

# Clinical Educator and Student Perceptions of a Weekly Observed Practice Activity Evaluation Tool

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## Research article

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## Abstract

**Background:** Clinical teachers (or preceptors) have expressed uncertainties about medical student expectations and how to assess them. The Association of American Medical Colleges (AAMC) created a list of core skills that graduating medical student should be able to perform. Using this framework, this innovation was designed to provide medical students specific, progressive clinical skills training that could be observed.

**Methods:** The AAMC skills were used to develop observable events, called Observed Practice Activities (OPAs), that students could accomplish with their outpatient preceptors. Preceptors and students were trained to use the OPA cards and students turned in the cards at the end of the rotation.

**Results:** 79 of 115 preceptors and 80 of 149 students completed evaluations on the OPA. Both students (60%) and preceptors (70%) indicated the OPA cards were helpful for knowing expectations for a third year medical student, although preceptors found the cards to be of greater value than the students.

**Discussion:** The OPAs enable our outpatient preceptors to document student progress toward graduated skill acquisition. In addition, the OPAs provide preceptors and students with specific tasks, expectations, and a template for directly observed, competency-based feedback. The majority of preceptors found the OPA cards easy to use and did not disrupt their clinical work. In addition, both students and preceptors found the cards to be helpful to understand expectations of a third year medical student in our course. The OPA could be adapted by other schools to evaluate progressive skill development throughout the year.

## Background:

In order to provide medical students with a robust clinical experience, medical schools have long relied on clinician educators to teach.<sup>1</sup> These clinician educators, henceforth referred to as preceptors, consist of university-paid and community-based clinicians. They are vital for clinical medical student education and highly valued by the medical school.<sup>2</sup> A tension does exist between preceptors and medical schools due to competing demands of patient care and deliberate teaching and evaluation, a tension that exists regardless of being paid by the university or as an unpaid, private clinician.<sup>3</sup>

Clinical evaluations of student performance have been a frustration for preceptors as well as medical students.<sup>4,5</sup> Preceptors have noted their lack of clarity regarding expectations of students, making it challenging to complete evaluation tools and follow grading criteria.<sup>4,6</sup> Students have also expressed concerns over the subjectivity of evaluations, which could impact their final grade.<sup>5</sup>

At our large, public medical school in the southeastern US, clinical experiences were redesigned to be more integrated. A longitudinal structure was created for the ambulatory experience. Approximately 120 students at our central campus participated in 16 consecutive weeks of combined adult and pediatric clinical experiences. In addition, 30 students completed these outpatient experiences longitudinally in 24 week period at a branch campus. In order to provide quality clinical education, we recruited a group of over 180 preceptors at multiple locations from university-based clinics as well as private clinics.

With this volume of preceptors, evaluation challenges were even more daunting. There are also accreditation standards relevant to the adequacy and training of preceptors and comparability of student experience across training sites.<sup>7</sup> Additionally, we needed to ensure that medical students were receiving formative feedback at their training sites, which can often be a challenge for busy clinicians.<sup>4</sup> This led us to develop an instrument medical students could use to obtain observed clinical experiences to meet SOM objectives and receive feedback from preceptors.

To provide clear expectations for students and preceptors, we investigated the Association of American Medical Colleges (AAMC) Core Entrustable Professional Activities for Entering Residency (EPAs).<sup>8</sup> The EPAs organized medical student competencies into a framework of work-based activities that can be directly observed.<sup>8</sup> If we wanted to operationalize the EPAs, we needed a tool that could take advantage of workplace-based evaluation and would facilitate direct observation. In searching the literature, we adapted the Observed Practice Activities (OPA) checklist<sup>9</sup> to align with clinical skills that aligned with our curriculum.

Previous studies with pediatric preceptors identified a lack of understanding by preceptors of what experiences medical students should have.<sup>4,6</sup> Our internal course evaluations also indicated that medical students shared this uncertainty. Our goal with the OPA was to improve preceptor and student awareness of expected experiences during the Community Based Longitudinal Care course.

## **Methods:**

### **Setting**

The study took place at a public medical school in the southeastern United States during the longitudinal primary care experience in their required clerkship year. Community Based Longitudinal Care (CBLC) is a 16-week course, structured as a primary care rotation integrating outpatient family medicine, internal medicine and pediatrics clinical experiences. At the branch campuses, CBLC integrated these three outpatient disciplines over 24 weeks with the addition of outpatient gynecology and psychiatry.

