

PSYCHIATRIC OR mhGAP-TRAINED STAFF SUPERVISION				
COMPETENCY 1: The Practitioner-Patient Relationship				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	<b>COMMENTS</b> <i>What exactly is the supervision need?            What do supervisee and supervisor think?</i>	<b>SUPPORT PLAN</b> <i>What can supervisee work on before next time? How will supervisor support?</i>
<b>Non-verbal communication</b> Body language is appropriate, helps patient feel comfortable (e.g., open, not too close/far, eye contact). Tone is kind and calm. Practitioner stays focused, does not seem "distracted."				
<b>Verbal communication</b> Language is clear. Practitioner takes time to check that patient understands; explains when patient does not understand. Appropriate speed. Uses pauses to give patient time to respond.				
<b>Active listening</b> Practitioner shows understanding by paraphrasing (rewording), summarizing and clarifying what the patient has said.				
<b>Validating</b> Normalizes patient's reactions. Lets patient know their emotional reactions are understandable. Does not minimize feelings or tell patient to feel differently. Comments are made without judgement or blame.				
<b>Empathy and attunement</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner puts themselves in patient's shoes (takes perspective) to understand their experience. Tone & activity are sensitive to the patient's state (mirroring). <input type="checkbox"/> <b>Level 2 Skills:</b> Can adapt own emotional response appropriately in session.				
<b>Collaborative</b> Practitioner encourages patient to take active part in the session. Does not tell patient what to do (give advice) but encourages them to come up with their own ideas or solutions. Gives supportive feedback to the patient, praises openness.				

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Additional Comments:

PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION					
COMPETENCY 2: Technical Skills					
Country/Mission/Project:				Date last supervision:	
Date:				Goals of last supervision:	
Supervisee:					
Supervisor:					
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	<b>COMMENTS</b> <i>What exactly is the supervision need?            What do supervisee and supervisor think?</i>	<b>SUPPORT PLAN</b> <i>What can supervisee work on before next time? How will supervisor support?</i>	
<b>Frame &amp; boundaries</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Sessions help the patient feel safe. They have a welcoming and an ending. patient can openly say what their needs. Practitioner helps the patient feel comfortable. Roles, what to expect in the session, limits and confidentiality are clear. <input type="checkbox"/> <b>Level 2 Skills:</b> Frame can be adapted when needed (see examples, level 2).					
<b>Collecting history</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner conducts a diagnostic interview, including taking a history of the main complaint and medical history. Includes patient current supports and strengths. Includes screening for risk of harm and abuse. <input type="checkbox"/> <b>Level 2 Skills:</b> Practitioner conducts a diagnostic interview, including comprehensive history taking and assessment of mental status. Can adapt structure to patient. Example: assesses development of the child of a patient with substance use issues.					
<b>Differentiating</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner asks questions or performs examinations related to screening for common conditions not disclosed. <i>Examples: substance use, infection.</i> <input type="checkbox"/> <b>Level 2 Skills:</b> This includes considering rarer differential diagnosis (e.g. neurological examination). Examples: self-medication for chronic pain through substance use.					
<b>Treatment plan</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner helps the patient identify their recovery goals (what gives their life meaning and what they hope for). Is specific in planning with the patient and prioritizes the treatment plan based on the mhGAP algorithm. Includes families/carers/support persons in the plan as needed. Considers resources and barriers in the community. At discharge from care, concludes the process with a patient supportively by reflecting together on the patient's progress. <input type="checkbox"/> <b>Level 2 Skills:</b> Prioritizes the treatment plan with the patient based on the mhGAP algorithm, MSF protocols and responsible professional practice.					

