

Building Collaborative Pediatric Care: Physician Assistant and Pre-PA Student Perspectives on Child Life Services

Holly Kihm^{1*}, Gabriella Garofalo²

¹PhD, CCLS, Southeastern Louisiana University

²Louisiana Tech University

Abstract

Certified Child Life Specialists (CCLSs) help children and families in pediatric healthcare by providing preparation, education, play, coping support, and family-centered care tailored to each child's developmental stage. While these skills are valuable for teams working together, there is limited information about how physician assistant (PA) and pre-PA students view child life services or what they need to learn. In this exploratory mixed-methods study, 71 people took part, including practicing PAs, current and pre-PA students, and PA educators. The survey looked at their awareness, experience, confidence, and interest in child life. Quantitative results were described using basic statistics, and differences between practicing PAs and PA/pre-PA students were tested using Fisher's exact tests with a Holm adjustment. Open-ended answers were reviewed for common themes using keywords. Most participants valued pediatric psychosocial care: 97.1% said understanding children's emotional and behavioral responses is very important, and 95.7% thought PA students would benefit from child life education. However, 67.1% said they had little or no understanding of the CCLS role, 72.5% had never observed or worked with a CCLS, and only half felt somewhat or very confident in identifying coping strategies. Practicing PAs were more aware of CCLSs and more confident in coping strategies, while students were more interested in a short educational resource. All three differences stayed significant after Holm correction. The qualitative analysis pointed to lifelong trust in healthcare, practical coping tools, age-appropriate communication, caregiver support, and clear roles and referrals. These findings support the development and testing of short, practical child life education in PA programs and interprofessional training.

Keywords: child life, physician assistant education, pediatric psychosocial care, interprofessional collaboration, coping, medical play

Introduction

Children experience healthcare in many ways, including procedures, tests, illnesses, surgeries, emergency visits, and regular checkups. These experiences involve more than just medical treatment. A child's development, past experiences, family situation, sense of control, communication, and coping skills all affect how they understand and react to care. Because of this, psychosocial support, such as preparation, procedural support, coping instruction, and

*Corresponding Author Email: holly.kihm@selu.edu

Published: 14 September 2026

DOI: <https://doi.org/10.70558/IJSSR.2026.v3.i5.301307>

Copyright © 2026 The Author(s). This work is licensed under a Creative Commons Attribution 4.0 International License (CC BY 4.0).

medical play, is an important part of child- and family-centered pediatric care (Thompson, 2018).

Certified Child Life Specialists are trained to assess children's developmental and psychosocial needs and to offer support that helps children and families understand healthcare, share concerns, get ready for procedures, and learn coping skills. Professional standards highlight working together, focusing on patients and families, and being part of a team (Association of Child Life Professionals [ACLP], 2020). Recent research shows that child life services are important in many healthcare settings. For example, a scoping review found child life practice in many areas (Rosenblatt et al., 2024), and studies have shown that child life preparation can lower preoperative anxiety (West et al., 2020). Systematic reviews and meta-analyses also suggest that child life services can help reduce anxiety, distress, and pain in children, though the evidence varies and has some gaps (Duan et al., 2026; Hummel et al., 2023).

Physician assistants work in both pediatric and non-pediatric fields and may see children as patients, family members, visitors, or even as future adult patients. Because of this, using age-appropriate communication and understanding psychosocial needs is important, even for those who do not focus on pediatrics. However, simply knowing about the child life profession does not mean someone is skilled in pediatric psychosocial care, and limited contact with CCLSs can reduce opportunities to learn from other professionals.

This study looked at how practicing PAs and current or future PA students view child life services and pediatric psychosocial care to address a gap in education. The main goals were to find out what participants already knew about the CCLS role, their experience with child life services, their confidence in communication and coping support, how valuable they considered child life education to be, and which topics they wanted to learn about. The study also compared practicing PAs with PA/pre-PA students and looked at geographic and socioeconomic patterns. Open-ended answers helped identify common concerns and educational needs. The paper begins with a literature review, then explains the survey methods, presents the results, and discusses their implications for PA education and teamwork.

