



Oqea Frame Guidance Manual

First release

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Reviewing your analysis

Getting to understand your way around the diagnostic decision support tool.

After you finish [reviewing your sources](#) and then click 'Start AI Analysis' on Step 4, the analysis will start processing. This may take a minute or two. You can close the screen and return back later without interrupting processing.

When you return, click on the patient's name from the Patient Management table and when the analysis is complete, you will be directed to a 'Diagnosis Summary' page.

The 'sections' of the report are on the left-hand side. They must all be marked as reviewed before you can publish and export a report.

There are two main kinds of sections, non-diagnostic and diagnostic.

The History and Functional Assessment sections are non-diagnostic, and only have a clinical analysis for review, whereas the Diagnostic Analysis sections for A1 and A2 both have symptom criteria for your review, and this is where you can [change the symptom rating](#).

You can choose to review the report sequentially, or jump around to any order you wish, just all sections must be 'marked as reviewed' before a report can be generated.

Diagnostic Summ...

Inconclusive

History (1/3)

- Physical
- Medical
- Mental Health

Functional Assessment (3/5)

- Trauma
- Risk
- Cognitive
- Social
- Self Concept

Diagnostic Analysis (2/6)

- Criteria A1 - I... **Met**
- Criteria A2 - ... **Met**
- Criteria B - P... **Met**
- Criteria C - P... **Met**
- Criteria D - In... **Met**
- Criteria E - In... **Met**

Differential Disorders (2/4)

- Mood **Comorbid**
- Anxiety **Comorbid**
- Cognitive **Absent**
- Trauma & ... **Absent**

There are three ways you can refine the clinical analysis if you want to add further detail before you're happy to mark this as reviewed.

This can be done either by [adding your own clinical observation](#), or [refining the analysis using text prompt](#) OR just by [directly editing the observation](#).

As you mark sections as reviewed, the side menu will update to show you how many sections are left for review and tick off those you have completed.

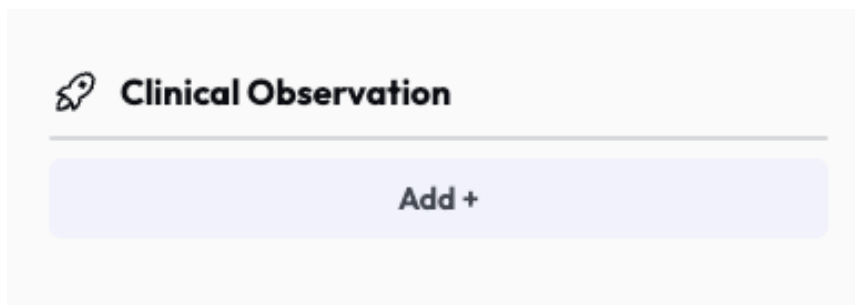
Adding a clinical observation

How you can add your own insights to generate a new clinical analysis.

As part of your review of the clinical analysis, you may want to add your own clinical observation or insight as an additional source for the analyser to include.

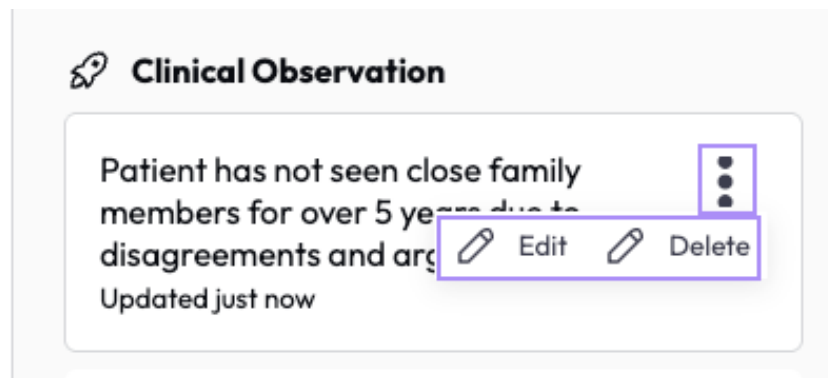
To add your own note, scroll underneath the 'References' under the right hand side.

Here you will see an [Add +] button under 'Clinical Observation'.



Clicking on this will show a plain text box allowing you to enter your information.

Once you save a Clinical Observation, it can be edited or deleted by clicking the more menu [...].



Then click 'Regenerate Summary' to include your Clinical Observation/s into the new version of a Clinical Analysis.

Refining the analysis using text prompts

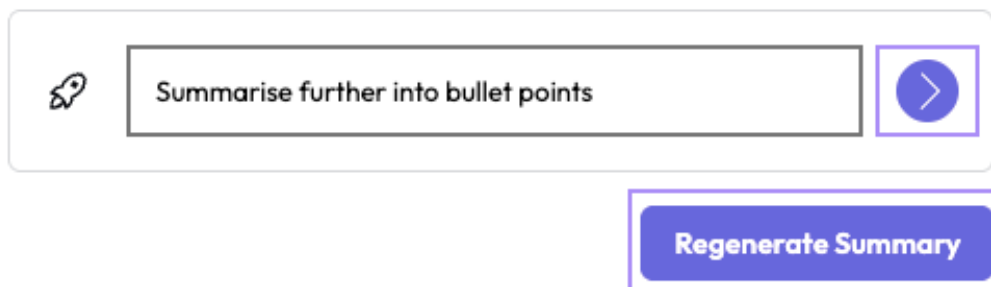
How to use the text prompt feature for changing the analysis.

