

HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL
CLINICAL PRACTICE PORTFOLIO ASSESSMENT RECORD
Procedural Accompaniment

PROCEDURAL ACCOMPANIMENTS x 3	NAME:						DATE:		
Requirement	Not Meet			Partially Met			Standard Met		
Verification • signed off									
Observations <ul style="list-style-type: none"> • Family members present/preparation given prior to procedure • Description of observation includes: <ul style="list-style-type: none"> Environment Sensory Explanations given People present /involved Common knowledge within MDT team • Identified stress points, interventions and coping strategies utilised for these stressors for child/yp, parent and staff. • Child/young person's and family perspective 	1	2	3	1	2	3	1	2	3
Reflection /evaluation on procedure observed <ul style="list-style-type: none"> • Identifies potential HPS intervention/advocacy • Identifies follow-up for child/YP and family and MDT to procedure • Implications for own future practice • Possible service future developments • Reflections on any discussions with HPS / MDT 									