

FINAL ASSESSMENT REPORT

Institutional Quality Assurance Program (IQAP) Review

Child Life and Pediatric Psychosocial Care, M.Sc.

Date of Review: February 27th and 28th, 2024

In accordance with the University Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of the M.Sc. in Child Life and Pediatric Psychosocial Care. This report identifies the significant strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.

The report includes an Implementation Plan that identifies who will be responsible for approving the recommendations set out in the Final Assessment Report; who will be responsible for providing any resources entailed by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations and who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.

Executive Summary of the Review

In accordance with the Institutional Quality Assurance Process (IQAP), the Child Life and Pediatric Psychosocial Care program submitted a self-study in January 2024 to the Vice-Provost and Dean of Graduate Studies to initiate the cyclical program review of its program. The approved self-study presented program descriptions, learning outcomes, and analyses of data provided by the Office of Institutional Research and Analysis. Appendices to the self-study contained the CVs for each full-time member in the department.

Two arm's length external reviewers and one internal reviewer were endorsed by the Dean, Faculty of Health Sciences, and selected by the Vice-Provost and Dean of Graduate Studies. The review team reviewed the self-study documentation and then conducted a virtual review to McMaster University on February 27th and 28th, 2024. The review included interviews with the Deputy Provost; Vice-Provost Vice-Provost and Dean of Graduate Studies, Associate Dean Graduate Studies, Assistant Dean of the program and meetings with groups of current students, full-time faculty and support staff.

The Assistant Dean of the program and the Dean of the Faculty of Health Sciences submitted responses to the Reviewers' Report (May 2024). Specific recommendations were discussed and clarifications and corrections were presented. Follow-up actions and timelines were included.

Summary of Previous Review's Recommendations

Prior to this formal academic review, the only other review undertaken was within the new program approval process. This is the first and only formal academic review since the program commenced in 2016. The initial recommendations made to strengthen the *proposed* program and its delivery have been addressed and included within the table below.

	Recommendations of Previous Review	Addressed / Not Addressed	Comments
1	Hiring a full-time faculty as program director to design curriculum and to implement the proposed graduate child life program (as well as other duties such as student advisement and accreditation reports).	Addressed	-A 0.75FTE Director role was included in the original program proposal. This was increased to 1.0FTE at the outset of the program.
2	Add additional faculty to assist with designing the online courses, managing enrollment and clinical supervision. Offering office space with a computer and phone for supportive faculty. Recognition that a new program will require additional resources to implement and maintain the program and systems.	Addressed	-Two other faculty members were also listed at 0.75FTE in the original proposal. These roles also increased to 1.0FTE at the outset of the program. -Five sessional instructors were involved in supporting the design of online courses with four continuing to support their ongoing enhancement and instruction since that time. -The office space has grown from one workstation to three, including two office computers.
3	Create a student and faculty online manual to assist in navigating potential technical issues before enrolling in courses.	Partially addressed	-a formal manual was not created, but technical requirements are outlined on the Program's website and handbook with orientation/training to technology systems (Avenue to Learn, Teams, Zoom) completed during initial residency weeks. This includes practice with uploading assignments, creating discussion posts, etc. to support students in preparing for online and virtual course work. -How to use Zoom videos were developed to support learners in engaging with this software and troubleshooting any technical issues. Since COVID, these videos are no longer needed as stakeholder proficiency is evident. -The Paul R. MacPherson Institute for Leadership, Innovation and Excellence in Teaching has developed detailed self-service support resources within the Support for Avenue to Learn section of this learning management system alongside their technical support service hours. Their resources section includes tutorials, FAQs, etc. in addition to terms of use , browser check details and how to navigate pop-up blockers . These are all accessible on the landing page prior to logging into the system for both faculty and students.
4	In addition to the McMaster Institute of Innovation and Excellence in Teaching and Learning there will need to be designated online support for after-hours technical issues for faculty and students.	Addressed	-A technology support role was created and utilized during the first year and a half of the Program. This role supported faculty in online Avenue to Learn course set up and navigating any technical issues for both faculty and students. Minimal student requests were found to come in after hours and those that did most often related to difficulty uploading different video file types. A new

