MANUAL FOR SAGE: SHORT VERSION (2017)

Background:

SAGE stands for 'Supervision: Adherence and Guidance Evaluation'. * The 'adherence' part of the instrument (the first 10 items) concerns whether the supervisor is conducting supervision as specified in SAGE (e.g., 'managing' and 'agenda-setting'). The 'guidance' part (the final 4 items in SAGE) refers to the effect of the supervision on the supervisee (i.e., the extent to which supervision guides the supervisee's learning). In this sense, SAGE measures supervision structure and process (adherence) and the initial learning outcome (the effect supervision has in guiding the supervisee). It focuses on 'formative' supervision, though 'normative' and especially 'restorative' supervision are also valued emphases within supervision sessions.

SAGE is based on direct observation of a live or (more usually) a recorded supervision session (video recordings are best). The instrument provides a sound scientific approach to measurement, due to the psychometric and pragmatic assessments that we have conducted. SAGE allows an observer to rate the competence of supervision, especially CBT supervision, using a widely established competence rating scale (Dreyfus & Dreyfus, 1986). SAGE has evolved from two instruments: Teacher's PETS (Milne, James, Keegan & Dudley, 2002) and CBT STARS (James, Blackburn, Milne, Freeston & Armstrong, 2002). A 23- item version of SAGE was published in 2011 (Milne, Reiser, Cliffe & Raine, 2011). Short-SAGE is based on an exploratory factor analysis of the full, 23-item version, conducted in 2017 (Reiser, Cliffe & Milne, 2017, MS in preparation), resulting in a 14-item scale. Two factors emerged from this analysis, which we labelled 'supervision cycle' and 'supervisee cycle'. This is consistent with the wheels of the 'tandem model', our reasoned analogy for making sense of supervision (Milne & James, 2005; Milne, 2018). As we understand it, these cycles operate together, influencing one another in ways that enable experiential learning to occur for the supervisee. Full details can be found in Milne, D.L., (2018). Evidence-Based CBT Supervision. Chichester: Wiley; and in Milne, D.L., & Reiser, R.P. (2017). A Manual for Evidence-Based CBT Supervision. Chichester: Wiley-Blackwell.

*Consent was gained by the authors to adapt the SAGE: Short Version (2017) for use in assessing competence in different types of low intensity supervision. The SAGE marking record has therefore been adapted by Priestley, Giles & Bradbury (2022) for use specifically within case management supervision (CMS). The aim was to complement the original SAGE: Short Version (2017) which can be used within clinical skills supervision (CSS).

Administration:

Short-SAGE is an observational instrument which outlines 14 supervisor and supervisee behaviours (competencies), grouped into two major factors:

1. The Supervision Cycle (Specific supervisor behaviours which are believed to facilitate optimal experiential learning.)
2. The Supervisee Cycle (Specific observable supervisee learning competencies).

The adapted SAGE (Priestley, Giles & Bradbury, 2022) for use within CMS outlines 12 supervisor and supervisee behaviours (competencies), grouped into two major factors:

1. The Supervision Cycle (Specific supervisor behaviours which are believed to facilitate optimal experiential learning.)
2. The Supervisee Cycle (Specific observable supervisee required competencies for CMS).

Assessors ('raters') should observe a supervision session and then complete SAGE by rating the observed competencies, using the 7-point scale below. For training purposes, we append a simpler 3-point competence rating scale. We provide 1-day training workshops for raters, guided by the full SAGE manual For further information contact: robert.reiser@gmail.com., T.D.Cliffe@leeds.ac.uk, or derekmilne2017@outlook.com.