### **Observed Practice Activities**

The OPAs were developed using an adaptation of a modified Delphi technique.<sup>9</sup> To develop the list of skills, we used our objectives along with the AAMC Core EPAs<sup>8</sup> to generate ideas. The initial list of skills included over 120 items representing commonly occurring primary care clinical skills. This list was presented to community-based preceptors who helped us refine the list, resulting in a total of 113 items (See Appendix A). These items were then sorted and organized by week with the expectation that medical students complete a card each week for 15 weeks. Week 16 did not have a card so students could prepare for final examinations.

The OPAs were constructed to be developmental checklist, such that expectations of students increased in complexity during the rotation and corresponded with the weekly didactic sessions.<sup>11</sup> For example, gathering a history and performing a physical examination involved: Week 1 - enter or update the medication list, problem list, social and family history; Week 2 - use pre-visit planning to evaluate previous problems and potential for impact on chief complaint; Week 4 - obtain an appropriate review of systems for a child with a fever; and Week 6 - conduct a cardiac exam on a patient and include JVD. Preceptors had to observe and sign off on these skills which also allowed students to receive feedback at the time of the activity.

### **Training and Implementation**

We trained faculty and students on how to use the OPA cards.<sup>12</sup> Community preceptors were introduced to the OPA cards by the course directors during an annual preceptor meeting and during individual faculty visits to outpatient offices. Approximately 85% of the preceptors received in-person instruction on how to use the cards and the remaining preceptors were notified via email. Students were introduced to the OPA cards during their orientation to CBLC. Students' cards were distributed at orientation and introduced as a set of weekly expectations for the course. Students were responsible for obtaining the preceptor's initials for every OPA, or explaining in writing why completion was not possible. The cards were due at the end of the rotation.

Course directors formally reviewed completed cards with each student during feedback sessions (weeks 7–9) to ensure students were able to complete the skills each week and to answer any questions. Students were able to hand in individual cards anytime they were completed, or scan and submit electronically to the course coordinator. Full credit was given to students who returned all of their completed cards which contributed to their overall grade. We also made the cards available online for students to print if they lost their original set.

### **Evaluation**

Each student and preceptor completed an anonymous online evaluation at the end of their rotation. The evaluation consisted of 5 questions collected using SurveyMonkey. Both students and preceptors were sent 2 reminders to complete the evaluation. The evaluations were anonymous and voluntary. These were collected for quality improvement and use of the results was reviewed and approved as secondary data by our office of human subjects review. Responses were analyzed using independent samples Mann-Whitney U tests with IBM SPSS v 25 (Chicago, IL).

The preceptor evaluation asked questions related to ease of use of the OPA cards, amount of direct observation of students, amount of time spent completing the OPA, and preceptor opinion if the cards improved their understanding of expectations of

students. Students were asked about ease of use of the cards, amount of direct observation and whether the cards helped improve their knowledge of the expectations of the course.

## Results:

A total of 149 medical students were given a set of 15 pre-printed OPA cards during orientation to the CBLC course. Approximately 50 students per trimester are enrolled in CBLC. All of the 149 third year medical students who completed the CBLC course completed and turned in all of their OPA cards. All other students gave their cards directly to the course coordinator either throughout the rotation or all at once at the end. Ten percent of students chose to photograph their cards as they completed them and email them to the course coordinator.

79 of 115 preceptors (response rate of 68.7%) completed evaluations. 80 of 149 students (53.7%) completed them. The results of the evaluations are in Table 1.

Although students (60%) and preceptors (70%) indicated the OPA cards clarified expectations for a third year medical student, preceptors found the cards to be of greater value than the students ( $U=2,435.00$ ,  $p=.008$ ). 88% of the preceptors did not find the cards difficult to use, as opposed to 58% of the students ( $U=1,969.50$ ,  $p=.000$ ). Preceptors felt using OPA cards made a difference in their observing students more than students ( $U=2,431.50$ ,  $p=.004$ ). In addition, 90% of the preceptors responded that the OPA cards did not slow patient flow in clinic (Table 2). There were no statistically significant differences in comparing preceptor and student responses between campuses.

38 students and 22 preceptors provided comments on the OPA cards. The most common comments from preceptors focused on specificity of the checklists ("I really like the idea but often completing the cards felt a bit "chore like". Maybe because there were too many items and maybe because students did not fully buy into cards.") and organization of items ("The OPA's seemed grouped haphazardly on the cards, but perhaps I haven't looked at the organization closely enough").

