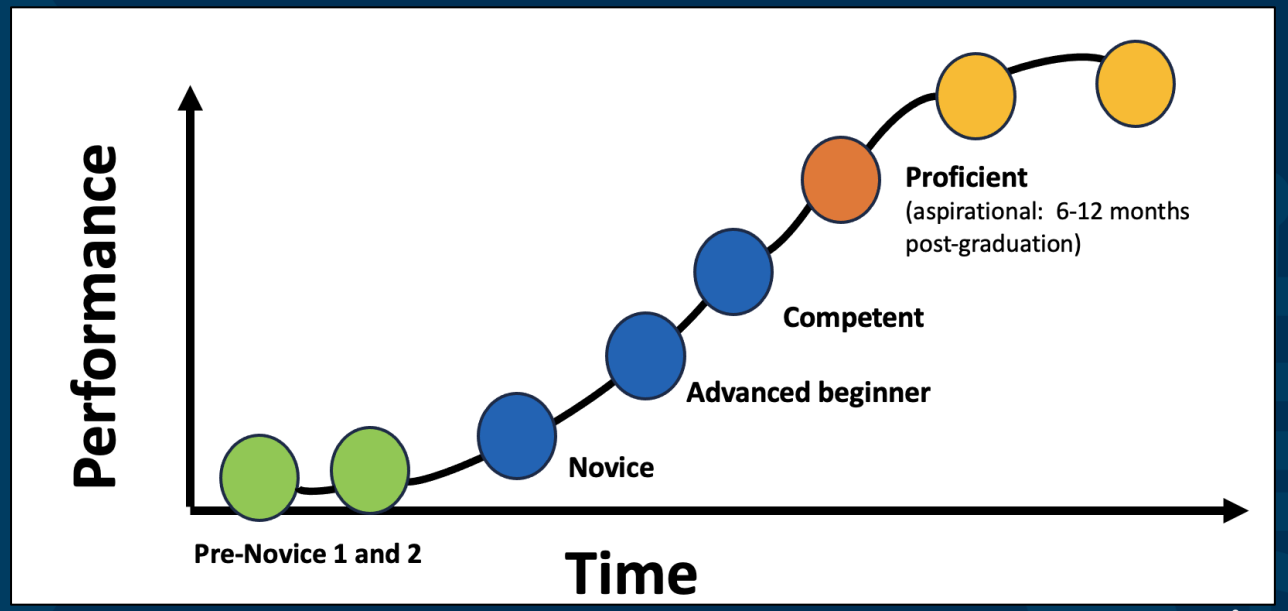
Clinical Performance Assessment for Students and House Officers



Dr. Emma K. Read
Chief Executive Officer, AAVMC
March 28, 2026

AAVMC®
American Association of Veterinary Medical Colleges

aavmc.org

AAVMC
American Association of Veterinary Medical Colleges

TRUSTED LEADER
VALUED PARTNER
ADVANCING HEALTH

The AAVMC CBVE® Model is copyrighted. The ITER is being validated in a multi-institution study at present.
AAVMC ‘s COVE (Council on Outcomes-Based Veterinary Education) has also drafted specialty milestones for house officer assessment and will publish them after the (April) AAVMC Catalyze 2026 meeting.

OSU CVM’s DVM Student ITER has been in use since 2020 and is validated/published.
OSU CVM’s Resident ITER was implemented in early 2025 – collected data from implementation is currently being drafted into a manuscript for publication.

