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 during a live case in which the candidate takes the lead in the presence of 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. Form to be signed by the Mentor after candidate’s performance has been assessed and returned to the candidate, normally within 15 days.*

**Name of candidate: Ref:**

**Date:**

**Name of CCAB mentor:**

**SECTION 1: Case history**

*(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 specific advice given to this case. Guidance notes are available on the ASAB website.*

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

**Demonstrated an ability to extract 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.**

**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.**

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

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

**Demonstrated an understanding 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 take the lead role in both diagnosis and treatment, requiring significant input from the mentor in this Level 2 case

🞏 Candidate did not take the lead role in both diagnosis and treatment, requiring some input from the mentor in this Level 2 case

🞏 Candidate has demonstrated an ability to take the lead role in both diagnosis and treatment, with minimal/no input from the mentor, demonstrating competence at Level 2 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 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:**