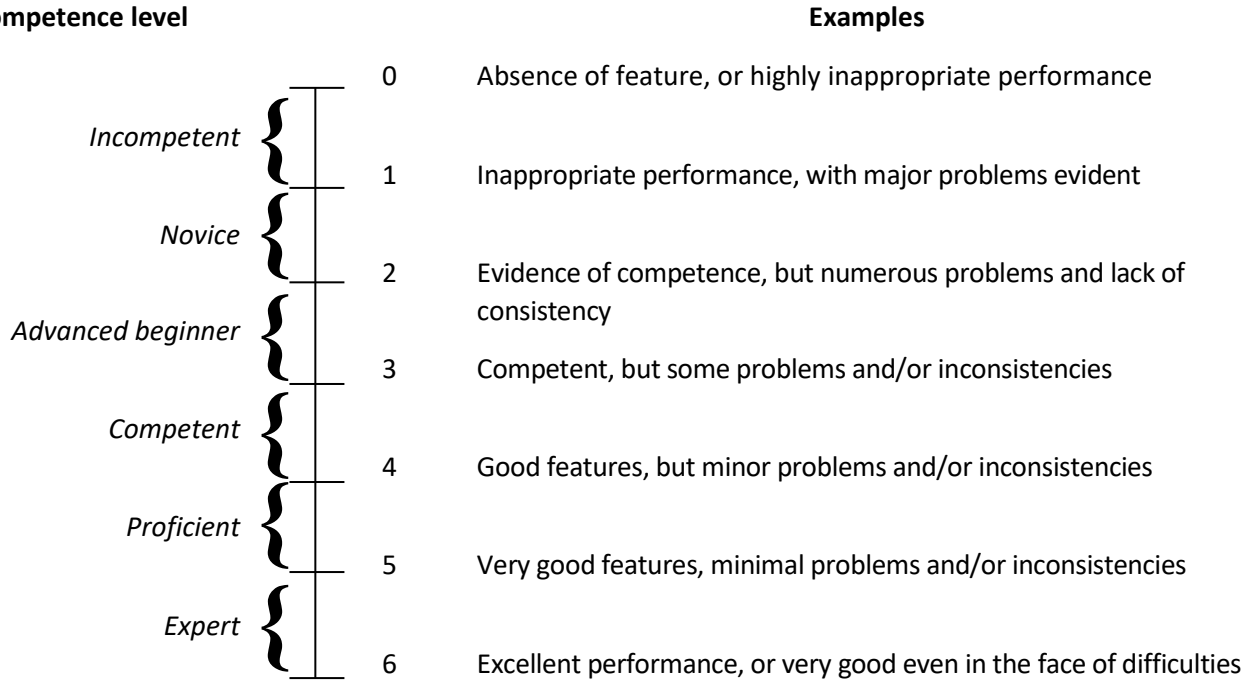
Attribution and use of the manual:

SAGE MANUAL, Short version

Scoring:

A detailed explanation of each scored item is provided below. Each item is rated on a Likert scale, ranging from 0-6 where 5-6 indicates an expert level of competence, 3-4 a competent level, and 0-2 a level below competence (i.e., competence 'not yet demonstrated'). Competence is a minimum score of 3 on each item (the 'red line').

Rate the observed supervision session between 0-6 for each of the items, to indicate the degree to which you think the supervisor has satisfied the scoring criteria detailed below. The descriptive terms on the right of this example are designed to guide your judgement.



Please note that the top ratings of 5 & 6 (i.e., near the 'expert' end of the continuum) are reserved for those supervisors demonstrating highly effective skills, particularly in the face of difficulties (i.e., avoidant supervisees; high levels of emotional discharge from the supervisees; various problematic situational factors, like a noisy room or faulty equipment).

The recommended procedure is to score all items based on the available information that is shown. The 'general feedback' section which appears at the end of the SAGE rating scale can be used to provide additional feedback and/or summary.

SAGE MANUAL, Short version for Clinical Skills Supervision (CSS)

DEFINITION OF THE TEN 'SUPERVISION CYCLE' ITEMS:

1. Managing

The supervisor leads supervision, 'scaffolding' the learning experience by structuring and pacing activity to bring order (e.g., introducing a topic or creating a task; 'signposting'). Supervisor also sets up learning situations (e.g., organising teaching materials), and generally assumes responsibility ('in charge'). The supervisor makes sure that the session flows smoothly.

