA's reasonable request.

5. **TERMINATION**

   The term of this agreement is for a period of three (3) year(s), commencing on the day and year first above written and terminating on 30th day of November, 2015. Further, this contract may be terminated by either party giving written notice at least thirty (30) days prior to the effective date of such termination. In the event this agreement terminates during any student practicum said student(s) will be allowed to complete the practicum.

6. **RENEWAL**

   If the agreement is renewed without modification, such renewal may be evidenced by a letter of agreement signed by officials of MUHA and the College who either are or who by their office would have been authorized to sign the original agreement.

7. **MODIFICATIONS**

   The parties hereto agree to the full and complete performance of the mutual covenants contained herein and that this agreement constitutes the sole, full and complete agreement by and between the parties; and no amendments, changes, additions, deletions or modifications to or of this agreement shall be valid unless reduced to writing, signed by the parties and attached hereto.

8. **REPRESENTATIVE’S AUTHORITY TO CONTRACT**
By signing this document, the representative of the Institution thereby represents that such person is duly authorized by the Institution to execute this document on behalf of the Institution and the Institution agrees to be bound by the provisions thereof.

IN TESTIMONY WHEREOF, the hands and seals of the parties are affixed hereto:

THE MEDICAL UNIVERSITY
HOSPITAL AUTHORITY

BY:

Patrick J. Cawley, MD
TITLE: VP for Clinical Affairs and Executive Director

DATE: 1/9/14

THE COLLEGE OF CHARLESTON

BY:

George W. Hynd
TITLE: Provost and Executive Vice President for Academic Affairs

DATE: 1/6/14

OFFICE OF THE GENERAL COUNSEL
MUSC/MUHA

* APPROVED AS TO FORM *

By:

Date: 1/8/14
REQUIRED ATTACHMENTS:

1. MUHA Code of Conduct
2. MUHA Communicable Disease Attestation
3. College of Charleston Student Agreement
MISC PRACTICUM
AGREEMENT and EMERGENCY MEDICAL AUTHORIZATION

1. I ________, the undersigned student, desire to participate in a practicum experience at MUSC ("the Practicum"). The Practicum will take place at MUSC, a location that is not owned or controlled by the College.

2. I understand, agree and hereby grant College of Charleston and/or MUSC permission to authorize emergency medical treatment for me, if necessary, while I am participating in the Practicum. I understand and agree that College of Charleston and/or MUSC assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement or that I will ask my parent or legal guardian to sign the same. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I have no health-related conditions, reasons or problems which preclude or restrict my participation in the Practicum. I will provide proof of all of the following to the Director of Child Life at College of Charleston before beginning the practicum experience at MUSC:

   a. Rubeola vaccine: two live vaccines or Titer (both vaccines after 12/31/1967 and age of 12 months). If born before 1957, one live vaccine or Titer after 1967.
   b. Rubella vaccine: live vaccine or Titer.
   c. Varicella (chicken pox): Student must provide proof of one of the following: history of disease; Varicella Titer, or vaccine.
   d. Tetanus vaccine within the past ten (10) years.
   e. Intradermal TB skin test. Test not acceptable.
   f. Hepatitis B Vaccine series required in accordance with the OSHA Regulations related to Exposure to Blood Borne Pathogens in the Workplace.

7. I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to me. I recognize that the College of Charleston and MUSC are not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk and responsibility for those needs.

8. In the event of injury or illness (including blood borne pathogen exposures) while in the Practicum, I will report immediately to my supervisor and to Student Health Services. Medical evaluations and treatments are the responsibility of the student's health insurance carrier who will be billed for services. Student must pursue and complete any follow-up counseling and testing as required by their doctor.

9. I agree to wear a name tag while participating in the Practicum that will identify me as a student.

11. By signing below, I confirm that I have read and reviewed MUSC's Code of Conduct and I am familiar with MUSC's policies and procedures. I agree to comply with MUSC's Code of Conduct and policies and procedures. I understand that MUSC has the right to enforce such standards of conduct and that I may be dismissed from the Practicum for failing to abide by such standards.

12. By signing below I also agree to comply with all College regulations regarding conduct and comportment during my participation in the Practicum. I understand that the College has the right to enforce such standards of conduct and that I may be dismissed from the Practicum at any time for failing to abide by such standards.

13. By signing below, I agree to comply with all applicable federal and state laws and regulations concerning patient privacy and confidentiality of protected health information, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
13. By signing below I agree that I have reported to the Director of the Master of Science in Child Life Program any arrests and/or criminal charges or convictions filed against me subsequent to completion of the criminal background check.

10. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: ___________________________ Date: __________

Print Name of Student: ___________________________

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If under 18, this form must ALSO be signed by a parent or legal guardian before student may participate in the Activity.

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION MADE BY THE MINOR AND ON BEHALF OF THE MINOR AND ALL "RELEASES," AS DEFINED IN PARAGRAPH 2 ABOVE, I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT.

__________________________________ Signature __________________________ Date

____________________________________________________________________________

(Print) Parent or Guardian

Name of Insurance Group __________________________________________

Policy No: ______________________________

Emergency Contact: ___________________________ phone: __________________________