<p><b>Psychoeducation</b></p> <p><input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner gives enough psychoeducation (information) on diagnosis, using specific examples. Asks the patient what they would like to know about their condition. Educates about risks and benefits of treatment, potential side-effects, duration and importance of adherence.</p> <p><input type="checkbox"/> <b>Level 2 Skills:</b> Practitioner gives enough psychoeducation (information) on mental health condition, taking into account the patient's health knowledge and beliefs</p>			
<p><b>Making links</b></p> <p><input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner reviews recovery process with patient. Helps the patient make links. <i>Examples: reviews session notes before, connects what patient is saying with what was said earlier in session.</i></p> <p><input type="checkbox"/> <b>Level 2 Skills:</b> Reviews recovery process with patient. Makes links for patients with what was discussed in previous sessions and what has happened over the course of the treatment. Follows up on concerns from last consultation. <i>Examples: reviews session notes before, connects what patient is saying with what was said in an earlier session.</i></p>			
<p><b>Physical health screen</b></p> <p>Practitioner checks the physical condition of the patient, noting weight, age, vital signs as appropriate.</p>			
<p><b>Medication safety 1</b></p> <p>Practitioner checks for contra-indications and barriers to adherence before prescribing any medication. Prescribes medication at the lowest effective dose. Monitors progress on medication including any side-effects. Alters treatment depending on patient response and side effects. Tapers medication gradually.</p>			
<p><b>Daily functioning</b></p> <p><input type="checkbox"/> <b>Level 1 Skills:</b> Asks how the patient is functioning in their day-to-day activities. Supports the patient to consider the ways that they could improve their daily functioning. Includes behavioral health strategies for managing symptoms. Gives practical guidance for addressing common barriers to adherence.</p> <p><input type="checkbox"/> <b>Level 2 Skills:</b> Works with the patient/caregiver on problem-solving these barriers together. Shows non-confrontational approach.</p>			

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Additional Comments:
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PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION					
COMPETENCY 3: Case Discussion					
Country/Mission/Project:			Date last supervision:		
Date:			Goals of last supervision:		
Supervisee:					
Supervisor:					
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	<b>COMMENTS</b> <i>What exactly is the supervision need?          What do supervisee and supervisor think?</i>	<b>SUPPORT PLAN</b> <i>What can supervisee work on before next time? How will supervisor support?</i>	
<b>Patient-centered care</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Advocates for patient. Considers them a “whole person.” Does not generalize, use explanations based on “all patients with this diagnosis.” <i>Example: identifies patient’s individual triggers for mood episodes (e.g. sleep deprivation, disruptions in routine).</i> <input type="checkbox"/> <b>Level 2 Skills:</b> Integrates psychosocial and environmental factors into the biomedical model. <i>Example: understands patient’s mood episodes because of temperament, past experience and current stressors.</i>					
<b>Diagnosis</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Identifies patient’s “main complaint” and difficulties at this moment; gives an mhGAP diagnosis. Considers how person is doing in their day-to-day activities (what is going well, what are the main areas of difficulty). <input type="checkbox"/> <b>Level 2 Skills:</b> Practitioner gives an appropriate diagnosis based on comprehensive assessment. Considers other similar presentations based on mhGAP, clinical guidelines and diagnostic manuals. Describes functional impairment (how and where is the MH condition affecting the patient at this time?).					
<b>Adapting</b> <input type="checkbox"/> <b>Level 1 Skills:</b> If patient is not improving/getting worse: Practitioner uses case discussion to understand why and adapt intervention. <i>Example: before considering switching medication, reconsiders diagnosis and intervention.</i> <input type="checkbox"/> <b>Level 2 Skills:</b> Thinks about alternatives to own assumptions (ideas about the patient).					
<b>Observation</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Can describe clinical observations of the patient, including mental state as it has changed over time: appearance, behavior, speech, mood, thoughts, perception, and insight. <input type="checkbox"/> <b>Level 2 Skills:</b> Presentation is logical and makes links between different aspects.					