2. Agenda-setting

The supervisor takes the lead in defining the session objectives, agreeing to explicit learning goals for the session in a collaborative fashion (partly by preparing for the session by reviewing the supervisee's needs, based on previous sessions), then manages the session agenda to ensure that all items are covered as agreed. The supervisor ensures that goals/objectives are properly defined (i.e., that there are 'SMARTER' objectives for the session: specific, measurable, achievable, realistic, time-phased, energising, and recorded/observable).

3. Formulating

The supervisor encourages the supervisee to analyse, synthesise and generate an explanation for clinical presentations, working actively to help the supervisee develop an individualized case formulation (problem analysis). Supervisors employ multiple approaches, including detailed questioning. An 'interpreting' mode is used to connect seemingly isolated statements or events (synthesising). The supervisee should be able to define problems and make sense of them and explore/ offer an understanding (explaining the clinical phenomena).

4. Questioning

The supervisor gathers information (e.g., open and closed questions) and seeks to raise the supervisee's awareness (exploratory open-ended questions; Socratic questioning, etc.). Aims are to help the supervisee develop hypotheses regarding therapeutic/work problems, and to generate potential solutions. The supervisee is assisted in developing a range of perspectives regarding the therapeutic process, and the usefulness of different therapeutic techniques.

5. Prompting

The supervisor reminds the supervisee about relevant material by prompting and cueing them (e.g. 'sounds like your earlier point'). This can include repeating or rephrasing that contains a reference to stated or implied feelings (e.g., paraphrasing).

6. Demonstrating

The supervisor actively attempts to develop the supervisee's competence by demonstrating/modelling/illustrating the correct performance of a skill (e.g., behavioural rehearsal; simulations; videos). Demonstration should show the supervisee how exactly to perform a skill competently, highlighting how competence gaps can be closed. These activities can also help supervisees identify possible obstacles and think through the change mechanisms underpinning the methods/tasks they use with patients. 'Iconic' learning emphasised (visual/image-based).

7. Teaching

The supervisor provides information about theories, facts, figures, ideas, methods, articles, etc. ('information transmission') to the supervisee in a didactic, directive fashion (e.g., traditional teaching). Includes discussion featuring challenge or disagreement, intended to educate supervisee. 'Symbolic' (i.e., verbal) learning emphasised.

8. Training/experimenting

The supervisor helps the supervisee learn by engaging him/her in an appropriate experiential activity, designed to facilitate experiential learning through discovery/trial-and-error experimentation. The training method needs to be appropriate to the learning needs of the supervisee and his/her stage of development and should build on strengths. The supervisor engages in relevant 'action' methods including learning exercises, simulations, behavioural rehearsal & educational role play. 'Enactive' learning emphasised (behavioural).

9. Evaluating

The supervisor explicitly monitors, checks, or evaluates the supervisee's work/competence (e.g., eliciting his/her knowledge base or proficiency/behavioural skill); encourages work-related data collection or analysis (e.g., applying clinical outcome measures); and uses capsule summaries to review what has been learned. Feedback specifies the gap between what is expected/required and what has been demonstrated/observed (the standard).

10. Feedback

The supervisor asks the supervisee to summarise perceptions of the session. The focus should be on identifying any gaps between what supervisors should do and what was perceived to occur. This should naturally lead to suggested improvements, to close the gap. The manner in which the information is sought should be open and frank, encouraging the supervisee to be honest and forthcoming about his/her opinions and impressions of supervision and the learning experience in general. The supervisor actively elicits feedback not only about helpful aspects of the session, but about any difficulties or conflicts that may have been experienced (e.g., 'alliance ruptures'). The supervisor demonstrates openness to receiving and processing feedback.

DEFINITION OF THE FOUR 'SUPERVISEE CYCLE' ITEMS:

11. Reflecting

Supervisees summarise relevant events and offer their personal understanding (e.g., describing what happened in therapy). They actively and explicitly draw on their personal experiences, understanding and history to make sense of these events. Supervisees reflecting effectively show signs of integrating material; assimilating things into a reasoned understanding; and of developing their own understanding.

