**Structured assessment of psychotherapy expertise (SAPE)**

|  |  |  |
| --- | --- | --- |
| **Field** | **Options** | |
| **Curriculum level** | CT1 | |
|  | CT2 | |
|  | CT3 | |
|  | ST4 | |
|  | ST5 | |
|  | ST6 | |
|  |  | |
| **Assessment date** |  | |
|  |  | |
| **Forename** |  | |
|  |  | |
| **Surname** |  | |
|  |  | |
| **Professional registration** | GMC | |
|  | None | |
|  | Other | |
|  |  | |
| **Please state professional registration if not with GMC.** |  | |
|  |  | |
| **Assessor position** | Consultant psychiatrist in medical psychotherapy | |
|  | Psychologist | |
|  | SASG (with training in psychotherapy) | |
|  | Band 7 professional (for CT/ST 1-3) | |
|  | Senior psychotherapist (Band 7-8) | |
|  | Senior medical psychotherapy trainee (ST5 – 6) | |
|  |  | |
| **Please state your position if not in above list** |  | |
|  |  | |
| **Therapy modality – please state** |  | |
|  |  | |
| **Therapy duration** | Short | Long |

**Assessment gradings**

Think about the standard of capability expected of your trainees **at the end of the current year** and select a button to indicate their current progress towards that.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| HLO & Themes | Working towards expected standard | | | Meets expected standard | Above expected standard | Unable to comment |
| **1.1 Professional relationships** | | | | | | |
| **Attitude towards patients** |  |  |  |  |  |  |
| Derogatory, intrusive or disrespectful. | Often makes unjustified assumptions | Some difficulties in appreciating patient’s position | Respectful and non-judgmental | Informed by realistic but positive view of patient’s potential | Insufficient evidence to be able to form a view |
| **Develop empathic and responsive relationship with patient** |  |  |  |  |  |  |
| Little or no sense of patient’s feelings or perspective | Working relationship is limited by lack of rapport, interest or understanding | Relationship is often sound but also lapses through therapist’s uneven attunement. | Earns patient’s trust and confidence from ability to listen and appreciate their feelings. | Developed capacity to feel and imagine events from patient’s perspective. | Insufficient evidence to be able to form a view |
| **1.2 Professional standards** | | | | | | |
| **Use of supervision** |  |  |  |  |  |  |
| Misses several sessions without explanation or is very cynical. | Guarded and uninvolved, or too dominant in discussion. Fails to grasp what is being conveyed. | Shows capacity to use supervision but this remains inconsistent. | Attends regularly, participates honestly and openly in discussion, uses advice received. | Allies sensitivity with creativity in reflections about the therapy. | Insufficient evidence to be able to form a view |
| **Documentation** |  |  |  |  |  |  |
| Records (notes and / or letters) are seriously incomplete, inaccurate or misleading. | Records omit key events in treatment; summary excessively generalised or un-informative. | Records are often competent but incomplete. | Record of treatment sessions is focused and clear; final summary letter apt and comprehensive. | Records resemble those of a more experienced therapist. | Insufficient evidence to be able to form a view |
| **2.2 Clinical knowledge and skills** | | | | | | |
| **Understand rationale of treatment** |  |  |  |  |  |  |
| Cannot explain rationale of treatment. | Confused about key differences between therapeutic approaches. | Still unsure of how therapy would help the patient. | Correctly explains basic principles of approach. | Recognises how recommended actions can facilitate therapeutic change. | Insufficient evidence to be able to form a view |
| **Provide working formulation of patient’s difficulties** |  |  |  |  |  |  |
| Minimal understanding of what formulation is or no attempt to produce one. | Formulation is attempted but significantly incomplete or inaccurate. | Formulation lacks at least one important component. | Adequate account of predisposition to, precipitation and maintenance of problems. | Formulation is cogent, personalised and theoretically sound. | Insufficient evidence to be able to form a view |
| **Establishing frame for treatment and noticing challenges to this** |  |  |  |  |  |  |
| Behaves as if in another setting entirely, e.g. talking with a friend, leading an interrogation. | Repeatedly fails to protect setting, keep to time or confuses patient by behaviour towards them. | Occasionally fails to maintain setting appropriately. | Manages setting, time and personal boundaries consistently. | Optimises working collaboration by adjusting approach to patient. | Insufficient evidence to be able to form a view |
| **Use of therapeutic techniques** |  |  |  |  |  |  |
| Actions in sessions bear no relation to patient’s needs. | Attempts at intervention are often clumsy or inappropriate. | Interventions vary considerably in execution and success. | Well-chosen interventions are usually carried out thoughtfully and competently. | Interventions are sensitively timed and phrased and linked to positive change. | Insufficient evidence to be able to form a view |
| **Monitoring the impact of therapy** |  |  |  |  |  |  |
| Repeatedly unable to recognise positive or negative effects when these occur. | Limited insight into how patient is being affected by therapeutic sessions and attendant risks. | Evident blind spots in assessment of impact of therapy and interventions on patient. | Describes impact of therapy on patient compre-hensively and accurately. | Aware of interrelationship between different aspects of change during treatment. | Insufficient evidence to be able to form a view |
| **Management of the ending of treatment** |  |  |  |  |  |  |
| Abandons patient without warning or is unable to let patient go. | Little attention is paid to the impact of ending, whether planned or patient leaves early. | Ending is considered but perfunctorily or at unsuitable moments in the treatment. | Patient is prepared for ending of treatment and its consequences are anticipated. | Patient helped to continue to develop after cessation of treatment. | Insufficient evidence to be able to form a view |

|  |  |
| --- | --- |
| **Comments** |  |
| **Anything especially good**  Identify areas where the trainee is performing strongly. |  |
|  |  |
| **Areas for development**  Identify areas where the trainee could improve performance. |  |
|  |  |
| **Suggested actions for development**  Identify actions that the trainee could undertake to improve performance. |  |
|  |  |
| **Trainee reflection on WPBA**  Space for trainee reflection on current performance and development plans. |  |
|  |  |