Themes identified from student comments included not understanding the importance of documenting observations ("I felt like I was in kindergarten having teachers sign a checklist. Some of the things we had to sign off on were super basic...") and specificity of the checklists ("A lot of the OPA's are too specific, which makes it hard to actually get them done"). Overall, preceptors and students found value in the cards in that they were reminded of expectations for the clinical rotations ("They were helpful in giving me a general framework of where I needed to be and what I needed to learn. It also helped my preceptor prioritize and provide me with a variety of opportunities based on what I hadn't seen or encountered yet." – Student comment).

## Discussion:

Using preceptor feedback, observable clinical skills helped preceptors know student expectations. Similar to other studies, an important finding from this process was that preceptors did not feel the OPA cards added undue burden to their already busy clinical schedules.<sup>2,13,14</sup> Our method of placing responsibility on the student to ensure completion likely helped the preceptor. However, it may have over-burdened the students given that almost half of the students who responded indicated that the cards were difficult to use.

One of the greatest successes of the OPAs was to educate both students and preceptors on the expectations for third year medical students. This was particularly helpful given our longitudinal rotation covers a broad range of primary care topics and sites. It is also a requirement from the Liaison Committee on Medical Education.<sup>7</sup> Students liked knowing exactly what was expected of them in clinic.<sup>11</sup> Preceptors commented that they felt more confident in their teaching because they had a specific list from which to teach.<sup>4</sup> In addition, course directors felt that reviewing the OPAs at mid-rotation helped them ensure students were progressing as expected.

Based on student feedback, the most difficult items for students to complete were seasonal (manage a patient with influenza) or procedural (complete cervical cancer screening on a patient). However, having these activities listed as OPAs prompted students to request experiences and preceptors to seek opportunities for their students. We will continue to monitor these items to ensure they do not pose undue burden on preceptors or students to fulfill these requirements.

Students expressed concerns about some items seeming to be repetitive. However, competency-based medical education is intended to improve the quantity and quality of feedback over time and in different contexts.<sup>15</sup> This was a reminder to be more deliberate in the students' training to clarify the overall purpose of the OPA is to demonstrate competence over time.

Unlike the preceptors, 47% of students felt the cards were cumbersome to use. In response to this feedback, a simple electronic form was developed. Preceptors could still sign off on the OPA. Despite making this change, rotation evaluations indicated that students disliked asking preceptors to sign each OPA. We then modified the requirement and allowed students to submit without preceptor signatures. Students still needed to have each one observed, but could determine if they sufficiently completed the task. However, within 3 months some preceptors requested to be involved in the process again. We now allow preceptors to decide if they would like to sign off on all items or allow their student to sign off independently. Keeping the OPA evaluation process flexible is important to this process.

A limitation of this study is that it was limited to a single institution whose expectations of students' clinical skills may not be similar to other medical schools. However, identifying core skills using a combination of sources as we have done and sorting them based on graduated complexity could be replicated by other schools. With deliberate planning, OPAs may be useful in shorter, block rotations or rotations with many preceptors.

## **Conclusion:**

Overall, there are many positive aspects of using OPAs in our course. The majority of preceptors found the OPA cards easy to use and did not slow them down during their clinical work. In addition, both students and preceptors found the cards to be helpful to understand expectations of a third year medical student in our course. Our OPAs can be adapted by other schools or other courses and can transform expected clinical skills into a more meaningful assessment tool for students as they progress through their clinical rotations.

## **Abbreviations**

AAMC  
Association of American Medical Colleges  
CBLC  
Community Based Longitudinal Care  
EPA  
Entrustable Professional Activities  
OPA  
Observed Practice Activities

## **Declarations**

### **• Ethics approval and consent to participate:**

• This study was reviewed and determined consent was deemed unnecessary according to Federal guidelines by the University of North Carolina Office of Human Research Ethics Institutional Review Board (IRB #19-1260).

### **• Consent for publication:**

• Not applicable

### **• Availability of data and materials:**

• Data is available upon request to the corresponding author.

### **• Competing interests:**

- The authors have no competing interests to report.

## • Funding:

Not applicable.

## • Authors' contributions:

KBF, AWS, MB, and CC were responsible for the design and conception of this work. JG was responsible for the design and collection of data. GLBD was responsible for the analysis and interpretation of the data. KBF, AWS, MB, CC, JG and GLBD drafted, revised, and approved the final submitted version of this manuscript and have agreed to be accountable for the work.