12. Conceptualizing

The supervisee integrates public information with their personal understanding (e.g., realising how a theory or research finding pulls events together into a clearer formulation). Supervisees who are actively conceptualising work to develop a deeper/richer understanding of relevant material (e.g., asking procedural questions), as opposed to merely labelling it or describing it; using technical terms/concepts to better grasp/comprehend; seeking insight. Supervisee indicates signs of assimilating information; reasoning something through; integrating material to make sense.

13. Planning

Supervisee shows ability to draw on own understanding to plan relevant action, including problem-solving and decision-making, possibly jointly with supervisor. Barriers/obstacles/challenges to actions noted and addressed.

14. Experiencing

Supervisee processes emotional material. Examples: indicates being aware of current sensations; recognises/identifies/labels own feelings; demonstrates intuition; is in the 'here and now' moment; is aware of emotional or sensory accompaniments to activity (whether in relation to the experience of the supervision, or to discussing their work in supervision). The function of experiencing is to aid the supervisee in grasping (understanding) their sensory/affective experiences, in supervision and in relation to the material provided in supervision (e.g., recounting incidents in therapy).

SAGE Rating Scale for Clinical Skills Supervision

Trainee supervisor name:

Supervision Format: one-to-one / group

First marker's name:

Date:

PASS / FAIL

Marker's Instructions

A detailed explanation of each scored item is provided in the SAGE Manual. Each item is rated on a Likert scale, ranging from 0-6 where 5-6 indicates an expert level of competence, 3-4 a competent level, and 0-2 a level below competence (i.e., competence 'not yet demonstrated'). On each item of the Competency Measure that is evidenced in the recording, trainee supervisors must score 3 or above. NA is selected for items that do not apply.

Rate the observed supervision session between 0-6 for each of the relevant items, to indicate the degree to which you think the supervisor has satisfied the scoring criteria detailed below. The descriptive terms on the right of this example are designed to guide your judgement. Please use the 'what went well' and 'areas for improvement' sections to provide feedback for each item that is evidenced.

For Item 1 ('Managing'), if a combination CMS and CSS is submitted the trainee supervisor must make the transition from one type of supervision to the other clear in their recording e.g., 'we have completed CMS and now we will move on to CSS'. Trainee supervisors will be marked down if a clear distinction is not made.

This competency measure has been taken from Reiser, Cliffe & Milne (2017).

Competence level		**Examples**
	0	Absence of feature, or highly inappropriate performance
Incompetent	1	Inappropriate performance, with major problems evident
Novice	2	Evidence of competence, but numerous problems and lack of consistency
Advanced beginner	3	Competent, but some problems and/or inconsistencies
Competent	4	Good features, but minor problems and/or inconsistencies
Proficient	5	Very good features, minimal problems and/or inconsistencies
Expert	6	Excellent performance, or very good even in the face of difficulties

SAGE: Short Version (2017) for Clinical Skills Supervision

SUPERVISION CYCLE items Please circle/highlight your rating:

	INCOMPETENT	COMPETENT	EXPERT
1. Managing Supervisor leads; 'scaffolding' learning (structuring; pacing).	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
2. Agenda-setting Defining session objectives.	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
3. Formulating Analysing; synthesising; explaining (e.g., case reformulation).	0 1 2	3 4	5 6 NA
	What went well: Areas for improvement:		
4. Questioning Gathering information; raising awareness.	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
5. Prompting Reminding & cueing (e.g., rephrasing).	0 1 2	3 4	5 6
	What went well: Areas for improvement:		

6. Demonstrating Modelling competence (e.g., live or video illustration).	0 1 2 3 4 5 6 NA What went well: Areas for improvement:
7. Teaching Informing; discussing; educating.	0 1 2 3 4 5 6 NA What went well: Areas for improvement:
8. Training/experimenting Facilitating experiential learning (e.g., role-play).	0 1 2 3 4 5 6 NA What went well: Areas for improvement:
9. Evaluating Monitoring & giving supervisee feedback.	0 1 2 3 4 5 6 What went well: Areas for improvement:
10. Feedback Seeking feedback on supervision; defining & addressing gaps.	0 1 2 3 4 5 6 What went well: Areas for improvement:

