

Taryn Wheelock, MS, CGCS

BS HUMAN DEVELOPMENT AND FAMILY STUDIES AND SPANISH, MINOR IN GLOBAL HEALTH
MS IN FAMILY AND HUMAN DEVELOPMENT WITH A CHILD LIFE SPECIALIZATION
2 YEARS EXPERIENCE

HAVE COURAGE AND BE KIND.

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

I work at a community hospital that has a Pediatric unit within an adult hospital. We have 12 Inpatient Pediatric beds and 4 PICU beds. I typically rotate between the Inpatient Pediatric unit and the Emergency Department, which also includes Urgent Care.

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

Typically, our Inpatient Pediatric unit and Emergency Department are pretty busy. We typically see every pediatric patient admitted to the unit at least once a day. During flu season, this looks like upward of 15 patients a day. In the Emergency Department, it really depends on the day. Mondays are statistically the busiest days and I could be running from patient to patient all shift, but there are also ED shifts where I only see 1 or 2 patients. It's really unpredictable.

What does your average day look like?

On the inpatient unit, I check in with nurses right away. They tell me if there are any procedures or tests planned for their patients that day. I also attend morning social service rounds with social workers, clinical managers, behavioral health, and charge nurses from Pediatrics, PICU/NICU, and Labor & Delivery. After that I start doing check-ins. These are typically brief if they had been seen by child life the previous day. These check-ins give me a great idea of which patients need some more therapeutic interventions, and which patients I can send a volunteer in to do some normalization play. After that, I prioritize what patients need procedures, therapeutic activities, and when all of that is happening, and start providing child life interventions. If there is a need in the ED in the mornings before we have scheduled coverage, they will page me and I will cover those needs as well. In the ED, I see every pediatric patient that comes in. I provide preparations when needed, and provide play opportunities at bedside as tolerated while they wait. I also provide procedural support, following them to imaging, surgery, or wherever else they need to go.

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

My favorite non-technology distraction item is a light spinner. For younger kids just turning it on does the trick. For older kids you can pretend it's a wand, a light saber, have them touch it to different body parts, SO FUN! I also LOVE the app Magic Fingers on the iPad. I use it pretty much everyday with a wide age range - Check it out!

What's the best part about your job?

I think that the best part of my job is watching families and kids get empowered and make it through hard things. The moment when a kid makes it through a procedure and says "That wasn't actually as bad as I thought it would be." After a lot of preparation and distraction, this makes the hard stuff worth it.

What's the hardest part in doing your job?

One of the hardest parts of the job is all of the emotions that I feel on a day-to-day basis. I am a very empathetic person, and sometimes it's hard to keep big emotions in check. I benefit from all of the coping skills that I teach my patients, as well as checking in with myself on how I'm feeling.

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

When people look at child life from the outside, it looks like fun and games, playing on the iPad, arts and crafts, and holding babies. What people don't expect, is that it's not all fun and games. We try our best to put smiles on our patients' faces and turn a scary experience into something more positive, but our job really is complex and different everyday. Some days I am playing make-believe in the playroom to normalize the environment, some days I am providing education for a new diagnosis, some days I'm celebrating the end of treatment. I can be holding a baby in one room so her mom can go to the cafeteria and eat, but then ten minutes later be providing grief support for a child who's parent is dying. We are constantly prioritizing, assessing, reassessing, creating coping plans, debriefing, and empowering children and families to cope with medical experiences, but we do all of that through play.

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

In the ED, I wish I would have known/practiced doing speedy preparations. A lot of times procedures are emergent, and there is often not time to do medical play or a long preparation prior to procedures. I think that where I work, we do a great job communicating between units, so if I send someone up to the unit from the ED, I often suggest "hey we had a really hard IV start, some medical play would be helpful to debrief."

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

While internships are competitive and applying can be stressful, it's not a direct reflection of your worth. Stay passionate, stay curious, and stay persistent.

