The Royal Australian & New Zealand College of Psychiatrists | Your Health in Mind

# 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 asess 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) ................
  ..................................

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) ........................
  ..................................

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

**Developmental stage**
- ◯ Child and adolescent (0–18)
- ◯ Adult (19–65)
- ◯ Old age (>65)

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

**Notes**

Observed Clinical Activity WBA form v3.0
Education Committee approved 13/06/2014 (v2.2); amended and approved 19/09/14 (v2.4)

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## 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 **end** of stage | | | Meets standard for **end** of stage | | | Above standard for **end** of stage | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1  History taking process | O | O | O | O | O | O | O | O | O |
| 2  History taking content | O | O | O | O | O | O | O | O | O |
| 3  Mental state examination skills | O | O | O | O | O | O | O | O | O |
| 4  Physical examination skills | O | O | O | O | O | O | O | O | O |
| 5  Data synthesis | O | O | O | O | O | O | O | O | O |
| 6  Management | O | O | O | O | O | O | O | O | O |

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

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

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