Literature Review

Child Life Practice and Pediatric Psychosocial Care

Child life practice began because people saw that illness, injury, hospital stays, and medical procedures can disrupt a child's development and cause stress for both children and families. CCLSs use age-appropriate education, therapeutic and medical play, preparation, coping support, and family-centered care to help reduce uncertainty and build confidence (Rubin, 2018; Thompson, 2018). According to ACLP standards, child life services focus on teamwork, patient and family needs, coping strengths, social support, child development, and working with other professionals (ACLP, 2020).

Research on pediatric procedures supports the use of these interventions. For example, West et al. (2020) found that a short child life preparation helped lower anxiety before children received intravenous anesthesia. A systematic review also showed that preparation, support during procedures, coping strategies, and medical play often led to less anxiety, fear, distress, and

pain, as well as better outcomes (Zhu et al., 2022). More recent reviews suggest that child life services can help reduce anxiety and pain around procedures, though the strength and consistency of the evidence vary (Duan et al., 2026).

Interprofessional Relevance

Child life services rely on teamwork. CCLSs add to the work of physicians, PAs, nurses, psychologists, social workers, and other healthcare professionals, rather than replacing them. Good teamwork depends on everyone understanding what CCLSs do, when to ask for their help, and how to include psychosocial information in care plans. Rosenblatt et al. (2024) showed that child life specialists are involved in many healthcare settings, not just inpatient pediatric units.

In PA education, child life topics fit well with teaching clinical skills, pediatrics, emergency medicine, simulation, and interprofessional collaboration. Skills like using age-appropriate explanations, coaching caregivers, planning for coping, and noticing distress help support patient-centered care. It is also important for education to clarify which practices any clinician can use and which require a CCLS's expertise.

Need for the Present Study

Although research on child life in clinical settings is increasing, the materials reviewed for this project did not find much research about PA and pre-PA awareness of child life services. Because of this, the current survey is mainly descriptive and meant to generate ideas for future research. Instead of assuming PA learners need a specific intervention, the study asks whether they consider pediatric psychosocial care important, where they feel less knowledgeable or confident, and what kind of education they would find helpful.

Methodology

Design and Participants

This study used an anonymous online survey with both quantitative and qualitative questions, created by the research team. Participants included pre-PA students, current PA students, practicing PAs, and PA educators. They were recruited through professional and educational networks and online outreach. Participation was voluntary; respondents could skip questions, and no identifying information was collected.

The study received IRB approval from Southeastern Louisiana University (27-002) and Louisiana Tech University (27-004). The consent form explained that the survey was anonymous and would take about 5 to 7 minutes to finish. Since participants could skip questions, the number of responses varies across results.

Measures

The survey asked about participants' status and location, whether they had heard of or understood child life services, and whether they had observed or worked with a CCLS. It also covered how important they considered children's emotional and behavioral responses, their comfort with explaining things in an age-appropriate way and supporting distressed children,

and their confidence in finding coping strategies. Other questions included how often they thought emotional responses affect care, the value of child life education for PA students and practicing PAs, which topics they wanted to learn about, their interest in a short resource, and their open-ended thoughts on supporting children and families.

Data Analysis

Closed-ended survey questions were summarized using frequencies and percentages based on the number of valid responses for each item. For analyses by professional status, the practicing PA group included those who chose Practicing PA ($n = 35$), and the student group included both current and pre-PA students ($n = 24$). Educators, nonpracticing PAs, and those who did not report their status were excluded from these comparisons.

Eight specific yes/no outcomes were compared using Fisher's exact test due to small sample sizes. The Holm adjustment was applied to control for multiple comparisons. For geographic analysis, the study used the city or ZIP code where respondents worked or studied. A same-city pediatric-center indicator served as a rough measure of exposure but did not reflect actual employment, hospital size, or local child life staffing. When possible, ZIP or ZCTA codes were matched to 2024 American Community Survey median household income as a general measure of area-level socioeconomic status. Open-ended responses were coded at the respondent level using keywords and themes, and more than one theme could be assigned to each person. This was not a formal qualitative analysis with multiple coders.

Results

Sample Characteristics

Seventy-one people completed the survey, and 70 gave usable location information. The group included 35 practicing PAs, 20 current PA students, four pre-PA students, and a few educators or nonpracticing PAs. Respondents with location data came from 22 states across all four U.S. Census regions. The largest groups were from Idaho (16), Louisiana (15), and Pennsylvania (9), showing both a wide range and some clustering by state.

