For more detail on WBA requirements, please refer to the Workplace-Based Assessment Policy and Procedure.

Introduction

The Observed Clinical Activity (OCA) is a RANZCP-approved Workplace-Based Assessment (WBA) tool. The purpose of this tool is to promote learning for a trainee by providing structured feedback on performance within an authentic workplace context.

What is an OCA?

The OCA formative assessment requires the trainee to be observed by a supervisor during their initial clinical assessment of a patient after which the trainee will present their assessment and corresponding treatment plan to the supervisor. The trainee will be assessed on a series of competencies and provided with immediate feedback.

OCAs, like all WBAs, should contribute to the evidence base that informs a supervisor’s judgement as to whether a trainee can be entrusted with a particular Entrustable Professional Activity (EPA) and/or for the mid-rotation In-Training Assessment (ITA) Form and end-of-rotation ITA Form. Supervisors may also suggest OCAs for a trainee in order to further assess their competence and provide them with additional feedback.

Patient and setting information

To ensure that trainees are observed assessing a variety of patients, OCAs should be completed with patients of different ages, provisional diagnoses and in a range of settings/contexts during training.

Trainees should complete OCAs with patients with at least three different high prevalence provisional diagnoses and OCAs with patients with at least three different low prevalence provisional diagnoses as described on the OCA form. Trainees should also ensure they complete OCAs with patients in each of the following age groups: child and adolescent, adult and old age.

The gender of the patient and whether the patient identifies as Indigenous or has a culturally and linguistically diverse (CALD) background should be noted on the OCA form.

Trainees should inform their supervisor at the beginning of each rotation about all OCAs previously undertaken and allow access to copies of their OCA forms so that the supervisor can identify a suitable patient for the trainee.

OCAs should also be completed in a range of different settings/contexts as defined on the OCA form. It should be noted on the form whether it is an inpatient or outpatient setting (if relevant).

The College will monitor trends in OCA patient demographics and settings/contexts in order to consider the diversity of training experiences.

For trainees who transition from the 2003 training program who are required to complete OCAs, details will be available in the Transition matrix.

Supervision

Supervisors must be familiar with the OCA assessment process.
While trainees are responsible for organising OCAs with supervisors and making all the administrative arrangements, the supervisor is responsible for the identification of a suitable patient not well known to the trainee so that the trainee is able to carry out an initial clinical assessment.

- Supervisors must be clinically competent in the area of psychiatry relevant to the patient's presentation.

A complete OCA takes approximately 2 hours. If time allows, it can be completed in one session or it can be split into two 1-hour parts that occur no more than 1 week from each other (see table 1). The first part of the OCA should include feedback from the supervisor immediately following the observed interview. The trainee should take the opportunity to think and reflect prior to the second part.

**Table 1 Suggested OCA timings**

<table>
<thead>
<tr>
<th>OCA content</th>
<th>Duration (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review patient information (supervisor discretion)</td>
<td>10–15 min</td>
</tr>
<tr>
<td><strong>OCA – part 1</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical interview and initial management plan</td>
<td>50 min</td>
</tr>
<tr>
<td>Post-interview feedback</td>
<td>10 min</td>
</tr>
<tr>
<td>Thinking time/reflection</td>
<td>Own time</td>
</tr>
<tr>
<td><strong>OCA – part 2</strong></td>
<td></td>
</tr>
<tr>
<td>Presentation of patient assessment and viva</td>
<td>20 min</td>
</tr>
<tr>
<td>Presentation of comprehensive management plan and viva</td>
<td>20 min</td>
</tr>
<tr>
<td>Feedback</td>
<td>10 min</td>
</tr>
</tbody>
</table>

**Assessment criteria**

The aim of the OCA is to enable supervisors to provide systematic assessment and structured feedback across the following areas:

- history taking process
- history taking content
- mental state examination skills
- physical examination skills
- data synthesis
- management plan development skills.

**How to undertake an OCA**

The trainee is responsible for planning and arranging all of the components (except patient selection) needed to undertake an OCA.

1. The trainee makes arrangements with a supervisor to carry out an OCA and organises all administration required.
   - The trainee’s principal supervisor must approve in advance any OCAs being undertaken with another accredited supervisor.

2. The supervisor identifies and arranges a suitable patient not well known to the trainee so that the trainee is able to do an initial clinical assessment.
3 10–15 minutes prior to the interview, the supervisor may, at their discretion, provide the trainee with information about the patient. This may include access to the patient’s notes, a referral letter or a brief summary of salient features.