AAVMC
American Association of Veterinary Medical Colleges

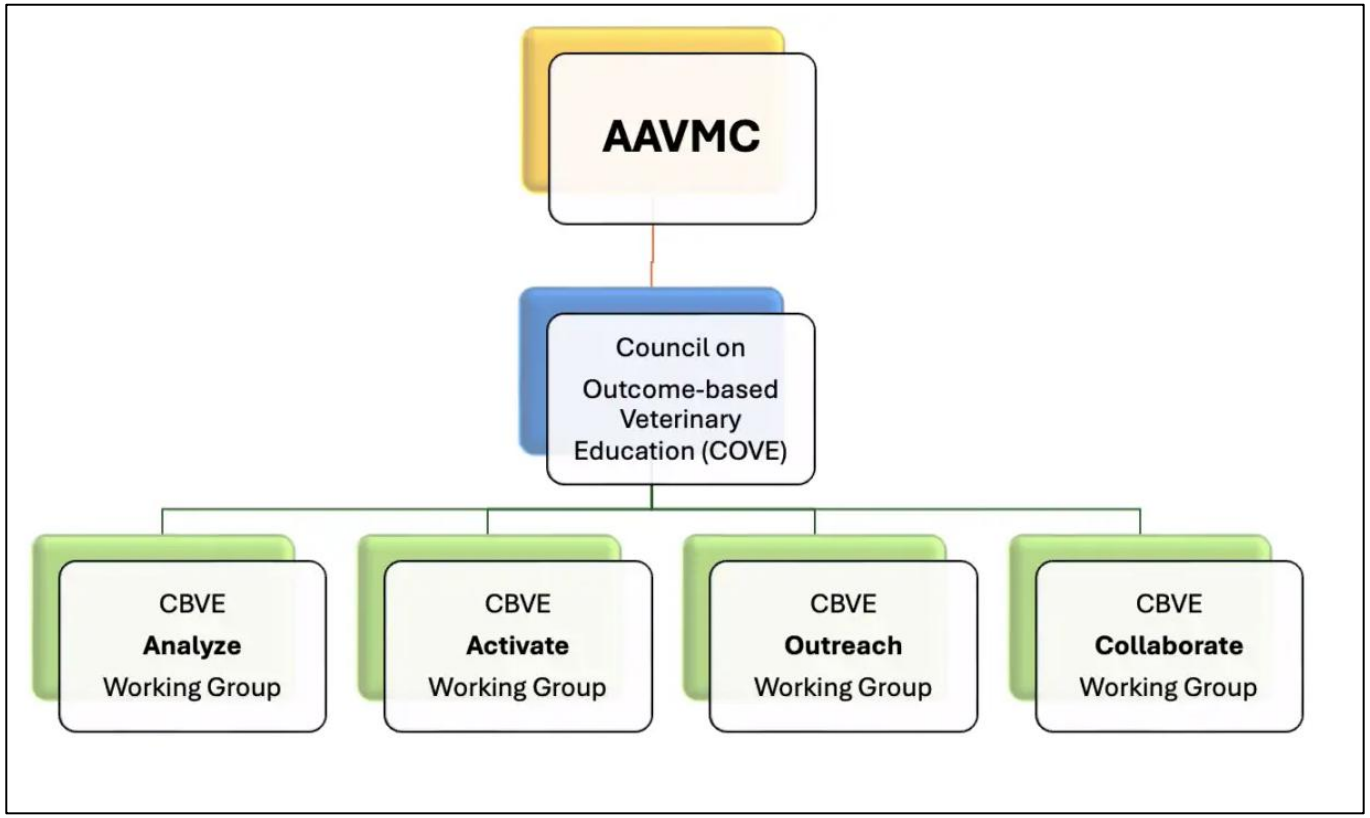
TRUSTED LEADER
VALUED PARTNER
ADVANCING HEALTH

AAEP American Association of Equine Practitioners

AAVMC CBVE Competency-Based Veterinary Education

Acknowledgement -

Council on Outcomes-Based Education



LEARNING OUTCOMES

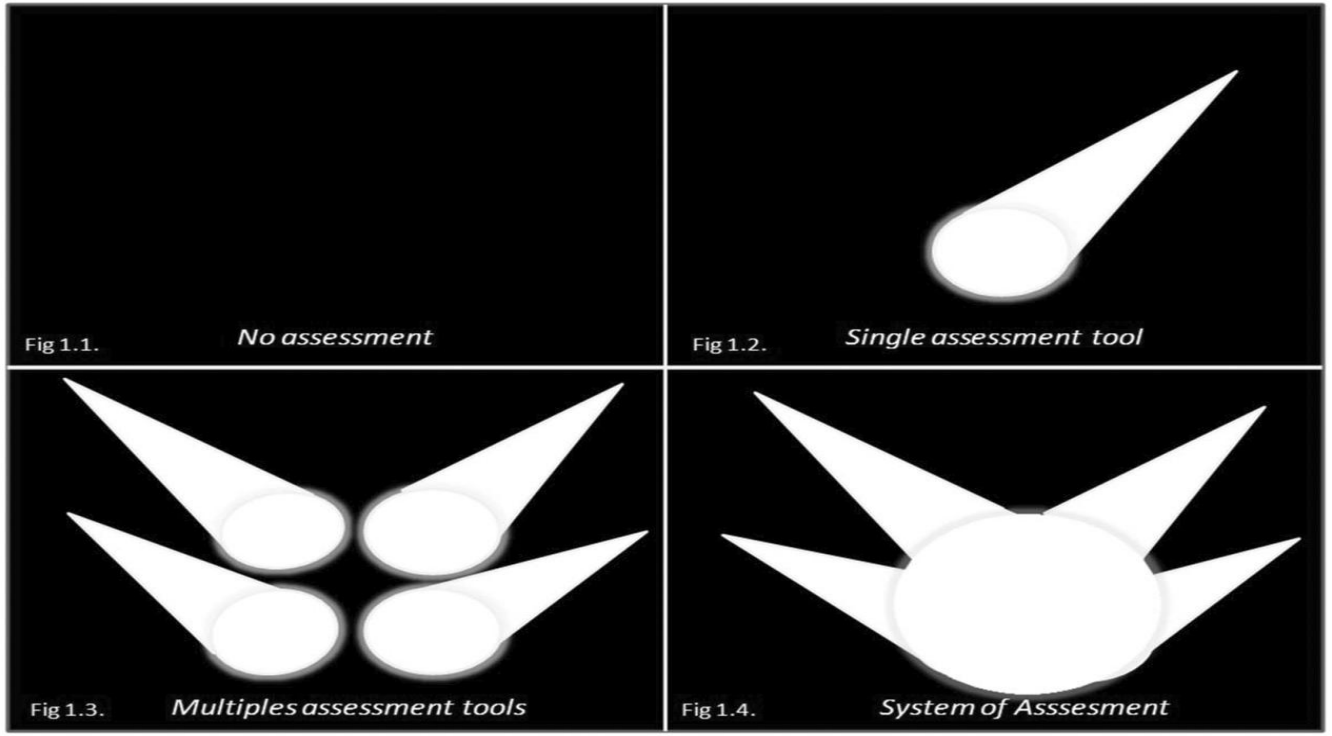
Why are we here today?

