Writing a case study presentation on placement:

Writing a case study on placement is a common task allocated by the university or your supervisor on placement as a way to demonstrate your learning and reflection skills and also as an opportunity to report back to the other Occupational Therapists (OT’s) in the team that you work with about a case you were involved in. I always found it a daunting as a student to present back to a room full of people who were experts in the topic you were presenting on!!!

Here are some thoughts that I have around case study presentations – always check with your supervisor or lecturer about what they specifically want you to demonstrate from your presentation first! These are just suggestions...

Key tips / tricks:

- Length and sticking to time is very important – ask your supervisor for concrete guidelines on the length – and really stick to that timeframe.
- A case study is a great opportunity to demonstrate your clinical reasoning – when I listen to a case study I tend to be running through it in my head questioning why the student selected a specific approach or piece of equipment – I like the student to tell me why they did what they did and not something else.
- Something like this would demonstrate this:

<table>
<thead>
<tr>
<th>Equipment considered:</th>
<th>Equipment selected and why:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over toilet frame with Shute</td>
<td>Over toilet frame enabled Mrs S to use her arms to assist with the transfer</td>
</tr>
<tr>
<td>Toilet surround</td>
<td>It also raised the height for ease of transferring.</td>
</tr>
<tr>
<td>Raised toilet seat</td>
<td>(This was selected also as it is a relatively low cost item compared to the alternatives and meets the patients needs)</td>
</tr>
<tr>
<td>Wheeled shower commode</td>
<td></td>
</tr>
<tr>
<td>Rail</td>
<td></td>
</tr>
</tbody>
</table>

- Demonstrating clinical reasoning as a student is the only way for your supervisor to see your development – we need to know that you don’t apply a one size fits all approach to your interventions – WHY an OTF not a wheeled shower commode? Etc.
- Select a model and stick to it – know the difference between models and theoretical approaches
- If it’s an oral presentation to your supervisor and their team consider if there is a way for it be a little more interactive? Check with your supervisor first if that would be acceptable.
- As a supervisor we generally know the back ground of the clinical condition – rather than giving an exhaustive summary of what a condition is eg: Congestive heart failure (CHF) consider describing it in one sentence and highlighting the impact on occupational performance instead i.e.
CHF is a condition characterised by periodic exacerbations where the patient may experience shortness of breath, peripheral oedema (especially in the lower limbs), this is commonly managed with medications like furosemide etc.

The key impacts on the patient’s occupational performance include difficulty completing ADLs like showering, dressing and transfers due to the shortness of breath associated with an exacerbation. Another common difficulty is with bed transfers due to the lower limb oedema that makes their legs quite heavy and cumbersome to lift into bed / dress.

This way it is more occupationally focussed and relates to our role as OT’s.

- We are also familiar with the models – so you perhaps don’t need to go into great depth around each stage of the model – maybe a hand out or a graphic on the board with all the detail regarding the stages of the model would save you a lot of talking about what each stage is?
- “Death by Power point” is a phrase I learnt when I was researching presentation methods – how not to overwhelm / bore your audience by exhaustive slides of power point. I looked for you tube videos on alternative ways to use power point etc. As a therapist if I go to a case study presentation by a student where the hand out is 6 pages of 6 slides per page I automatically think ‘there is no way that we will get though all of that in this in half an hour’. If the hand outs of the slides are densely packed with text then the text on the hand outs are going to be very small and virtually unreadable!

After you have finished writing it – if you supervisor will allow it consider getting them to briefly read over the presentation to make sure you are on the right track etc.

On the day:

- All the health professionals that I have ever met are always interested in food! I am not joking – when I do an in-service / presentation I always bring biscuits / some kind of snack food to share while I am talking – it just seems to break the ice a bit and the ritual of sharing food seems to make it less formal! This of course depends on how many people you are presenting in front of – this is usually effective for up to 15 people.
- Time keeping - crucial!
- Being organised with the correct number of hand outs
- Being able to use the technology confidently (if you are using a project or something like that then have a practice run and getting it set up ahead of time is very important and is professional looking!

These are just some points that jump out to me when I think about case study presentation.

ALWAYS check with your supervisor first before following these tips as they are the ones that will be marking you!

Hope this helps!