

# Observed Clinical Activity (OCA) Role Play 1



## Stage 1 (7 months) Trainee Self-Assessment

Assessors are referred to the [name of Guidelines] for assistance in completing this form.

Trainee Name: CHRIS	Program Name: <b>Psychiatric Hospital of the South</b>
Rotation: <b>General psychiatry – Tertiary Hospital</b>	

Please indicate information about the clinical activity:

Brief description of the case/clinical task: <b>Young man with cannabis use in the past who presents with features of a psychosis</b>
Learning Outcomes being assessed:

Please rate the following aspect of the observed clinical activity on the scale below. (n/a = not applicable) \*see Developmental Descriptors document as a guide to standards and to inform feedback.

		Below standard* for Stage X			Meets standard* for Stage X			Above standard* for Stage X			
		1	2	X	4	5	6	7	8	9	
1.	History taking process	1	2	X	4	5	6	7	8	9	n/a
2.	History taking content	1	2	X	4	5	6	7	8	9	n/a
3.	Mental state examination skills	1	2	3	4	X	6	7	8	9	n/a
4.	Physical examination skills	1	2	3	4	X	6	7	8	9	n/a
5.	Data Synthesis	1	2	X	4	5	6	7	8	9	n/a
6.	Management plan	1	2	3	X	5	6	7	8	9	n/a

**What aspects were done well?**

*Better summary than in the past.  
Presentation was poor*

**Suggestions for areas of improvement:**

*More time in preparation  
Need to do more reading  
Need to be more comfortable with managing acute problems*

**Agreed action/goals:**

Assessors Name:	Assessors Position:
Assessors Signature:	Date:
Trainees Signature:	Date:

SAMPLE