**CBT Centre: NHS supervision report and log**

Please email your student a signed copy of this report within one week of your final supervision for the module.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Module: PSYC \_\_\_\_ (CBT for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor BABCP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Over the course of CBT training, PG Diploma students are required to evidence a minimum of 35 University supervision hours and 35 NHS supervision hours. Full session formative and summative recordings are each included as one hour of supervision.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervision date | Supervision mode / number in group / duration of supervision  (or formative / summative recording) | Clients discussed (initials) | Live supervision type – excerpt / role play / none (client initials) |
| *Eg 10.1.20* | *Group / 3 / 90 mins* | *AB; CD* | *Excerpt (CD)* |
| *Eg 17.1.20* | *Individual / 1 / 60 mins* | *AB* | *Role play (AB)* |
| *Eg 6.2.20* | *Formative recording (1 hour)* | *AB* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Formative feedback on full session therapy recording:**  We encourage you to observe a full therapy session recording each module, and provide feedback focusing on comments rather than numerical scores.

Date you provided a formative (ungraded) CTS-R report and discussed this with the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths identified from the recording: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas for improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observation of BABCP accredited practitioners:** Number of opportunities your student has observed you (or another accredited BABCP therapist) this term (students require a minimum of 6 over the course of the programme):

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BABCP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BABCP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BABCP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please comment on your student’s ability to use supervision as follows:**

1. **Ability to collaborate with supervisor.** *For example, in making you aware of their current level of competence and needs, presenting an honest and open account of clinical work undertaken, being an active participant (without defensiveness), selecting relevant material and presenting this in a focused manner*.
2. **Capacity for self-appraisal and reflection.** *For example, an ability to reflect on performance, discussions and feedback, being able to apply feedback to subsequent clinical work*.
3. **Capacity for active learning.** *For example, evidence of acting on your suggestions, reading the literature, taking initiative to improve knowledge and skills, preparing for supervision*.
4. **Ability to meet programme requirements.** *For example, conducting regular therapy, bringing two appropriate cases regularly, bringing weekly therapy excerpts, using necessary technology and problem solving any related difficulties*.

**Please comment on your student’s strengths *and* weaknesses in the following areas:**

1. **Therapeutic relationship:**
2. **Assessment and formulation:**
3. **Understanding and application of theory:**
4. **CBT techniques and skills:**
5. **Other:**

**Please comment on any concerns you have identified and discussed with your student:**

**Supervisor’s recommendations for future progress:**

**Overall Evaluation of trainee:**

Satisfactory

Unsatisfactory

Pending

Signed (supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Notes:*

*1. Please ensure that you provide this report by email to your student by the required dates. Your student will then write a brief reflective account on the content and forward this to you for information.*

*2. Where an unsatisfactory rating is given, please make clear why this is the case and propose an action plan for the student to complete. Please ensure you have discussed this ahead of the end of the module so that the student is aware and understands the reasons, and the CBT team are aware and in agreement with the proposed plan.*

*3. A pending rating should be used where a student has not had the opportunity to demonstrate skills, e.g. due to unavailability of suitable cases or illness.*