AHPC-1412-SUL-04

**FORM 1 SF6**

**SUPERVISION LOG**

|  |  |
| --- | --- |
| **Name of Supervisor:**  |  |
| **Details of Supervisee** |
| **Name:**  |  |
| **Registration No:** |  |
| **Institution and Department:**  |  |
| **Period of Supervision:** | **From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_** *(dd/mm/yyyy) (dd/mm/yyyy)* |
| **Supervision Level:**  | **L1 / L2 / L3 \*** |
| *\* Please delete as appropriate* |

**Instructions:**

1. **This supervision log is to be duly maintained and completed by the supervisee.**
2. **This log must be submitted together with the Supervisor Assessment Report. The cases logged should be anonymised but traceable upon Council’s request.**
3. **For cases audited or directly supervised, the supervisor should indicate the date of audit and sign against it in the patient’s record.**
4. **For in-house case presentations or discussion, attendance records should be kept.**
5. **This log is used only for verification and audit (if warranted) of the supervision completed.**
6. **You are encouraged to keep a copy of the supervision log for your own record.**
7. **All domains of the form should be completed and must not be left blank. Incomplete logs will be returned for completion.**
8. **Some of the recommended supervision activities include:**
	1. **One-to-one performance feedback discussion;**
	2. **One-to-one case discussion or case audit discussion;**
	3. **Direct observation of a clinical intervention or assessment; and**
	4. **Case presentation of selected cases in the presence of the supervisor, with feedback/input from the supervisor**

| **S/N** | **Anonymized Case identifier (eg, patient name in initials/partial patient ID)** | **Supervision Activities**  | **Date of supervision Activity** | **Supervisor’s comment (if any)** | **No. of Hours** | **Supervisor’s signature** | **Supervisee’s signature** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *e.g.1* | *Patient Number: YY8766V* | *Case observed and discussed* | *17-Oct-13* | *Good observations carried out* |   |   |   |
| *e.g. 2* | *NA* | *Grand Ward Round*  | *21-Oct-13* | *Able to complete task satisfactorily. Suggest to read up more and prepare for discussions on more difficult cases to benefit and contribute to the ward round.* |   |   |   |
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