4 During the first part of the OCA, the supervisor observes the trainee while they conduct a comprehensive interview and formulate an initial management plan appropriate to the circumstances.
   - The patient must be informed of the OCA process.
   - The supervisor must document the patient and setting/context details on the OCA form. Incomplete forms will be returned.
   - The initial clinical interview should typically take 50 minutes, with a minimum of 45 minutes.

5 A post-interview feedback session occurs immediately after the clinical encounter.
   - The feedback should address the history taking and examination skills observed during the interview.
   - The post-interview feedback session should typically take 10 minutes.

6 The supervisor rates the trainee’s performance for relevant assessment criteria using the 9-point scale on the OCA form.
   - The mid-point (5) of the scale represents the expected standard on completion of each stage of training (see table 2).

Table 2 Standard guide for 9-point rating scale – see the Developmental Descriptors document for more detail (available on the College website)

<table>
<thead>
<tr>
<th>Trainee stage</th>
<th>Below standard for end of stage (1, 2, 3)</th>
<th>Meets standard for end of stage (4, 5, 6)</th>
<th>Above standard for end of stage (7, 8, 9)</th>
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</thead>
<tbody>
<tr>
<td>Stage 1 Basic</td>
<td>Below standard for basic trainee.</td>
<td>At basic level as described in Developmental Descriptors.</td>
<td>Above basic level. Moving towards the standard of a proficient trainee.</td>
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<td>Stage 2 Proficient</td>
<td>Below the standard of proficient trainee. Meets standard of a basic trainee.</td>
<td>Meets the standard of a proficient trainee as described in Developmental Descriptors.</td>
<td>Above the standard of a proficient trainee. Moving towards the standard of an advanced trainee.</td>
</tr>
<tr>
<td>Stage 3 Advanced</td>
<td>Below standard for advanced trainee. Meets standard of a proficient level trainee.</td>
<td>Meets the standard of an advanced trainee as described in Developmental Descriptors.</td>
<td>Above the standard for an advanced trainee.</td>
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</table>

Please note: standards are the level expected on completion of the relevant stage of training. OCAs conducted at the beginning of a stage may typically include ratings of below ‘meets standard for end of stage’. This approach highlights areas for improvement and allows trainees to view their progression along a continuum.

7 The trainee takes the opportunity to think and reflect during their own time prior to the second part of the OCA.

8 During the second part of the OCA, the trainee presents their clinical assessment of the patient followed by a viva of clarification questions from the supervisor. The trainee then presents their proposed comprehensive management plan, again followed by a viva of clarification questions from the supervisor.
- The trainee’s clinical assessment presentation should be a summary of the salient features, an
evaluation of gaps in the history, other essential information required, a formulation, diagnosis
and differential diagnosis.
- Each presentation and viva should typically take 20 minutes.

9 Following the trainee’s presentation, the supervisor rates the trainee’s performance for the remaining
assessment criteria (table 2) and provides additional feedback to the trainee on the OCA form.
- The supervisor should make their judgements only on those competencies and behaviours
observed during the OCA rather than inferring performance from other areas.
- This feedback session should typically take 10 minutes.

10 The trainee and supervisor discuss and agree upon the next steps to progress learning. Both the
supervisor and trainee sign the OCA form.
- The principal supervisor (if different) must also sign the OCA form to indicate their approval.
- The trainee is responsible for retaining copies of their OCA forms and ensuring that supervisors
and Directors of Training (DOTs) have access to them on request. Supervisors and DOTs may
also retain copies.

11 OCA(s) must be recorded on the end-of-rotation ITA Form for each rotation.
12 Trainees must submit their completed OCA form(s) to their DOT with their end-of-rotation ITA Form
for that rotation.
13 ITA Forms submitted without an OCA form(s) attached will be returned as incomplete.

Feedback
The feedback given after an OCA is important. Constructive and useful feedback should be given to the
trainee on:
- areas that were especially good
- areas that need improvement
- potential ideas to gain further experience and skill in the areas requiring development.

Feedback that focuses on the strengths and weaknesses of the trainee’s performance will, through self-
reflection, inform their learning and skill development.

Revision Record

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<th>Contact</th>
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<td>Date</td>
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<td>v2.0</td>
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10/2018                  | NEXT REVIEW