			<p>process was established within a course assignment to resolve that challenge and be more user friendly.</p> <p>-Core faculty have remained consistent and become accustomed to technology systems, no longer requiring this level of support. The Program's Curriculum Coordinator has become the internal backup resource should any new challenges arise with existing faculty. University resources have also expanded significantly since the time of our initial new program review.</p>
5	As part of admission process to the program, an online course questionnaire that prospective students will complete. The technical requirements must be clear to all students both in a written and digital format.	Addressed	-As noted above, technical requirements are outlined on the Program's website and handbook with orientation/training to technology systems (Avenue to Learn, Teams, Zoom) completed during initial residency weeks. This includes practice with uploading assignments, creating discussion posts, etc. to support students in preparing for online and virtual course work. Each course outline also identifies the technical requirements needed.
6	A formalized assessment of the online program at selected points is needed; a plan should be developed before the program is launched that will guide the ongoing monitoring, and revisions to the program. This ongoing assessment will allow for the program to meet the needs of students and provide opportunities to navigate the trends of technology and adapt to changes in the field of child life including but not limited to Child Life Accreditation of Academic Programs. The current plan to evaluate the program through course evaluations is a first step; however, a more systematic evaluation plan is required.	Addressed	<p>-Ongoing program assessment and evaluation has occurred by seeking out stakeholder feedback (e.g. alumni surveys re. student experience, whether the program met planned learning outcomes and any new recommended areas of practice to incorporate within curriculum in addition to applicant surveys following switch to virtual admissions interviews, student feedback through course and faculty evaluations, etc.), ongoing review of program retention, attrition and graduation rates, review of whether GPA is a predictor of success in the Program, etc. Evidence of other systematic evaluations can also be found within this self-study report.</p> <p>-Graduate Program Endorsement for Stream 1 was achieved in 2019. An accreditation process for the child life profession has not yet been formally developed as anticipated at the time of our original Program proposal.</p>
	Additional Enhancements Suggested during the external reviewers on site visit	Addressed / Not Addressed	Comments
a	Consider creating the option for a remediation process.	Addressed	-Both an informal and formal remediation process have been developed and included as part of the Program's Guideline for Review of Student Performance and Progress
b	Have a library liaison even with students accessing library resources remotely	Addressed	The CLPPC Program has a library liaison within the Health Sciences Library. Students meet this librarian during their first on campus Residency course during a workshop facilitated on library services and database searches. There is a webpage with resources, key databases,

			citation style guides, online tutorials on using health databases, etc. specific to the CLPPC program within the HSC library that also includes contact information for the librarian linked to our Program.
c	Consider additional support to various facets of research and writing	Addressed	During the first Residency weeks on campus orientation is provided with a workshop on APA referencing. There is also a graduate writing workshop facilitated by the Student Success Centre with a personal connection as well as links to this centre provided at this Program's onset.
d	The following quote is noted. <i>"Many of the core faculty in the program are quite early in their careers in academia. For the Child Life Program to develop, they will need to be supported to ensure adequate time and support to launch independent program of research in the area of Child Life and Pediatric Psychosocial Care. It is expected that more senior faculty members will act as mentors and co-investigators to support the more junior faculty as they work towards independent programs of research".</i>	Partially addressed	-Core faculty have received research mentorship while serving as co-investigators within more senior department members research teams. Opportunities for independent programs of research have unfortunately been limited, however, due to current teaching loads.

Summary of Program Current Program Review

• Strengths

The review committee shared the following program strengths (verbatim from report):

The Child Life & Pediatric Psychosocial Care Master's Program at McMaster University encompasses innovation, expertise, evidence-based practices and cutting-edge pedagogical approaches making this program a leader regionally and internationally. Here are the notable areas of strengths.

