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 annoymised but traceable in the event of an audit by the Council.**
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.**

| **S/N** | **Case identifier (e.g. Patient Name/Patient ID no.)** | **Supervision Activities**  | **Date of supervision Activity** | **Supervisor’s comment**  | **Supervisor’s signature** | **Supervisee’s signature** |
| --- | --- | --- | --- | --- | --- | --- |
| *e.g.1* | *Patient Number: XX9088B* | *Case audit*  | *13 Oct 13* | *More thorough documentation required of patient history taken.* |  |  |
| *e.g.2* | *Patient Number: YY8766V* | *Case observed and discussed* | *17 Oct 13* |  |  |  |
| *e.g. 3* | *NA* | *Grand Ward Round*  | *21 Oct 13* | *To read up more and prepare for discussions on more difficult cases to benefit and contribute to the ward round.* |  |  |
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