11. Reflecting Supervisee summarising & understanding subjective/private material (e.g., expressing own ideas).	0 1 2 3 4 5 6 What went well: Areas for improvement:
12. Conceptualising Integrating objective/public material (e.g., grasping relevant theory).	0 1 2 3 4 5 6 NA What went well: Areas for improvement:
13. Planning Problem-solving; decision-making; action planning.	0 1 2 3 4 5 6 What went well: Areas for improvement:
14. Experiencing Emotional processing (e.g., greater self-awareness).	0 1 2 3 4 5 6 NA What went well: Areas for improvement:

General feedback on the session:

Marker's signature:

SAGE MANUAL, Short version for Case Management Supervision (CMS)

DEFINITION OF THE EIGHT 'SUPERVISION CYCLE' ITEMS:

1. Managing

The supervisor leads supervision, 'scaffolding' the learning experience by structuring and pacing activity to bring order (e.g., facilitating a smooth transition between cases). Supervisor assumes general responsibility ('in charge') and makes sure that the session flows smoothly.

2. Agenda-setting

The supervisor takes the lead in defining the purpose of the session and agreeing which cases need to be discussed in a collaborative fashion. The supervisor ensures that there is a rationale for which cases need to be discussed (e.g., new cases, engagement issues, discharge/lack of progress) and then manages the session agenda to ensure that all cases are covered as agreed.

3. Formulating

The supervisor encourages the supervisee to analyse, synthesise and generate an explanation for clinical presentations, working actively to help the supervisee develop an individualized case formulation (problem analysis). An 'interpreting' mode is used to connect seemingly isolated statements or events (synthesising). The supervisee should be able to define problems and make sense of them and explore/ offer an understanding (explaining the clinical phenomena).

4. Questioning

The supervisor gathers information (e.g., open and closed questions) and seeks to raise the supervisee's awareness (exploratory open-ended questions; Socratic questioning, etc.). Aims are to help the supervisee develop hypotheses regarding therapeutic/work problems, and to generate potential solutions. The supervisee is assisted in developing a range of perspectives regarding the therapeutic process, and the usefulness of different therapeutic techniques.

5. Prompting

The supervisor reminds the supervisee about relevant material, interventions, or services that might assist them with a case by prompting and cueing them (e.g., 'sounds like your earlier point', 'have you thought about X, Y or Z'). This can include repeating or rephrasing that contains a reference to stated or implied feelings (e.g., paraphrasing).

6. Interfacing

The supervisor considers the interface between case management supervision and clinical skills supervision; the supervisor ensures fidelity to case management supervision and identifies discussions or activities that would be better placed in clinical skills supervision. If discussions arise that are outside the remit for case management supervision, the supervisor helps the supervisee to develop a plan to manage this.

7. Evaluating

The supervisor explicitly monitors, checks, or evaluates the supervisee's work/competence (e.g., eliciting his/her knowledge base or proficiency/behavioural skill); encourages work-related data collection or analysis (e.g., applying clinical outcome measures); and uses capsule summaries to

review what has been learned. Feedback specifies the gap between what is expected/required and what has been demonstrated/observed (the standard).

8. Feedback

The supervisor asks the supervisee to summarise perceptions of the session. The focus should be on identifying any gaps between what supervisors should do and what was perceived to occur. This should naturally lead to suggested improvements, to close the gap. The manner in which the information is sought should be open and frank, encouraging the supervisee to be honest and forthcoming about his/her opinions and impressions of supervision and the learning experience in general. The supervisor actively elicits feedback not only about helpful aspects of the session, but about any difficulties or conflicts that may have been experienced (e.g., 'alliance ruptures'). The supervisor demonstrates openness to receiving and processing feedback.

DEFINITION OF THE FOUR 'SUPERVISEE CYCLE' ITEMS:

9. Case Presentation

The supervisor facilitates and encourages the supervisee to present cases succinctly with the appropriate information (e.g., 5-areas, problems statement, demographics). The supervisor can identify if/when key aspects of a case are not presented and manages this within the session (i.e., asks direct questions to illicit information).