<p><b>Choice of intervention</b></p> <p><input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner suggests interventions based on mhGAP management algorithms. Shows awareness of stress-related conditions and essential care and practice.</p> <p><input type="checkbox"/> <b>Level 2 Skills:</b> Practitioner suggests interventions based on mhGAP, MSF clinical guidelines and professional practice/continued learning. Considers risks and benefits of a pharmacological intervention. Priorities of intervention are based on a case formulation (See Examples Level 2).</p>			
<p><b>Ethical issues</b></p> <p><input type="checkbox"/> <b>Level 1 Skills:</b> Brings up uncertainties in case discussion. Shows some awareness of when to seek supervision. <i>Example: risk concerns about abuse.</i></p> <p><input type="checkbox"/> <b>Level 2 Skills:</b> Shows awareness of common ethical dilemmas and can describe them. <i>Examples: concerns about risk, limits of competency.</i></p>			
<p><b>Multidisciplinary Work 1</b></p> <p>Communicates about treatment plan with other members of the team, shares information. Makes appropriate referrals. <i>Example: refers to psychosocial worker for engagement in a meaningful activity or need for psychosocial follow-up.</i></p>			

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PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION				
COMPETENCY 4: Clinical Files				
Country/Mission/Project:			Date last supervision:	Click or tap here to enter text.
Date:	Click or tap here to enter text.		Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	<b>COMMENTS</b> <i>What exactly is the supervision need?            What do supervisee and supervisor think?</i>	<b>SUPPORT PLAN</b> <i>What can supervisee work on before next time? How will supervisor support?</i>
<b>Completeness</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner fills the appropriate clinical forms after each consultation. This includes prescriptions. Assessments include diagnoses.  <input type="checkbox"/> <b>Level 2 Skills:</b> Follow-up notes include monitoring tools and comments on patient progress.				
<b>Regularity</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner provides regular follow-up to patients and documents missed appointments. Frequency (how often) respects mhGAP and MSF clinical guidelines.				
<b>Multidisciplinary Work 2</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner makes appropriate referrals to other services. This can be inside or outside the project. Referrals are adapted to the patient's needs and respect his/her wishes.  <input type="checkbox"/> <b>Level 2 Skills:</b> This includes management of complicated situations (e.g., protection).				
<b>Medication safety 2</b> Practitioner gives the appropriate amount of a drug in relation to frequency of appointments. Avoids gaps and/or supplying large quantities with insufficient (not enough) monitoring.				

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Additional Comments:

PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION					
COMPETENCY 5: Specific Situations & Target Groups					
Country/Mission/Project:				Date last supervision:	
Date:				Goals of last supervision:	
Supervisee:					
Supervisor:					
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	<b>COMMENTS</b> <i>What exactly is the supervision need?            What do supervisee and supervisor think?</i>	<b>SUPPORT PLAN</b> <i>What can supervisee work on before next time? How will supervisor support?</i>	
<b>Interventions for children</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner assesses children with language and behavior adapted to the child's stage of development. Medication is only considered after consulting a supervisor. <input type="checkbox"/> <b>Level 2 Skills:</b> Medication is only considered after consulting guidelines and discussing with a supervisor or colleague. Practitioner communicates a biopsychosocial understanding of the child's condition and is comfortable encouraging parenting interventions and behavioral rules.					
<b>Crisis management</b> <input type="checkbox"/> <b>Level 1 Skills:</b> Practitioner identifies signs of an acute crisis and seeks specialized advice where needed. <i>Examples: When the patient is incoherent (impossible to understand), has very different behavior to last consultation, looks agitated.</i> <input type="checkbox"/> <b>Level 2 Skills:</b> Practitioner is able to stabilize a patient in an acute crisis, without or with a pharmacological intervention as appropriate. <i>Examples: acutely suicidal patient, catatonic patient, agitated patient.</i>					
<b>Interpreter</b> Practitioner works with interpreter/translator in a collaborative way. Gives clear guidance, requests feedback. Gives space for debriefing and listens.					

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