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- Not applicable

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## Tables

**Table 1: Preceptor and Student Survey Results**

	Preceptor					Student				
	Not helpful at all	Not very helpful	Neutral	Somewhat helpful	Very helpful	Not helpful at all	Not very helpful	Neutral	Somewhat helpful	Very helpful
Were OPA cards helpful in knowing expectations for 3 <sup>rd</sup> year medical student?	4	6	13	33	23	10	16	6	37	11
	Preceptor					Student				
	A lot less	A little less	No more	Somewhat more	A lot more	A lot less	A little less	No more	Somewhat more	A lot more
Did the OPA cards increase preceptor observation of the student?	1	2	43	25	8	0	10	50	19	1
	Preceptor					Student				
	Very difficult	A little difficult	Neutral	Somewhat easy	Very easy	Very difficult	A little difficult	Neutral	Somewhat easy	Very easy
Did you find the OPA cards easy to use?	1	8	22	28	20	11	27	13	18	11

**Table 2: Impact of OPA Cards on Clinic Flow**

	Slowed me down a lot	Slowed me down a little	Timing was the same	Sped me up
Did the student OPA cards slow you down while seeing patients?	1	8	68	1

## Appendix

### Appendix A: Observed Practice Activities

#### Clinical Activities

1. Use a website to learn **how to use inhaler** correctly (Advair discuss, Symbicort, Spiriva, albuterol MDI, pulmicort Flexhaler)

- **Teach a patient** how to use an inhaler after identifying the correct one
  - **Review asthma action plan** with a patient
2. Perform proper **diabetic foot exam** on an adult patient
  3. Demonstrate ability to do **cardiac exam** on a patient (including JVD)
  4. Demonstrate use of PHQ 9 and/or GAD 7
  5. Use **clinical decision support tools** while seeing patients (risk calculators, up to date, ACIP, PHQ 9, etc), interpret for patient and provider
  6. Use shared decision making to discuss pros/cons of a screening test and document in

your note

1. By week 6, demonstrate ability to present patients in problem based format
  - Problem list presentation
  - Incorporate health maintenance in the problem list
  - Begin with most serious problem in presentation
  - Interpret history, move beyond the reporter stage
2. Demonstrate knowledge of **symptoms** consistent with **pneumonia**
3. Demonstrate advanced **physical exam** techniques for diagnosing pneumonia
4. Demonstrate physical findings that can **differentiate CHF from lung processes**
5. Demonstrate knowledge of physical findings in **Atrial Fibrillation**
6. Demonstrate ability to perform a pelvic exam and cervical cancer screening
7. Discuss contraceptive options with a patient
8. Practice several brief counseling techniques with patients
9. Deliver anticipatory guidance about discipline or behavior
10. Demonstrate the use of **CHADS2 OR CHADS2VASC** score for determining who needs anticoagulation
11. Demonstrate concept of a **dry weight** in determining correct **therapy for CHF**
12. Demonstrate knowledge of when **screening** should be done for **lipids, TB, diabetes, and osteoporosis** (i.e. test characteristics and individual risk)
13. Demonstrate use of the **Frax calculator** to determine use of therapy for a patient
14. Demonstrate knowledge of when to order a **bone density test**
15. Demonstrate understanding of **risk factor modification** in disease prevention for

## fractures

1. Demonstrate use of a **CV risk calculator** to determine need for a statin or aspirin
2. Demonstrate the following exams:
  - **Knee**
  - **Lower extremity neuro**
  - **Shoulder**
3. Demonstrate use of **minicog** for an elderly patient
4. Demonstrate the evaluation of a patient who has **fallen**
5. Demonstrate knowledge of common signs of **dehydration**
6. Demonstrate knowledge of several physical signs that indicate **a higher level of care** is needed for an outpatient

7. Find at least one patient you can **follow to a subspecialty** visit or procedure and advocate for that patient during that visit (bring your history and share your preceptor's concerns about the patient)
8. Demonstrate components of **post-hospital visit**, use checklist/template, demonstrate knowledge of perils of transition period
9. Spend a half day with **care manager or social worker**
10. **Consult a home health service** regarding your patient
11. Visit a **psychologist/psychiatrist** with your patient
12. Demonstrate understanding of **advanced directives** and power of attorney discussions and when they should be employed
13. Identify and visit a community **senior center or adult day facility**
14. See **socially complex patient** and demonstrate appropriate use of the **community resources** for this patient
15. EVERY WEEK : Ask for **feedback**:
  - Summative feedback for your performance
  - One thing to improve
  - One thing that went well
16. Give feedback to preceptors and course directors regularly

