

For office use only:

Site Name	
Group Number	
Supervisor Initials	



JtD Supervision Supervisor Booklet

Instructions

You are required to complete one of these Supervisor Booklets for every group that you undertake at your site. That is one Booklet per group.

Firstly you will need to complete the Supervision Register on page 2 on a weekly basis during the 12 week JtD programme.

Secondly you will need to complete specific checklists (on pages 4-6) at three separate time points during the supervision. The checklist should be completed immediately after each of the supervision sessions is concluded. It doesn't matter if you have not done something on the checklist during a particular supervision we don't expect you to cover everything at every session. The checklist should be completed after supervision during week 1 (the first supervision session), week 5 and week 12. You will receive reminders to help you complete the booklet.

Once the booklet is completed for a group (after week 12 or last supervision session) the booklet should be signed, dated and returned to the address provided below. The original should be retained for your records. You can either scan and email a copy or take a photocopy and return to the address provided. Please return the completed Booklet within 2 weeks of completing week 12 supervision. Thank You.

Jessica Wright, Research Associate
Study Manager Journeying Through Dementia (JtD) Trial
Sheffield Clinical Trials Research Unit, ScHARR
The University of Sheffield
30 Regent St, Sheffield S1 4DA

Tel external: 0114 222 4304
Email: jessica.wright@sheffield.ac.uk

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Supervision Register

Please complete the following register on a weekly basis to indicate when supervision has been attended and how it was delivered.

Week Number	Name(s) of facilitator(s) attending: (please list)	If someone did not attend please state name and reason why: (e.g. unwell, too busy)	Type of supervision (tick one box)	Mode of delivery (tick one box)	Length of time (e.g. mins/hrs)	Any further action required by the supervisor
Pre-Group*			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		
Week 1			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		Complete checklist for 'Week 1' (page 4)
Week 2			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		
Week 3			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		
Week 4			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		
Week 5			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		Complete checklist for 'Week 5' (page 5)
Week 6			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		
Week 7			Individual <input type="checkbox"/> Joint/group <input type="checkbox"/>	Face-to-face <input type="checkbox"/> Tel/skype <input type="checkbox"/>		

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Week 8			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Week 9			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Week 10			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Week 11			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Week 12			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		Complete checklist for 'Week 12' (page 6)
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Session 13^			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		Week No:
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Session 14^			Individual <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		Week No:
			Joint/group <input type="checkbox"/>	Tel/skype <input type="checkbox"/>		
Please return the completed Supervisor Booklet to the Research team						

* Only complete if you carried out a supervision session prior to the first group meeting. Write N/A in the first column if you did not.

^ Only complete if you have carried out additional sessions during the course of the 12 week programme. Please indicate the week number in which you carried out the additional supervision.

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Week 1 Checklist

After your first supervision session please complete the following for each facilitator who attended. Please tick the relevant answer for each question:

Question	Facilitator 1	Facilitator 2 Not applicable <input type="checkbox"/>
1. Did you read the Supervision protocol prior to arranging and/or conducting supervision?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you use or refer to the JtD manual during the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you refer to any aspect of the 2 day training during the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you use a reflective diary as part of the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you discuss planning of group sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did you discuss group dynamics?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you discuss how to tailor the programme for the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Did you discuss the 1-1 sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did you offer guidance/problem solving?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Week 5 Checklist

After your fifth supervision session please complete the following for each facilitator who attended. Please tick the relevant answer for each question:

Question	Facilitator 1	Facilitator 2 Not applicable <input type="checkbox"/>
1. Did you use or refer to the JtD manual during the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you refer to any aspect of the 2 day training during the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you use a reflective diary as part of the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you discuss planning of group sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you discuss group dynamics?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did you discuss how to tailor the programme for the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you discuss the 1-1 sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Did you offer guidance/problem solving?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did you discuss enactment of activities (outings) in the community	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Week 12 Checklist

After your eleventh supervision session please complete the following for each facilitator who attended. Please tick the relevant answer for each question:

Question	Facilitator 1	Facilitator 2 Not applicable <input type="checkbox"/>
1. Did you use or refer to the JtD manual during the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you refer to any aspect of the 2 day training during the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you use a reflective diary as part of the supervision session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you discuss planning of group sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you discuss group dynamics?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did you discuss how to tailor the programme for the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you discuss the 1-1 sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Did you offer guidance/problem solving?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name: _____

Signed: _____ Dated: _____

Please retain the original for your records and send a copy of the completed booklet to the email/address provided on page 1

THANK YOU