10. Risk

Supervisees explicitly present risk factors for each case discussed. They consider different types of risk (e.g., neglect, abuse, substance misuse, domestic violence) and demonstrate their understanding of the low intensity risk assessment (i.e., thoughts, intent, plan of self-harm/suicidality etc). Supervisees integrate risk factors into a risk management plan.

11. Outcome Measures

The supervisee presents relevant outcome measures and interprets the data accordingly. They are able to integrate this information with other information gathered in assessment/treatment to determine the presenting problem and intended intervention.

12. Planning

Supervisee shows ability to draw on own understanding to plan relevant action, including problem-solving and decision-making, possibly jointly with supervisor. A treatment plan is explicitly agreed for each presented case, including a clear plan for discharge or future work in line with the evidence base. Barriers/obstacles/challenges to actions noted and addressed.

SAGE Rating Scale for Case Management Supervision (CMS)

Trainee supervisor name:

First marker's name:

Date:

Overall mark:

PASS / FAIL

Marker's Instructions

A detailed explanation of each scored item is provided in the SAGE Manual. Each item is rated on a Likert scale, ranging from 0-6 where 5-6 indicates an expert level of competence, 3-4 a competent level, and 0-2 a level below competence (i.e., competence 'not yet demonstrated'). On each item of the Competency Measure, trainee supervisors must score 3 or above.

Rate the observed supervision session between 0-6 for each of the 12 items, to indicate the degree to which you think the supervisor has satisfied the scoring criteria detailed below. The descriptive terms on the right of this example are designed to guide your judgement. Please use the 'what went well' and 'areas for improvement' sections to provide feedback for each item.

For Item 1 ('Managing'), if a combination of CMS and CSS is submitted the trainee supervisor must make the transition from one type of supervision to the other clear in their recording e.g., 'we have completed CMS and now we will move on to CSS'. Trainee supervisors will be marked down if a clear distinction is not made.

This competency measure has been taken from Reiser, Cliffe & Milne (2017).

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Competent	4	Good features, but minor problems and/or inconsistencies
Proficient	5	Very good features, minimal problems and/or inconsistencies
Expert	6	Excellent performance, or very good even in the face of difficulties

SAGE: Short Version (2022) for Case Management Supervision (CMS)

SUPERVISION CYCLE items Please circle/highlight your rating:

	INCOMPETENT	COMPETENT	EXPERT
1. Managing Supervisor leads, 'scaffolding' learning (structuring; pacing). Does the supervisor facilitate smooth transition between cases?	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
2. Agenda-setting Cases are identified for discussion; ensuring a rationale is presented (i.e., predetermined stages).	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
3. Formulating Analysing; synthesising; explaining (e.g., case reformulation).	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
4. Questioning Gathering information; raising awareness.	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
5. Prompting Reminding & cueing (e.g., rephrasing).	0 1 2	3 4	5 6
	What went well: Areas for improvement:		
6. Interfacing Fidelity to CMS; other issues/discussions managed	0 1 2	3 4	5 6
	What went well:		

effectively.	Areas for improvement:
7. Evaluating Monitoring & giving supervisee feedback.	0 1 2 3 4 5 6 What went well: Areas for improvement:
8. Feedback Seeking feedback on supervision; defining & addressing gaps.	0 1 2 3 4 5 6 What went well: Areas for improvement:
9. Case Presentation Facilitates effective case presentation; identifies and manages key aspects that are omitted.	0 1 2 3 4 5 6 What went well: Areas for improvement:
10. Risk Risk explicitly discussed; risk management plan agreed.	0 1 2 3 4 5 6 What went well: Areas for improvement:
11. Outcome Measures Outcome measures discussed & interpreted.	0 1 2 3 4 5 6 What went well: Areas for improvement:
12. Planning	0 1 2 3 4 5 6

	Problem-solving, decision-making, action planning.	What went well: Areas for improvement:

General feedback on the session:

Marker's signature: