



## Let's talk about...

### Framework for a case study

#### Brief background information

- This is the data-gathering section. Provides information and usually includes the reason the child, young person requires Hospital Play Specialist Involvement. This information is likely to include objective information (i.e. age, sex, ethnic origin, family composition, reason for admission/referral, diagnosis) and subjective information (i.e. feelings or concerns reported by the child, young person or family). These facts should be reflected and put into context throughout the information you provide.

#### Assessment and planning

- Demonstrates that a range of information about the child/young person and/or family has been sought for assessment purposes. Triangulation of data is a process by which you collect evidence from three different sources. To use only one source of information can distort/inhibit/restrict your data and analyses of a case. This demonstrates your clinical thinking.
- Identifies and discusses the developmental, social, environmental and cultural factors that may influence or impact upon the actions and responses of the child/young person/family:  
(A child's development includes communication, large and fine motor skills, adaptive, social and cognition.)
- Identifies any likely stress points for this child/ young person/family: (Provide examples of how the child, young person's current emotional state presents? How is the child, young person coping? How will you elicit concerns from the child, young person/parent/family? Do they have concerns? What understanding does the parent/child, young person have of the situation? How will the condition impact on the child, young person? Did you have to clarify any misconceptions from either the child, young person or parent?)
- Documents sources of information used in the Hospital Play Specialist assessment and planning: (A discussion with the child or young person, observations of the child, young person in different contexts within the hospital, unstructured interview with parent, discussion with other professionals, clinical notes, MDT meetings, the child or young person's education setting, other services).
- Your plan of care is to be documented here. Your triangulation of data will support your clinical reasoning to define your plan. State the desired outcomes for the child/ young person (and family): (What is your goal for the child, young person? What do you hope to achieve? What does the child, young person and family want to happen? What goals do members of the MDT have? Can you support the goals of the MDT?)



## Intervention

- Document Hospital Play Specialist intervention and links to the assessment and plan of care. (What is your analysis/evaluation/ hypotheses/theory about the case? Does what you see contradict with your analysis? Care plans provide direction for individualised care for the patient. It includes the objectives, interventions, and time frame for accomplishment and evaluation, it flows from each patient's unique list of diagnoses and should be organized by the individual's specific needs.

Explain your reasoning behind your decision making: (How has the analysis of your assessment influenced your decision around your plan? What is the intention of your plan? What is your goal? What gains do you anticipate the child, young person will make? How do you integrate your subjective and objective information? Have you been objective and used evidence-based theory? Or has subjective information prejudiced your plan? Can you assimilate the objective and subjective information and articulate it into a comprehensive summary of the case?)

- Identifies play/recreation opportunities: (What activities and resources will you use to support the child, young person? And why? What techniques will you introduce into play/ recreation to support the child, young person? Why? Are there any modifications you need to make in the environment or resources so the child young person can access play/recreation opportunities? What is your plan? Have you used clinical resources?)
- Outlines the involvement/action of others: (Child/young person/family/other professionals, did you pass out written or verbal information/handouts? Where educational/NGO/other professionals involved in actions or decision making? Was there an MDT? Did the child, young person or family take an active role in making the plan?).

## Reflective evaluation

- Critically reviews and evaluates the HPS intervention/s provided. (The focus should be on your own role and practice. What was the result of the intervention? How effective was it? How did you measure the result? Would you do something different next time? Were there any unexpected positive/negative outcomes?).
- Discusses implications for future practice in relation to self/ child/young person/family/other professionals where appropriate: (Did it highlight recent applications of PD study for you? Is there an area you wish to strengthen in your practice? Did you support/organise post referrals for counselling/assessment? Did it open opportunities for you to provide PD to other professionals? Was there any crossover from other disciplines?).
- Records evidence of feedback from others (Child/young person/family/other professionals, Parent voice? Child voice? Peer assessment? Video? Were other disciplines goals for the child/family met as a result of your intervention?)

Within the criteria for case studies for Registration examples of documentation in clinical notes are a requirement. The guidance sheet Let's talk about... Documentation in clinical notes is available.