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

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| **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.

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| 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 |

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| **Comments** |  |
| **Anything especially good** Identify areas where the trainee is performing strongly. |  |
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| **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. |  |
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| **Trainee reflection on WPBA**Space for trainee reflection on current performance and development plans.  |  |
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