- The program consists of three dedicated full-time faculty members, all of whom are Certified Child Life Specialists (CCLS) and have diverse clinical expertise and scholarly inquiry areas. Additionally, adjunct faculty members contribute to the program with a broad range of disciplinary backgrounds.
- It is the only program of its kind in Canada.
- The Association of Child Life Professionals (ACLP) has endorsed the Stream 1 program.
- The academic offerings to Stream 1 and Stream 2 options appeal to students who strive to work in healthcare, community-based professions, and the private sector.
- The curriculum integrates simulation-based learning and clinical experiences to provide extensive opportunities for enhancing clinical practice skills.
- The program demonstrates robust interest and enrollment numbers.

- Successful graduation rate and retention numbers reflect the institution's ability to provide a supportive learning environment, quality instruction, and effective student support services.
- The program benefits from involvement of active and engaged alumni.
- The program application process prioritizes accessibility for traditionally underrepresented and marginalized groups of people.

- **Opportunities for Improvement and Enhancement, including appropriateness of resources**

The review committee did not identify any areas for improvement. They did however identify *program areas for enhancement*. These include the following recommendations (verbatim from report):

1. Reassess faculty administrative workload and reevaluate the distribution of teaching and service effort to allow percent time for conducting research or scholarly activities. Consider creating a tenure-track faculty position to support CLPPC faculty members seeking to expand their research contribution.
2. Reevaluate the procedure for collecting student feedback on clinical placements and preceptors to ensure an optimal student learning environment and identify areas for preceptor education and support.
3. Provide clearer pathways for students to report and access support for navigating challenging situations or grievances in the internship experience.
4. Increase the support for racialized students in the CLPPC703/Research Methods in Pediatric Psychosocial Care course.
5. Modify the requirement of the Portfolio in internship applications with feedback from internship preceptors on aspects that would be helpful to them.

Summary of the Reviewers' Recommendations with the Department's and Dean's Responses

Recommendation #1:

Reassess faculty administrative workload and reevaluate the distribution of teaching and service effort to allow percent time for conducting research or scholarly activities. Consider creating a tenure- track faculty position to support CLPPC faculty members seeking to expand their research contribution.

Department's Response and Actions to be Taken:

It is understood that faculty teaching and administrative loads are high with core faculty teaching 7+ courses each year. The 3-core full-time faculty in this program hold teaching track appointments which align with high teaching obligations. While there is an interest in opportunities for scholarly activities, funding is not available in the current climate for protected time for such activities without compromising learner experience and further burdening the already high teaching loads among existing faculty.

There are however plans to continue to review faculty workload at annual reviews and within professional development planning as a means of further examining creative options/solutions. A tenure track faculty position is something that would need to be considered by the Department of Pediatrics leadership. This would support expanding scholarly contributions but if developed with the current faculty complement would further challenge teaching load allocations. The feasibility of this will be easier to evaluate pending the outcomes of the 2 additional actions below.

Faculty are encouraged to consider applying for internal funding awards (e.g. MERIT faculty fellowship for mentorship and supervision in health professions education research and MacPherson Leadership in Teaching and Learning Fellowship) to enable dedicated time and mentorship for scholarly activities and a redistribution of teaching and administrative workloads with funding received. One application to MERIT has just been submitted.

Discussions are taking place for program faculty to create continuing education and/or micro credential options (with some small initial department support for development costs) that can be offered to bring in additional revenue to the program. While this will place some additional up-front burden on faculty, the new revenue generated could be utilized to support hiring a sessional instructor(s) to redistribute workload to enable dedicated time for scholarly activities/research and a reduced teaching load on a rotating schedule.

