LEVEL TWO SUPERVISION FORM

**ASAB Accreditation Committee supervised experience requirements**

**Level 2 - clinical skills for CCAB competence**

*This form is a record of candidate achievement. 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:**

**Name of CCAB mentor:**

**SECTION 1: Case history**

**Species observed:**

**Behavioural diagnosis:**

**Other details:** Please provide the context to the case which will allow the assessor to evaluate the nature of the problem being observed

**SECTION 2: Skills demonstrated / assessed**

*Mentor to initial the relevant assessment box(es) to indicate satisfactory achievement of the skill. Specific comments on the candidate's performance in each can also be detailed below, if required. The candidate should provide evidence for each skill demonstrated or assessed. 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, i.e. what did you note of importance. Alternatively / in addition you might provide a similar comment concerning how a specific element of the relationship affected the specific advice given to this case, i.e. unique features of the case rather than general features of the problem. We are looking to assess that you have the necessary clinical insight of related terminology to progress to the next stage, it is not a test of factual knowledge which has been covered by meeting the educational requirements. Guidance notes are available on the ASAB website.*

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

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

**Demonstrated 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.**

|  |
| --- |
| Mentor initials |
|  |

**Devised an appropriately structured treatment regime and follow-up based upon the information collected.**

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

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

|  |
| --- |
| Mentor initials |
|  |

**SECTION 3: Mentor’s general comments**

*To be completed by the mentor in charge of the consultation and associated assessment.*

**Name:**

**Professional status / qualifications:**

**Date of assessment:**

*Please indicate both areas of strength and where improvement is needed that arose as a result of the consultation. Also list any liaison with others that the candidate was involved in.*

**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:**