### Pediatric Activities

1. Vaccines - using **CDC chart**, determine recommended vaccines for a child
2. Complete/perform a vaccine injection (peds or adult)
3. BMI - using a **BMI calculator** and the **CDC BMI chart**, identify whether a patient has a healthy BMI or not
4. Growth - **interpret growth parameters** for a child (weight, height, head circ, BMI if applicable)
5. Adolescent screening – perform a **HEADDSSassessment** on an adolescent or demonstrate use of a self-administered screening tool (**RAAPS, PSC, PHQ-9A**, or other)
6. Well child check - perform **2 well child checks/week** beginning wk 3
7. Rash - describe a **rash** in a child using proper terminology
8. Ear exam - **examine a child's ears** using proper positioning and technique with otoscope
9. Lung exam - perform a **lung exam** on a child with an **abnormal finding**. Distinguish **between stertor, stridor, and wheezing**
10. Abdominal exam - perform an **abdominal exam (on a patient with findings, if possible)** and discuss with preceptor
11. Discuss when and when not to call **Child Protective Services**
12. Counseling - **deliver anticipatory guidance** about discipline or behavior
13. Resources - **identify community resources** for your pediatric patients

### Technical Activities

1. During the first week, adopt a smart phrase or note template from preceptor to write notes (or create your own)
  - a. Write a minimum of **one note each half day** using EMR template
  - b. Preceptor should use note and edit as needed
2. If possible, add practice preferred order list to student order (preference) lists or learn how to enter orders
3. Demonstrate the use of the EMR to enter/update meds, problem list, social and family history while preceptor obtains pertinent information from patient
4. See patients with the provider and create after visit summaries (AVS) for at least **one patient per half day**
5. Give patient the AVS and use TEACH BACK to make sure patient understands what happened during the visit and next steps
6. By *week 3*, see at least 3 patients per half day and write notes for those patients

7. Write notes for acute care patients that include differential diagnosis, clinical reasoning, diagnostic, therapeutic, and patient education plans
8. Ask for feedback on at least one note per day
9. Demonstrate the use **pre-visit planning for a minimum 3 patients** per half day. Use this time to assess for necessary preventive measures including vaccines, cancer screening, or blood work and share with provider
10. Demonstrate pre-visit planning for 2-3 patients with *multiple chronic illnesses*
  - a. Identify previous provider visit
  - b. Identify other providers seen, ED visits, or hospitalizations since last seen
  - c. Demonstrate ability to identify patient concerns (first priority)
  - d. Demonstrate ability to identify appropriate follow up for chronic diseases (i.e. A1c needed, or foot exam)
11. Demonstrate ability to efficiently see **at least 3** patients with chronic illnesses in each half day
12. Demonstrate ability to write effective and efficient notes for chronic illness patients

## Figures

NAME: \_\_\_\_\_ **Week 1 – Observed Practice Activities**

OPA #	Date you were observed	Preceptor Initials	(if you are unable to complete a task, please explain)
1			1 During the first week, adopt a smart phrase or note template from preceptor to write notes (or create your own) --- Write a minimum of <b>one note each half day</b> using EMR template
2			2 Add the practice preferred order list to your preference list or learn how to add orders in the EMR
3			3 Demonstrate the use of the <b>EMR</b> to enter/update meds, problem list, social and family history
4			4 See patients with the provider and create a visit summary for at least <b>one patient per half day</b>
5			5 Use <b>TEACH BACK</b> to verify patient understands what happened during the visit

NAME: \_\_\_\_\_ **Week 3 – Observed Practice Activities**

OPA #	Date you were observed	Preceptor Initials	(if you are unable to complete a task, please explain)
1			1 Use a website to learn <b>how to use an inhaler</b> correctly (Advair discus, Symbicort, Spiriva, albuterol MDI, Pulmicort Flexhaler) --- <b>Teach a patient</b> how to use an inhaler --- <b>Review asthma action plan</b> with a patient
2			2 Perform and document a <b>diabetic foot exam</b> on an adult patient
3			3 Demonstrate ability to do <b>cardiac exam</b> on a patient (including JVD)
4			4 Demonstrate use of PHQ 9 and/or GAD 7
5			5 Demonstrate ability to perform a pelvic exam and cervical cancer screening

Figure 1

The OPA cards for week 1 and 3 of a 16 week course illustrate discrete skills for the student to complete. The cards are printed and given to students at the start of the course. Students work with their preceptors to identify appropriate patient encounters and preceptors initial that the student has completed the task.