

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 Report.

Trainee name RANZCP ID

Stage 1 2 3

Date of OCA – session one Approximate duration (minutes)

Date of OCA – session two Approximate duration (minutes)

This OCA is being conducted:

independently from any EPAs

to contribute to the evidence base for EPA attainment (list EPA below)

EPA title(s)

EPA standard of assessment Basic Proficient Advanced

PATIENT AND SETTING INFORMATION

Please indicate the patient and setting information for this OCA.

Gender Female Male Other

Does the patient identify as Indigenous CALD

Provisional diagnosis	Developmental stage	Setting/context
During training, at least three discrete high prevalence OCAs and at least three discrete low prevalence OCAs should be completed. <i>(Mark one box per OCA only.)</i>	During training, OCAs should be completed in each of the following age groups.	During training, OCAs should take place in a range of the following settings/contexts. <i>(Mark one box per OCA only.)</i>
High prevalence	<input type="checkbox"/> Child and adolescent (0–18)	<input type="checkbox"/> Community/primary care
<input type="checkbox"/> Anxiety disorder	<input type="checkbox"/> Adult (19–65)	<input type="checkbox"/> Forensic
<input type="checkbox"/> Major depressive disorder	<input type="checkbox"/> Old age (>65)	<input type="checkbox"/> General hospital
<input type="checkbox"/> Personality disorder		<input type="checkbox"/> Psychiatric hospital
<input type="checkbox"/> Somatoform disorder		<input type="checkbox"/> Private
<input type="checkbox"/> Substance use disorder		<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other (specify)
.....	
Low prevalence		
<input type="checkbox"/> Bipolar disorder		<i>And please specify (if relevant):</i>
<input type="checkbox"/> Developmental disorder		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
<input type="checkbox"/> Eating disorder		
<input type="checkbox"/> Intellectual disorder		
<input type="checkbox"/> Organic disorder		
<input type="checkbox"/> Schizophrenia		
<input type="checkbox"/> Other (specify)		
.....		

Any additional information regarding the patient/setting/context the trainee/supervisor would like noted

.....

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.

	<i>Below standard for end of stage</i>			<i>Meets standard for end of stage</i>			<i>Above standard for end of stage</i>		
1 History taking process	1	2	3	4	5	6	7	8	9
2 History taking content	1	2	3	4	5	6	7	8	9
3 Mental state examination skills	1	2	3	4	5	6	7	8	9
4 Physical examination skills	1	2	3	4	5	6	7	8	9
5 Data synthesis	1	2	3	4	5	6	7	8	9
6 Management plan	1	2	3	4	5	6	7	8	9

FEEDBACK (mandatory)

What aspects were done well?

Suggestions for improvement.

Agreed actions/goals.

Supervisor name (print)	RANZCP ID
Signature	Date
Principal supervisor signature <i>(if different from above)</i>	RANZCP ID
Trainee signature	RANZCP ID
		Date