Table 1. Sample and Geographic Characteristics

Characteristic	n	% / Note
Total respondents	71	100%
Provided location	70	98.6% of total
Practicing PAs	35	49.3% of total
Current PA + pre-PA students	24	33.8% of total
States represented	22	Geographically diverse convenience sample
South	26	37.1% of respondents located
West	23	32.9%

Northeast	15	21.4%
Midwest	6	8.6%

Overall Awareness, Experience, and Perceptions

Respondents clearly valued pediatric psychosocial care. Out of 70 valid responses, 68 (97.1%) said it is very important to understand children's emotional and behavioral responses. Sixty-eight of 69 (98.6%) agreed that understanding children's healthcare experiences is helpful even outside of pediatrics. Sixty-seven of 70 (95.7%) thought PA students would benefit from child life education, and 66 of 69 (95.7%) supported a short child life resource for practicing PAs.

Knowledge and direct experience varied more. Thirty-eight of 70 respondents (54.3%) had heard of child life specialists before the survey, and 47 of 70 (67.1%) reported having little or no understanding of the CCLS role. Fifty of 69 (72.5%) had never observed or worked with a CCLS.

Clinical self-confidence followed a similar pattern. Fifty-six of 70 respondents (80.0%) felt somewhat or very comfortable explaining a procedure to a child in an age-appropriate way, and 51 of 70 (72.9%) felt comfortable supporting a distressed child. However, only 35 of 70 (50.0%) felt somewhat or very confident in identifying coping strategies. Fifty-seven of 69 (82.6%) reported that children's emotional responses often or very often affect care.

Table 2. Selected Quantitative Findings

Outcome	n / valid N	%
Children's emotional/behavioral responses rated very important	68/70	97.1
Understanding children helpful outside pediatrics: agree/strongly agree	68/69	98.6
Had heard of child life specialists	38/70	54.3
No or limited understanding of CCLS role	47/70	67.1
Never observed/worked with a CCLS	50/69	72.5
Comfortable explaining a procedure	56/70	80.0
Comfortable supporting a distressed child	51/70	72.9
Confident identifying coping strategies	35/70	50.0
Emotional responses often/very often affect care	57/69	82.6
PA students benefit from CLS education	67/70	95.7
Practicing PAs benefit from a brief resource	66/69	95.7
Yes/maybe interested in a brief resource	60/70	85.7