Dean's Response:

We recognize that CLPPC is supported by a relatively small faculty complement in teaching intensive roles. Faculty activity should be closely aligned to the roles into which they were hired. We agree that faculty development and workloads are important considerations and should be monitored by the Department Chair as part of ongoing career review. Whether the program is meant to support a research agenda in the Department of Pediatrics is primarily a question of the department's priorities and financial constraints. The practice-oriented CLPPC students are learning in a Faculty of Health Sciences environment that is among the most health research-intensive in Canada; if they will benefit from more interaction with researchers, there are many opportunities for the program to facilitate this.

Recommendation #2:

Reevaluate the procedure for collecting student feedback on clinical placements and preceptors to ensure an optimal student learning environment and identify areas for preceptor education and support.

Department's Response and Actions to be Taken:

Students are invited throughout the program to participate in surveys to provide feedback on their internship site and preceptor(s) following each internship in the fall and winter terms. While some feedback has been received each year, it has not been as robust as anticipated to enable generating data to inform areas for education, support and about the student experience. While anecdotal feedback and discussions take place regularly, concrete data is more limited as students have shared that they do not wish their feedback to be shared with preceptors out of concern it will impact their opportunities for job placements in the future due to the small child life community.

Plans therefore include increasing education and guidance through the Clinical Education Coordinator to promote ongoing bidirectional feedback between preceptors and students during each internship.

At present formal feedback discussions during internships tend to be centered on student assessment. A more consistent approach to promoting a space for bidirectional feedback as part of weekly preceptor check-in meetings and within evaluation meetings held with the Clinical Education Coordinator (who participates in at minimum 2 evaluation meetings with each student/preceptor per internship) may enable an expansion of professional reflection for preceptors and guided experience for students in constructive feedback/dialogue.

Plans continue to encourage students' post-internship feedback through site and preceptor evaluation surveys. We will reinforce that only themes from these surveys will be shared with sites/preceptors and that their feedback will help to inform future education and support needs for preceptors.

Plans are underway to develop two new surveys: one retrospective survey to all stream 1 alumni and students who have completed internships, to provide anonymous feedback about their experiences and sense of psychological safety at each internship site; and another to distribute to preceptors scheduled to supervise students in 2024-2025 to gain insight on their preferred education and support needs. These results will be utilized in addition to feedback received from students' previous post-internship surveys (collected 2017-winter 2024 to date) as well as those received moving forward to inform the development of additional training videos, and support processes from the Clinical Education Coordinator.

Dean's Response:

We agree that ongoing evaluation of clinical placement sites is essential, and we recognize that soliciting candid and fair evaluations from current students can be a challenge in situations where relatively few students are placed per year. From this perspective, we strongly support the program's plan to solicit evaluations from recent graduates and alumni. The challenges of evaluating clinical placements are shared with other health professional programs, including in the rehabilitation sciences, nursing, and undergraduate and post-graduate medicine, and we encourage the programs to consult with these leaders and share best practices.

Recommendation #3:

Provide clearer pathways for students to report and access support for navigating challenging situations of grievances in the internship experience.

Department's Response and Actions to be Taken:

There is some information contained within the program's Clinical Education Handbook and in internship course outlines (CLPPC 715 & 716). Further verbal information is provided within the internship course introduction and also during bi-weekly clinical supervision meetings between the Clinical Education Coordinator and students. We recognize that a clear pathway of who students can reach out to during internship for support (aside from the Clinical Education Coordinator) is needed. Plans are underway to further expand upon written information in the program's Clinical Education Handbook. The aim is to provide a central place knowing that students in a challenging situation may find it more difficult to sift through several current documents and recall verbal information they did not anticipate needing. As per our protocol, revised Clinical Education Handbooks are shared annually with all Stream 1 students and their preceptors before clinical placements commence. At the beginning of each internship semester, the Clinical Education Coordinator can also remind students of the reporting structure for student grievances based on the revisions being added to the Clinical Education Handbook this year.

