

# Observed Clinical Activity (OCA) Role Play 1



## Stage 1 (7 months) Supervisor 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	3	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?

*Part 1 of session good  
Had an appropriate diagnosis and formulation and management plan under the circumstances, in terms of investigating a young man who presents with psychosis.*

*Nice and approachable, patient.*

*This was a split OCA and we met 4 days later*

Suggestions for areas of improvement:

*Process of taking the history was basically good but dwelled too long on some areas with unhelpful exploration. Kept checking with the patient that they were happy and accepting of the treatment approach, need to be more confident and drive the management when patient is confused and scared  
Reached an appropriate diagnosis and management plan, but the differential diagnosis was not explored sufficiently. When we met again, it was clear there had not been any further clarification on the formulation and management and no further reading. The presentation summary was not as good as in the first session.  
Responded to questions by demonstrating good theoretical knowledge but had trouble applying it back to the patient.  
Appeared tired.*

Agreed action/goals:

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

# Extract from Developmental Descriptors



Aspect of Practice	BASIC	PROFICIENT	ADVANCED
	End of Stage 1	End of Stage 2	End of Stage 3
<b>Assessment</b> ME 1*	Conducts a standard assessment of a patient with typical psychiatric disorders, but requires supervision to elicit all necessary data and to understand the significance of data obtained.	With supervision, performs a detailed and comprehensive assessment of a patient presenting with typical and atypical features.	Performs a detailed and comprehensive assessment of a patient presenting with complex or multiple problems, or in special groups.
<b>History Taking</b> ME 1*	Follows recommended framework for history taking. Hypothesis-driven for simple problems. Requires supervision to clarify important positive and negative features from the history and for accuracy and interpretation of mental state examination. Demonstrates adequate assessment of risk.	History taking is targeted according to the patient’s presentation and is hypothesis-driven. Uses supervision to enhance understanding of relevant issues, including in-depth analysis of risks.	History taking is appropriate to setting, focused and hypothesis driven. Sophisticated understanding of immediate and long-term risks of the individual case.
<b>Mental State Examination</b> ME 2*	Conducts and presents a thorough MSE, assessing the key aspects of observation of appearance, behaviour, conversation and rapport, affect and mood, thought (stream, form, content, and control), perception, insight and judgement.  Succinct presentation of the MSE (and cognitive assessment) with accurate use of phenomenological terms and appropriate positive and negative findings.  <i>(OCI marking sheet just below standard)</i>	Conducts and presents a thorough, relevant and succinct MSE, with accurate use of phenomenological terms and appropriate identification of positive and negative findings.  Performs an accurate cognitive assessment targeted to the patient’s presentation that provides useful information.	Conducts and accurately presents a tailored MSE in complex patients, in a variety of settings and for a variety of reasons. Decides on the importance of a cognitive assessment, performing in a meaningful manner that provides useful information targeted to the patient’s presentation.  <i>(Surpasses the standard on ECE MARKING SHEET)</i>
<b>Information Gathering</b> ME 3*	Under supervision, describes, gathers and integrates additional information acquired from other sources and places this information into a chronological and developmental perspective.	Uses supervision to gather and integrate information from all agencies involved, including external professionals, into overall assessment and formulation. Identifies gaps and inconsistencies in information and develops a plan to address these.	Gathers and integrates complex information from all relevant sources, accurately evaluates the quality and accuracy of information and appropriately uses all information to inform the assessment and management plan. Seeks additional missing information and clarifies inconsistent information efficiently.