

# Observed Clinical Activity (OCA) Workplace-Based Assessment

Please note incomplete forms will be returned.

Please submit this form to your Director of Training with your end-of-rotation In-Training Assessment form.

Trainee name

RANZCP ID

Date of session 1

Duration (minutes)

Date of session 2

Duration (minutes)

Trainee stage

Stage 1  
 Stage 2  
 Stage 3

This OCA is being conducted:

independently from any EPAs  
 to contribute to the evidence base for EPA attainment (list EPA below)

EPA title(s)

When assessing an EPA, the WBAs used as evidence **must** have been assessed at the same standard as the EPA, e.g. WBA used to assess a Stage 2 EPA must be assessed at the proficient standard regardless of whether the trainee completes the WBA in Stage 1, Stage 2 or Stage 3.

## PATIENT AND SETTING INFORMATION

Please indicate the patient and setting information for this OCA

Gender

During training, at least three discrete high prevalence OCAs and at least three low prevalence OCAs should be completed

Provisional diagnosis

### High prevalence

- Anxiety disorder
- Major depressive disorder
- Personality disorder
- Somatoform disorder
- Substance use disorder
- Other (specify).....  
.....

### Low prevalence

- Bipolar disorder
- Developmental disorder
- Eating disorder
- Intellectual disorder
- Organic disorder
- Schizophrenia
- Other (specify) .....  
.....

During training, OCAs should be completed in each of the following age groups

Developmental stage

Adult (19–65)  
 Child and adolescent (0–18)  Old age (>65)

Does this patient identify as:

- Indigenous
  - CALD
- Please specify if relevant:
- Inpatient
  - Outpatient

During training, OCAs should take place in a range of the following settings/context

Setting/context

- Community/primary care
- Forensic
- General hospital
- Psychiatric hospital
- Private
- Rehabilitation
- Other (specify) .....  
.....

Please provide any additional information regarding the patient/setting/context the trainee/supervisor would like noted.

Notes

# FEEDBACK (Mandatory)

- What aspects were done well?
- Suggestions for improvement.
- Agreed actions/goals.

## ASSESSMENT CRITERIA

Please rate the following aspects of the observed clinical activity on the scale below. See the [Developmental Descriptors](#) document (available on the College website) as a guide to expected standards and to help inform feedback. Point 5 on the scale represents the expected standard **on completion** of the trainee's current stage of training.

	Below the standard for <b>end of stage</b>			Meets standard for <b>end of stage</b>			Above standard for <b>end of stage</b>		
	1	2	3	4	5	6	7	8	9
1 History taking process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 History taking content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Mental state examination skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Physical examination skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Data synthesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supervisor name (print) ..... Signature ..... RANZCP ID ..... Date .....

Principal supervisor signature..... RANZCP ID ..... Date .....  
(if different from above)

Trainee signature ..... Date .....