Dean's Response:

Navigating the institutional resources for managing conflict or academic struggles can be a challenge although this is routinely complicated by learners' frequent reluctance to approach their program's Director. A number of other resources are available. The Office of the Vice-Dean/Associate Dean of Graduate Studies for Health Sciences has a role in advising graduate learners, including in CLPPC. The Office of Respectful Conduct in Clinical and Academic Environments (ORCCA) in the Faculty of Health Sciences advises on professionalism issues and can guide learners to the best resources for their situations. Resources in the central university include the Equity and Inclusion Offices, the University Ombuds, and the School of Graduate Studies. A variety of health and wellness resources are available graduate students. We agree that the clinical manual and program handbooks provide clear guidance.

Recommendation #4:

Increase the support for racialized students in the CLPPC 703/Research Methods in Pediatric Psychosocial Care course.

Department's Response and Actions to be Taken:

The CLPPC 703 Research Methods in Pediatric Psychosocial Care course is a required course for all students in the program. A total of 169 students have successfully completed this course with 7 failures. For context, all 7 students who failed this course were working health professionals within Stream 2 of our program juggling work and family responsibilities. Of those, the 3 that were Black students were also international students who had not had previous academic experience writing or conceptualizing research (from international medical schools). All however spoke English as their first language. There has only been 1 other Canadian student from a marginalized background in addition to 3 other domestic students who are white women. These individuals had been out of school for a number of years navigating this new balance of schoolwork and academics in their first semester.

Ongoing plans include:

- Encouraging all students to access services available to them through the university, including those geared towards student writing, accessibility and wellness. We recognize and have seen and heard from learners who have been racialized, that they face significant barriers to accessing these free resources because of stigma, fear, experiences and expectations of racism and trauma associated with previous academic experiences.
- Continuing to incorporate academic graduate writing workshops through the Student Success Centre and APA citation workshops by faculty at the outset of the program.
Continuing to explicitly encourage all students to come forth with all questions, concerns, dilemmas through the discussion boards, to *normalize* reaching out to the instructor to discuss questions, any challenging course contents, etc. We have anecdotally come to understand the history some have felt negatively judged for seeking help in their previous academic programs.
- Continuing to offer weekly drop-in office hours for check-ins.
- Continuing to proactively reach out to students who show signs of struggling academically or psychosocially, including those that may have received a grade <70% on the first assignment (early October) or who are less present on discussion boards to discuss challenges and offer support, particularly those in racialized or marginalized groups.
- Considering the option for PT Stream 2 students to take the research course in the fall semester of their second year after they have had the opportunity to acclimatize to graduate level writing in other courses.
- Consider recommending the MELD program for any students where English is a second language.
- Consult with the Department of Pediatrics, Associate Chair, Equity, Diversity & Inclusion for further recommendations.

Dean's Response:

The small number of failures in CLPPC (7/169) makes it difficult to interpret the data regarding academic struggles for students in CLPPC 703. In their response, the program has cited specific challenges for equity deserving students and so we support the program's efforts to investigate the causes of struggles more fully. Please note that the MELD program is an undergraduate bridging program that is not available to graduate students. The Faculty of Humanities does offer free English language support through their MODEL program. A more intensive, fee-based service is offered through their MERGE program which provides both language training and professional readiness for graduate students. The Faculty of Health Sciences has been providing funding to support a few students in the program each year but there are a limited number of places.

Recommendation #5:

Modify the requirements of the Portfolio in internship applications with feedback from internship preceptors on aspects that would be helpful to them.

