LEVEL ONE SUPERVISION FORM

**ASAB Accreditation Committee supervised experience requirements**

**Level 1 - critical insight for clinical competence**

*This form is a record of candidate achievement following the observation of a clinical case seen by a CCAB mentor. Sections 1 & 2 to be completed by the candidate and presented to the mentor within 4 weeks (or time scale agreed between the candidate and mentor) of the consultation. Sections 1, 2 and 3 to be signed off by the Mentor after candidate’s performance has been assessed and returned to the candidate, normally within 15 days.*

**Name of candidate: Ref:**

**Date:**

**Mode of assessment:** 🞏 Video case 🞏 Live case

**Name of CCAB mentor:**

**SECTION 1:**

*(Max 1 side A4 12 point font)*

**Species observed:**

**Presenting complaint**:

**Behavioural diagnosis / Clinical Assessment:**

**Further notes about the condition/special features of the case**:

**SECTION 2: Skills demonstrated / assessed**

*The candidate should provide evidence for each skill listed below demonstrated or assessed in this case. For example in relation to the first skill you might note (in 1 or 2 sentences/bullet points only) what specifically about the relationship between the owner and pet affected the development of the problem. Alternatively / in addition you might provide a similar comment concerning how a specific element of the relationship affected the advice given in this case. Guidance notes are available on the ASAB website. Skills should be demonstrated via conversations with the mentor during/following the case and/or a written report following the case. Where a particular skill was not assessed, please write ‘not applicable’.*

**Critically evaluated the owner/pet relationship in the development of the problem and its subsequent treatment.**

**Demonstrated an ability to identify relevant information about the background to the case and presenting signs from the client and other relevant individuals.**

**Critically evaluated the quality of the evidence provided about the behaviour of the animal.**

**Critically evaluated the evidence for and against competing explanations of the behaviour.**

**Identified appropriate action that was likely to address areas of concern or deficiency when information relevant to the identification and treatment of the behaviour was lacking.**

**Devised an appropriately structured written treatment regime and follow-up plan based upon the information collected by the mentoring clinician.**

**Explained the rationale behind the recommended treatment and how it will address the problems identified.**

**Demonstrated an understanding of the impact of medical history on behaviour.**

**Identified relevant legal and safety issues that needed to be considered before, during and after the consultation and ensured that these were appropriately addressed.**

**Identified any professional, ethical or other issues arising from the consultation and took the appropriate action necessary to address these.**

**SECTION 3: Mentor’s comments**

*To be completed by the mentor in charge of the consultation and associated assessment. Specific comments on the candidate's performance should be detailed below, with reference to the elements listed in section 2.*

**Name:**

**Professional status / qualifications:**

**Date of assessment:**

*Mentor to tick one of the following for this case:*

🞏 Candidate did not demonstrate competence in critical insight sufficient for Level 1 of clinical training: significant omissions

🞏 Candidate did not demonstrate competence in critical insight sufficient for Level 1 of clinical training: minor omissions

🞏 Candidate has demonstrated competence in critical insight sufficient for Level 1 of clinical training

**Signature of CCAB Mentor:**

**Mentor’s comments:**

*Please indicate both areas of strength and where improvement is needed. Specific comments on the candidate's performance in each of the elements in section 2 above should be included. Also list any liaison with others that the candidate was involved* *in e.g. follow up calls with the owner.*

**To be completed by the candidate:**

I have read the supervisor's comments in Section 3, and (optional) wish to respond as follows

**Signature: Date:**

**Name of candidate: Ref:**