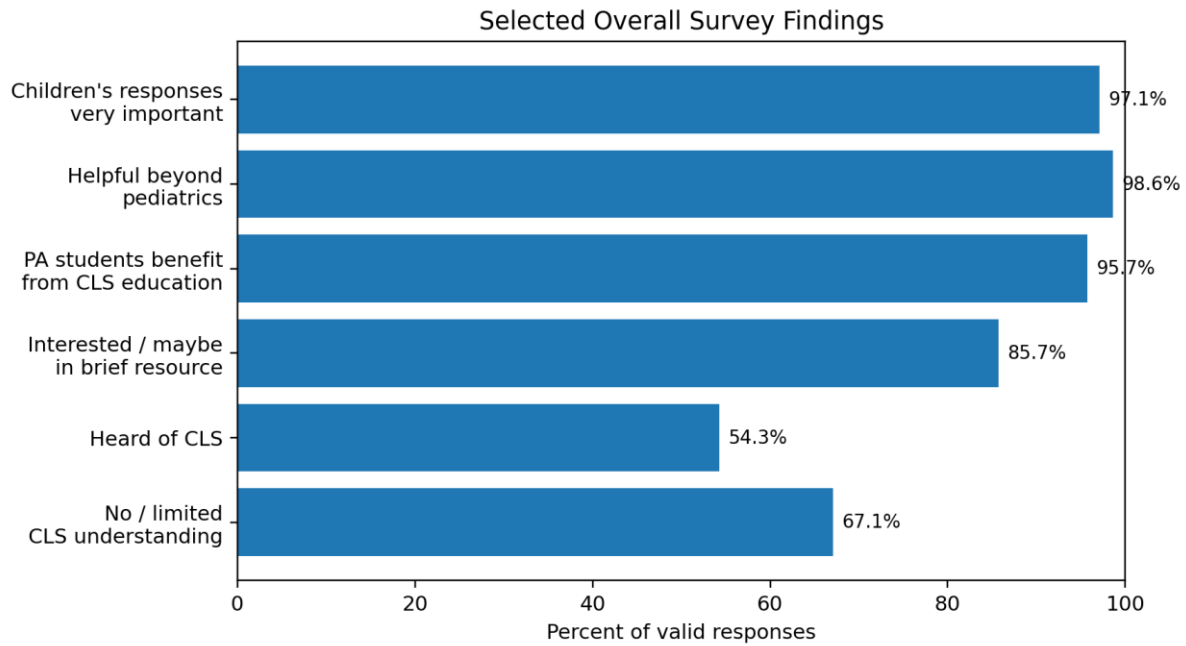


Figure 1. Selected overall survey findings. Percentages use the valid denominator for each item.

Practicing PA Versus PA/Pre-PA Student Comparisons

After applying the Holm correction, three of eight comparisons by professional status remained statistically significant. Practicing PAs were more likely than PA/pre-PA students to have heard of child life specialists (71.4% vs. 33.3%; Fisher $p = .007$; Holm-adjusted $p = .042$) and to feel confident identifying coping strategies (65.7% vs. 25.0%; Fisher $p = .003$; adjusted $p = .023$). Students were more likely to be interested in a short educational resource (79.2% vs. 37.1%; Fisher $p = .002$; adjusted $p = .014$). The difference in comfort with explaining procedures was significant before correction but not after the Holm adjustment.

Table 3. Focused Professional-Status Comparisons

Outcome	Practicing PA	PA/pre-PA student	Fisher p	Holm p
Prior CLS awareness	25/35 (71.4%)	8/24 (33.3%)	.007	.042
Some/very strong CLS understanding	14/35 (40.0%)	5/24 (20.8%)	.161	.418
Observed/worked with CLS	10/35 (28.6%)	2/23 (8.7%)	.099	.398
Comfort explaining procedure	32/35 (91.4%)	16/24 (66.7%)	.037	.187
Comfort supporting a distressed child	27/35 (77.1%)	15/24 (62.5%)	.254	.418
Confidence in identifying coping strategies	23/35 (65.7%)	6/24 (25.0%)	.003	.023

Emotional responses often/very often affect care	32/35 (91.4%)	18/24 (75.0%)	.139	.418
Yes: interested in a brief resource	13/35 (37.1%)	19/24 (79.2%)	.002	.014

Note. Holm adjustment was applied across eight comparisons. Adjusted p-values below .05 are statistically significant.