Department's Response and Actions to be Taken:

The program has previous data collected through preceptor and site feedback surveys about the benefits and areas for improvement in receiving student ePortfolio submissions within the internship application process (the ePortfolios prior to 2022 were created with a McMaster owned software platform called "PebblePad"). The previous feedback showed a strong preference from internship sites that ePortfolios provided a more engaging and unique presentation of each learners' knowledge, skills and abilities beyond cover letters, resumes and application forms. We recognize that from the student perspective, the ePortfolios do require students' time to conceptualize and develop. Each year an ePortfolio award (typically 2 valued at \$500 each available through annual program scholarship funds received through SGS) are awarded following submission and review by an external panel. This external panel consists of alumni from the previous 2 years who have not yet supervised an intern due to length of time in practice requirements for supervisors based on our professional certification body. These awards have provided additional incentive for students on their professional value.

To update and gather feedback from both student and internship organizations' perspectives, a survey study is currently being prepared to the Hamilton Integrated Research Ethics Board (HiREB) for approval in May 2024. The survey questions will focus on the value of ePortfolios for internship selection and matching, and intern professional growth. More specifically, the surveys will be directed to two specific groups:

1. Internship site child life leads/managers who review intern applications.
2. Current students (who have completed ePortfolios for at least one internship application round) and alumni creating ePortfolios via the Canva platform from 2022 – 2024.

Results will inform whether the ePortfolio program will be continued, adapted or discontinued.

Dean's Response:

We are satisfied that the program has an appropriate plan to incorporate the feedback from preceptors.

Implementation Plan

[illegible]

	<p>activities and a redistribution of teaching and administrative workloads with funding received. One application is currently in progress.</p> <ul style="list-style-type: none"> Discussions are taking place for program faculty to create continuing education and/or micro credential options (with some small initial department support for development costs) that can be offered to bring in additional revenue to the program. This new revenue could be utilized to support hiring a sessional instructor(s) to redistribute workload to enable dedicated time for scholarly activities/research and a reduced teaching load on a rotating schedule. <p>Future plans:</p> <ul style="list-style-type: none"> A tenure track faculty position will be considered by the Department of Pediatrics leadership. This would support expanding scholarly contributions 		<p>2024-25 Academic year is the target to launch first continuing education offering.</p> <p>June 2026 to review feasibility and sustainability of a continuing education revenue pathway.</p> <p>Feasibility to be evaluated pending the outcomes of the 2 actions underway above. Projected timeline to evaluate winter 2026.</p>
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	but if developed with the current faculty compliment it would further challenge teaching load allocations.		
2. Reevaluate procedure for collecting student feedback re. clinical placements and preceptors and identify areas for preceptor education and support.	<p>Ongoing:</p> <ul style="list-style-type: none"> • Increase education and guidance through the Clinical Education Coordinator to promote bidirectional feedback between preceptors and students throughout internship experiences. • Continue to encourage students' post-internship feedback through site and preceptor evaluation surveys. Reinforce that only themes from these surveys will be shared with sites/preceptors and that their feedback will help to inform future education and support needs for preceptors. • Prepare new surveys and distribute to: (a) stream 1 alumni and students who have completed internships to provide anonymous feedback about their experiences 	CLPPC Clinical Education Coordinator and CLPPC Program Student Affairs Committee	<p>Initiate 2024-25 academic year with evaluation spring 2025.</p> <p>Ongoing</p> <p>Summer 2024 and ongoing</p>

	<p>and sense of psychological safety at each internship site; and</p> <p>(b) preceptors scheduled to supervise students in the year ahead to gain insight on their preferred education and support needs. Utilize these results in addition to feedback received from students' previous post-internship surveys (collected 2017-winter 2024 to date) as well as those received moving forward to inform the development of additional training videos, and support processes.</p>		
<p>3. Provide clearer pathways to report and access support to navigate challenging internship situations or grievances.</p>	<p>Already underway:</p> <ul style="list-style-type: none"> To further delineate information in written form, additions are being made to the program's Clinical Education Handbook. This will continue to be shared annually with all students and their preceptors before clinical placements commence. 	<p>CLPPC Clinical Education Coordinator, CLPPC Assistant Dean, a current student and alumni, the CLPPC Program Student Affairs Committee</p>	<p>Finalize handbook revisions with student consultation for June 2024 submission to Associate Dean, FHS Programs.</p> <p>Gather feedback from students/preceptors about the clarity of information provided throughout 2024/2025 internship cycles. Revise as needed for June 2025 resubmission.</p>

