WAS THE INTERACTION/INTERVENTION HELPFUL?

Name of the intervention: **Surgery prep/support**
One-time intervention/interaction or ongoing intervention/interaction?

Type of material utilized	Yes or No	List of specific materials
Teaching items	**No**	
Preparation Materials	**Yes**	**IV, turnikit cleaning sponge, J-tip, tourniquet band, syringe for "silly juice", iPad for pictures**
Procedural support or distraction strategies	**Yes**	**Fidgit toy (stressball), verbal sequence of events, breathing exercises, parental**
Technology	**Yes**	**iPad was used for preparation.**
Play Materials	**No**	

- List 2 -3 goals of the intervention:

1. **Reduce anxiety and fear**
2. **Promote coping skills**
3. **Build trust and understanding**

- Were the above goals achieved?
  The goals appeared to have been met. After the CCLS provided preparation using real medical supplies and step-by-step explanations, the patient seemed more engaged and calmer. The patient used coping strategies during the procedure (squeezing a stress ball and taking deep breaths), which helped him return to baseline quickly after it was finished. After the procedure was over, the patient was able to engage in rapport-building conversations with CCLS and family, expressing that the procedure wasn't as painful as he had anticipated.

- Was the intervention effective or not? Use theory to justify.
  The intervention was effective. This patient is in Piaget's formal operational stage, which supports the use of real medical supplies to explain the procedure in a way that aligns with his level of understanding. I also believe that giving him the choice in coping strategies promoted independence, which aligns with Erikson's stage of Identity vs. Role Confusion. The CCLS's preparation and support for the procedure reduced the patient's anxiety by allowing him to be confident in his coping abilities.

- What adaptations would you make for next time?
  Next time, if I have extra time to prepare the patient, I would engage in more rapport-building conversations to learn more about the adolescent and how they cope outside of the hospital, to help normalize their experience. This would support his desire for independence while still providing tailored coping skills that would set him up for success.

- Are there additional interventions or services outside of the scope of child life that would be beneficial to the patient/family? If so, which services can/would you advocate for?
  For this particular patient, I didn't assess that the patient or family needed additional services.

- What else could I do to help empower the patient/family to reach these goals without child life?
  Since this patient's family had a close and trusting relationship with the patient, I could teach the parents appropriate language to use with the patient for preparation and procedural support. I could also teach them about which coping strategies seemed to work well for the patient and encourage them to use these tools again in the future.

- What information is essential to advocate to the medical staff about this patient/family's needs?
  It would be important to inform the medical staff that the patient benefits from step-by-step explanations, so he is not surprised by any part of the procedure. I would also tell them that the family is involved with the patient and is prepared to support him during the procedure, which will help increase his coping skills.