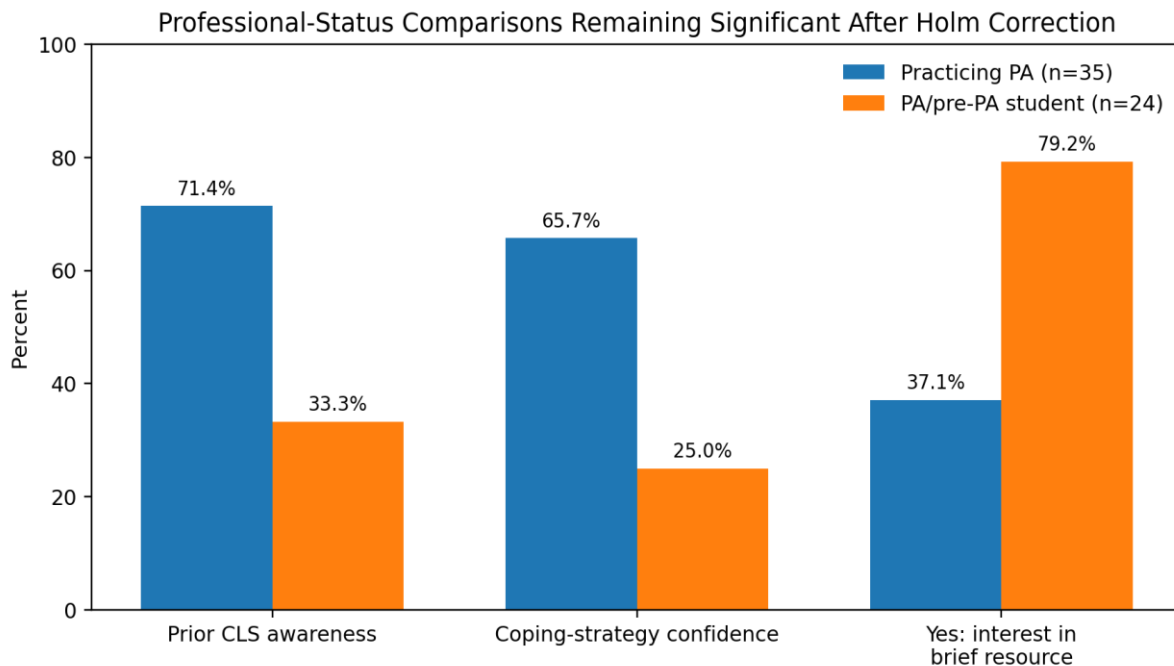


Figure 2. Professional-status differences that remained significant after Holm correction.

Educational Priorities

Respondents were interested in many practical aspects of child life. The most popular was learning what child life specialists do (61 out of 70, or 87.1%). Explaining procedures to children and working with CCLSs were each chosen by 55 respondents (78.6%). Reducing fear and helping with coping were selected by 53 (75.7%), while supporting children during stressful procedures and understanding development at different ages were each chosen by 51 (72.9%). Caregiver coaching was selected by 43 (61.4%), and the use of child life principles outside of pediatrics by 39 (55.7%). Since participants could pick more than one topic, the percentages do not add up to 100%.

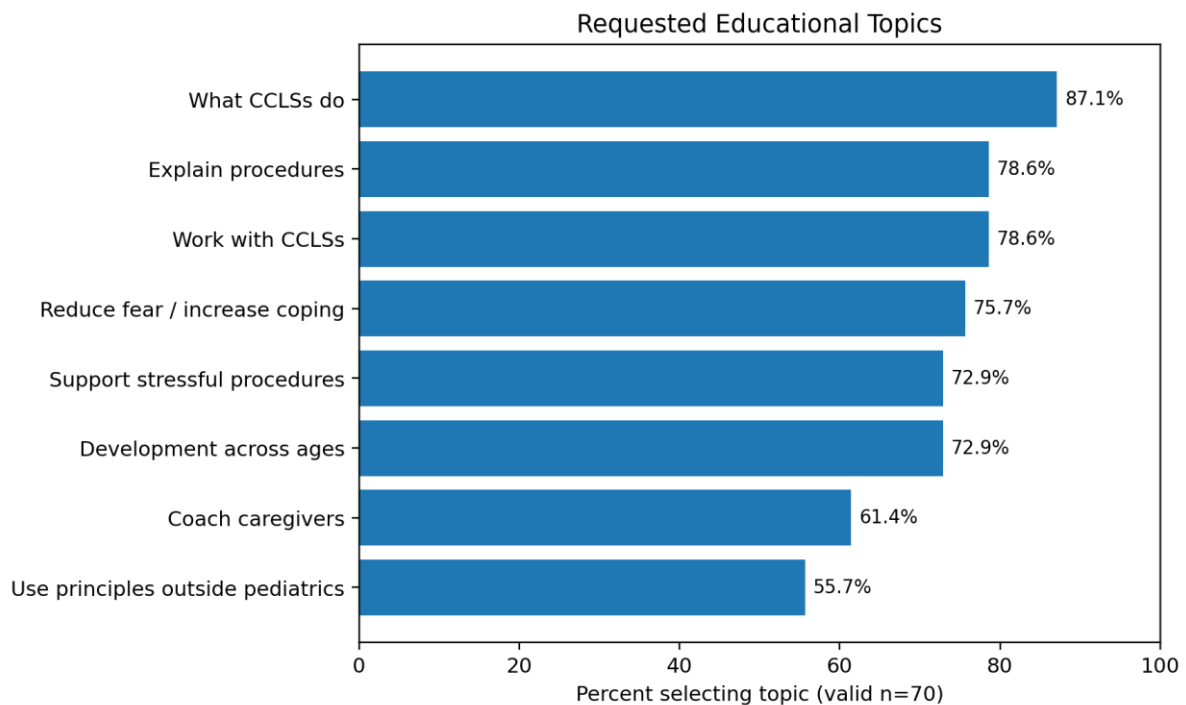


Figure 3. Requested educational topics. Multi-select item; valid n = 70.