As part of your review, you may decide that you prefer to refine the formatting, length or style of the Clinical Analysis for each section.

You can refine the analysis using simple text prompt, similar to how you use other AI tools.

Add your instruction into the text box, and then either select to 'Regenerate Summary' or click on the arrow next to the box. Either option will generate a new version for your review.

The only difference is the 'Regenerate Summary' will also include any Clinical Observations you may have added as new inputs together into a new version, whereas the the arrow next to the box will only include your text prompt.



You can go back to previous versions at any time and select which you prefer to keep. The version you're on when you select 'Mark as Reviewed' will be the version that will be saved for the report.

Note: Once you select 'Mark as Reviewed' that section is no longer editable.

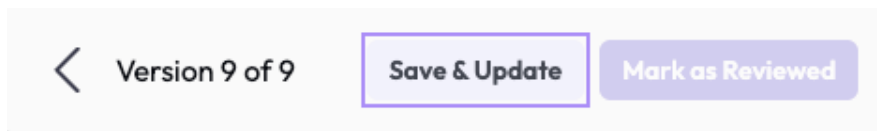
Directly editing the analysis

How to make your own text changes to the clinical analysis without having to regenerate the result.

Another way of refining the clinical analysis for each section is by directly editing its contents.

This method is preferred if the changes are small, and you know exactly how you want to change it.

Simply click into the text region and type the change you want. As soon as you type in something new, the 'Save & Update' button is available to click.



Note: Direct text edits do not generate a new version. They will overwrite the current version you are on, so there is no rollback or history of this change. It is recommended for small changes, like changing the spelling to UK English.

Viewing and changing the symptom rating

Like other sections, the first two under the Diagnostic Analysis (Criteria A1 and Criteria A2) will also show a clinical analysis which will refer to how many symptom criteria is met.

You can inspect how these symptoms are met by expanding the menu in the header.

Diagnostic Criteria: Met

9 symptoms of Criteria A1 are observed, with 0 partially meeting the criteria.

[View Details >](#)

Expanding this menu will show each symptom, rating (met, partially met, not met) and a rationale for how this rating was reached.

Symptom	Rating	AI Rationale	Clinical Observation
Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	Met >	The analysis of multiple sources indicates a strong and consistent presence of the symptom 'often fails to give close attention to details or makes careless mistakes.' Both child and adult experiences assessments explicitly mention inaccuracies in work, careless mistakes, and the need for excessive time to complete tasks, which are indicative of attention to detail issues in both school and work settings. The clinical interview transcript further corroborates this with statements from Jonas about missing deadlines, forgetting important details, and being described as 'bright but scattered' by teachers. These consistent reports across different contexts highlight a significant impairment in attention to detail that is inconsistent with his developmental level.	<input type="text" value="Add +"/>
Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	Met >	The evidence overwhelmingly supports the presence of the symptom of difficulty sustaining attention across multiple sources. In the Child Experiences Assessment, the patient reported significant challenges with attention in school settings, specifically mentioning difficulty keeping attention on schoolwork and during conversations. The Adult Experiences Assessment corroborates this with reports of being easily distracted, struggling to maintain focus during lectures, and difficulties in various settings including work and home. The clinical interview transcript further reinforces these findings, with the patient describing a long-standing struggle with focus, mental clutter, and zoning out during conversations. The consistent reporting of these difficulties across childhood and adulthood, along with the impact on daily functioning, indicates that the symptom is frequently and consistently present, leading to a diagnosis of 'Met'.	<input type="text" value="Add +"/>

A Practitioner can override this rating by clicking on this and choosing another more suitable value from the pop-up.

Update Rating



You are about to update the rating for this symptom. Please provide additional details to help improve accuracy.

Met Partially Met Not Met

Provide a reason for this update

Submit your feedback

The feedback will help improve and refine the accuracy of our tool.

Note: Adding a clinical observation here does not change the AI Rationale or the Rating. It is simply a note to yourself or to share with any other Practitioner reviewing the document.

Understanding Criteria E

How to interpret Criteria E and the differential disorders

Oqea Frame considers four groups of disorders: Mood, Anxiety, Cognitive and Trauma & Stress to support practitioners in their assessment for an ADHD diagnosis and any comorbidities that may need to be explored further.

Criteria E is a summary of the four Differential Disorders (Mood, Anxiety, Cognitive, Trauma & Stress), so these sections should be reviewed before considering Criteria E.

Like A1 and A2, on Criteria E you can review the Clinical Analysis, and click 'View details' in the header to expand to review each disorder.

Note: Criteria E is a summary of the four Differential Disorders (Mood, Anxiety, Cognitive, Trauma & Stress) which it uses as inputs. Please finish the four Differential Disorder sections before attempting this one.

Diagnostic Criteria: Met

[View Details >](#)