			Continue annual dissemination
4. Increase support for racialized students in CLPPC 703.	<p>Ongoing Plans:</p> <ul style="list-style-type: none"> • Encourage all students to access services available to them through the university, including those geared towards student writing, accessibility and wellness. We recognize and have seen and heard from learners who have been racialized, that they face significant barriers to accessing these free resources because of stigma, fear, experiences and expectations of racism and trauma associated with previous academic experiences. • Continue to incorporate academic graduate writing workshops through the Student Success Centre and APA citation workshops by faculty at the onset of the program to • Continue to explicitly encourage all students to come forth with all questions, concerns, dilemmas through the 	<p>Department of Pediatrics - Associate Chair, Equity, Diversity & Inclusion</p> <p>MacPherson Institute – Educational Developer Anti-Racist Pedagogies</p>	Ongoing - annually

	<p>discussion boards, to <i>normalize</i> reaching out to the instructor to discuss questions, any challenging bits of content, etc. We have anecdotally come to understand the history some have shared feeling while in other programs of study where they felt negatively judged for seeking help.</p> <ul style="list-style-type: none"> • Continue to offer weekly drop-in office hours for check-ins. • Continue to proactively reach out to students who show signs of struggling academically or psychosocially, including those that may have received a grade <70% on the first assignment (early October) or who are less present on discussion boards to discuss challenges and offer support, particularly those in racialized or marginalized groups. • Consider recommending 		Consult with Stream 2 alumni
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	<p>that PT Stream 2 students take the research course in the fall semester of their second year after they have had the opportunity to acclimatize to graduate level writing in other courses.</p> <ul style="list-style-type: none"> Consider recommending the MELD program for any students where English is a second language. <p>Planned:</p> <ul style="list-style-type: none"> Consult with the Department of Pediatrics, Associate Chair, Equity, Diversity & Inclusion for further recommendations. 		<p>and current students in the fall of 2024 for feedback on proposing this revised program plan option. Current anecdotal feedback from 4 alumni suggests maintaining the current order of course work to set the stage on graduate level expectations within courses. A more formal review from a broader stakeholder group will best inform for potential implementation in 2025.</p> <p>Review annually to determine if there are any students who meet the MELD program requirements and share program information.</p> <p>Meet during Spring/summer 2024 to incorporate and/or integrate any recommendations into Fall 2024 course delivery.</p>
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<p>5. Modify Portfolio requirements in internship applications based on preceptor feedback on aspects helpful to them.</p>	<p>Already underway: A survey study is currently being prepared to HiREB for approval. This will include two stakeholder surveys to gather data on the value of ePortfolios for internship selection and matching, and intern professional growth.</p>	<p>CLPPC Clinical Education Coordinator, CLPPC Assistant Dean, CLPPC Curriculum Coordinator</p>	<p>Awaiting HiREB approval (May 2024 submission) Data collected will inform 2025 internship application cycle. Follow-up consultation with sites and students will continue in the spring of 2026 related to any program changes.</p>
	<p>Stakeholder Survey 1: Internship site child life leads/managers who review intern applications Stakeholder Survey 2: Current students (who have completed ePortfolios for at least one internship application round) and alumni from 2022 – 2024. Results will inform whether the ePortfolio program will be continued, adapted or discontinued.</p>		

Quality Assurance Committee Recommendation:

McMaster's Quality Assurance Committee (QAC) reviewed the above documentation at the October 17, 2024, meeting. The committee recommends that the **Child Life and Pediatric Psychosocial Care** graduate program should follow the regular course of action with an 18-month progress report and subsequent full external cyclical review to be conducted no later than eight years after the start of the last review.