Exploratory Geographic and Socioeconomic Findings

Among practicing PAs and student respondents with location and awareness data, 19 of 26 (73.1%) in cities classified by the pediatric-center proxy had heard of child life specialists, compared with 14 of 33 (42.4%) in other sampled cities (Fisher's exact test, $p = .034$). However, this association was not significant after stratification by professional status: practicing PAs, $p = .712$; PA/pre-PA students, $p = .129$. Thus, respondent composition may partly explain the overall city-level association.

In the subset with a matched ZIP/ZCTA income estimate, high-area-income status was not significantly associated with prior child life awareness (4/11 [36.4%] vs. 10/19 [52.6%]; Fisher's exact test, $p = .466$). The SES analysis was limited by small matched samples, city-only responses, and the ecological nature of ZIP-level income. Child life workforce size and hospital size could not be reliably assigned to respondents and therefore were not tested as individual exposure variables.

Qualitative Findings

Open-ended answers supported the survey's findings of high value and a need for practical advice. The most common theme was the lifelong impact and trust in healthcare (32 respondents, 45.1%). Other frequent themes included the need for practical tools, skills, or training (25 respondents, 35.2%), issues with fear, anxiety, coping, and comfort (21, 29.6%), support for families or caregivers (19 respondents, 26.8%), value across specialties or ages (17, 23.9%), and age-appropriate communication (15 respondents, 21.1%). Thirteen respondents (18.3%) asked about the CCLS role or how to access or refer to them. Eight (11.3%) mentioned developmental differences or child-centered care, and five (7.0%) raised concerns about curriculum, time, or feasibility.

Table 4. Descriptive Respondent-Level Qualitative Themes

Theme	n	% of 71
Lifelong impact / trust in healthcare	32	45.1
Practical tools / skills / training	25	35.2
Fear, anxiety, coping, and comfort	21	29.6
Family / caregiver support	19	26.8
Broad value across specialties / lifespan	17	23.9
Developmentally appropriate communication	15	21.1
CCLS role / scope awareness	13	18.3
CCLS access / referral / setting	13	18.3
Developmental differences / child-centered care	8	11.3
Curriculum / time / feasibility concerns	5	7.0

Note. Multiple themes could be assigned to a single respondent; therefore, percentages do not sum to 100%. Coding was descriptive and keyword-assisted.

Discussion

The main finding is a gap between how important respondents think pediatric psychosocial care is and how much they know about it in their profession. Most agreed that children's emotional and behavioral responses are important and that child life education would help PA learners. However, about two-thirds did not understand the CCLS role well, and almost three-quarters had never observed or worked with a CCLS. This suggests that education should focus less on convincing people that psychosocial care matters and more on helping them understand roles, learn practical skills, and work together effectively.

The confidence results support this idea. Most respondents felt comfortable explaining procedures and helping a distressed child, but only half felt confident finding coping strategies. Child life practice focuses on individual assessment, preparation, coping plans, play, and family support (ACLP, 2020; Thompson, 2018). A short educational program could teach practical skills such as using age-appropriate language, offering simple choices, preparing children for what they will feel, planning coping strategies, coaching caregivers, and knowing when to involve a CCLS. This would not replace CCLS expertise but would help PAs know when and how to collaborate.

Comparisons by professional status also provide useful insights. Practicing PAs had greater prior awareness and confidence in coping strategies than students, likely due to their clinical experience. By contrast, students were much more interested in a short educational resource. This suggests that child life concepts should be introduced early in training and that short continuing education resources should be available to practicing clinicians. Because the study

was cross-sectional and not random, these differences should not be attributed to professional experience alone.

The data on requested topics are especially useful. Respondents most often wanted to know what CCLSs do, how to explain procedures, how to work with CCLSs, and how to help reduce fear and improve coping. These needs match the open-ended requests for scripts, practical strategies, caregiver advice, and clearer referral processes. A practical training module could include a short overview of the CCLS role, case examples, age-appropriate language, preparation for procedures, coping strategies, caregiver coaching, and scenarios for making referrals to other professionals.

