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1+ YEAR EXPERIENCE

"PLAY IS OFTEN TALKED ABOUT AS A RELIEF FROM SERIOUS LEARNING. BUT FOR CHILDREN, PLAY IS SERIOUS LEARNING." - FRED ROGERS

Can you tell me a little bit about your hospital and the units you cover?

I cover the outpatient neurology clinic for a large, almost freestanding, children's hospital. Our outpatient neurology office is one of the few specialty clinics that is off site - as opposed to being in our children's specialty center that is on the same medical campus as the children's hospital. So, while I am part of a large system and large child life team, I work in a smaller setting, separate from other CCLS, inpatient rooms, and procedure space.

What's your typical unit census and about how many patients do you see per day?

My census can fluctuate from 10 patients up to 50 patients a day - it all depends on which providers are covering clinic that day. On a 10 patient day, I typically see 7 or 8 patients while on a 50 patient day, I try to see 15-20.

What does your average day look like?

Clinic is open Monday-Friday 8am-5pm, so my hours mirror that schedule. I start my day with a set census of who is scheduled for the day. We do not take walk-ins or sick visits so that makes it possible for me to make a "plan" each morning. I start by prioritizing patients and anticipating needs for the day. From there, my day is a combination of seeing those patients and taking referrals from providers. Procedures do not take place in our clinic so I do a lot of procedure preparation, medical play, diagnosis education, reflective listening, therapeutic activities, and referrals to resources like camps, Make A Wish, and Team Impact.

What is your favorite distraction item and how do you use it?

Hippie sticks! It is basically a bubble on a stick. Because they are so novel, they capture the attention of just about any age child (and their parents). Some kids just like to watch me use it or like to take over and try it themselves. You can twirl it, make shapes, spin it upside, and more. I have yet to see a child completely break one - they get tangled sometimes but it is always fixable. I love bubbles and light spinners but because I have had so many bubble spills and cracked light spinners, I tend to go for the hippie stick because it is mess free and pretty much indestructible.

What's the best part about your job?

Building therapeutic relationships with patients and families. Working in an outpatient clinic for a chronic patient population, I have the opportunity to see patients on a routine basis. Because our clinic is treatment/procedure free, it is a true safe space for patients - this opens the door to therapeutic interactions and building relationships.

What's the hardest part in doing your job?

I feel the constant need to "prove my worth" in clinic. In the hospital, it felt easier for me to show those that weren't familiar with child life how important our role is to patients. Supporting procedures and showing the difference child life can make helps "the doubters" understand why we do what we do. In clinic though, we don't have procedures and I find it challenging to advocate for my assessment and intervention skills. The impact that child life has on patients and families in an outpatient, procedure free clinic is much more subtle and is developed over time. It looks very different than helping a child face a scary, anxiety inducing procedure or hospital experience head-on. It really requires me to take a different approach than I feel I was trained for as a student AND I have to continuously advocate to our providers and residents about my role and how I can help our patients.

What's a facet of your job that people wouldn't expect?

You might start noticing a theme here - no procedural support. Not even labs. I offer preparation as soon as the patient finds out they need labs, an MRI, an EEG, surgery, etc. but I am not the person that then supports them during that procedure. They all happen on a later date at the hospital and are covered by one of my teammates. When things are ordered urgently or will happen in an area without child life, I either call report to a teammate or go offer support, but that doesn't happen regularly.

What's something you wish you knew when you started on this unit?

The inconsistency in the census. Some days are very slow so I end up with a lot of time on my hands. This is a blessing and a curse. The child life program in our neurology clinic is a newer, and more niche, position so having "down time" gives me the opportunity to reflect on what is needed to grow our program and then work on making that happen. On the flip side, I went into child life because I love interacting with patients and when there are no patients in clinic, it makes it harder for me to feel like I am fulfilling my purpose as a CCLS.

Do you have anything else you'd like to share about your job, tips for students, or thoughts?

I love my job. It isn't a traditional child life role so I have had to adapt but it is still extremely rewarding. As you look for jobs, keep an open mind. The skills of a CCLS are needed in so many areas!