The exploratory geographic results should be viewed with caution. There was a significant association between pediatric centers and city-level awareness, but this association disappeared when professional status was considered separately. This means that the makeup of the groups or other factors may explain the pattern. Similarly, there was no link between ZIP-level income and awareness in the small matched group. These findings are helpful for future research questions but do not establish cause-and-effect relationships among geography, hospital resources, and socioeconomic status.

The focus on lifelong trust in the qualitative responses is important. Respondents felt that childhood healthcare experiences can shape how people feel about healthcare and whether they seek care later in life. This fits with a child-centered approach, where reducing distress is not just about immediate comfort but also about making healthcare experiences clear, respectful, and right for the child's age. Future research could examine whether short PA education programs affect how PAs communicate, make referrals, or support children during procedures.

Limitations

This study has several limitations. First, because the sample was convenience-based and geographically clustered, the results may not apply to everyone. Second, the small sizes of subgroups mean that analyses by professional status and geography are only exploratory. Third, knowledge, comfort, and confidence were self-reported, so they do not show actual clinical skills. Fourth, the measures for pediatric centers and socioeconomic status were general and may not reflect where people live or work, and local CCLS staffing was not measured. Fifth, the qualitative analysis was descriptive and relied on keywords, rather than a formal process with multiple coders. Finally, the survey was created by the researchers, and this study does not prove the survey is valid or that child life education causes changes.

Implications for Education and Practice

Despite these limitations, the results suggest that a short, practical child life educational resource would be helpful for PA learners. This resource could be used in pediatric courses, clinical skills labs, simulations, emergency medicine, and interprofessional education. The content should focus on four main areas: understanding roles and referrals; using age-appropriate communication and preparation; supporting coping with fear and procedures; and coaching caregivers in a family-centered way. Evaluation should go beyond just satisfaction

and include measures of knowledge before and after, observed skills, confidence, referral intentions, and, when possible, outcomes for patients and families.

Conclusion

Current and future PAs in this study valued pediatric psychosocial care, but their awareness of the child life profession and confidence in coping strategies varied. The main educational need was not interest—most respondents supported child life education, and students especially wanted a short resource. Respondents wanted practical training on CCLS roles, explaining procedures in age-appropriate ways, coping support, caregiver coaching, and working with other professionals. These results support trying out a short child life module in PA education. Future studies should use larger, more representative samples, validated tools, direct assessments of knowledge and skills, and pre-/post-test or controlled designs to determine whether education improves teamwork and care for pediatric patients and families.

References

- Association of Child Life Professionals. (2020). Standards of clinical practice. <https://www.childlife.org/>
- Duan, W., Ma, Z., Fu, C., & Zhou, Z. (2026). Effectiveness of child life service in the management of pediatric anxiety during the perioperative period: A systematic review and meta-analysis. *Journal of PeriAnesthesia Nursing*. Advance online publication. <https://doi.org/10.1016/j.jopan.2026.07.007>
- Hummel, J., Coenen, M., Voigt-Blaurock, V., Klein, C., & Jung-Sievers, C. (2023). “Child Life Specialist” interventions in clinical pediatric care: A systematic review of the effects on mental health outcomes of children and adolescents. *Klinische Pädiatrie*, 235(1), 39–47. <https://doi.org/10.1055/a-1676-3852>
- Rosenblatt, A., et al. (2024). Child life specialist services, practice, and utilization across health care: A scoping review. *JBIC Evidence Synthesis*, 22(7), 1303–1328. <https://doi.org/10.11124/JBIES-23-00025>
- Rubin, L. C. (Ed.). (2018). *Handbook of medical play therapy and child life: Interventions in clinical and medical settings*. Routledge.
- Thompson, R. H. (Ed.). (2018). *The handbook of child life: A guide for pediatric psychosocial care* (2nd ed.). Charles C Thomas Publisher.
- West, N., Christopher, N., Stratton, K., Görges, M., & Brown, Z. (2020). Reducing preoperative anxiety with Child Life preparation prior to intravenous induction of anesthesia: A randomized controlled trial. *Pediatric Anesthesia*, 30(2), 168–180. <https://doi.org/10.1111/pan.13802>
- Zhu, Y., et al. (2022). Current evidence for the effectiveness of psychosocial interventions for children undergoing medical procedures. *Child: Care, Health and Development*, 48(6), 948–959.