1. Review key principles of assessment and the CBVE Model
2. Describe how CBVE can be operationalized in the academic teaching hospital (any type) to assess DVM students, interns and residents

AAVMC CBVE Competency-Based Veterinary Education

Best practices for assessment

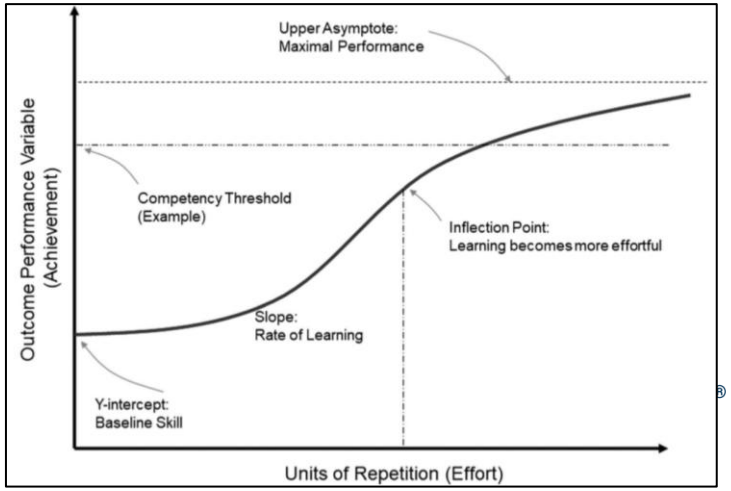
It is critical to develop a **system** of assessment

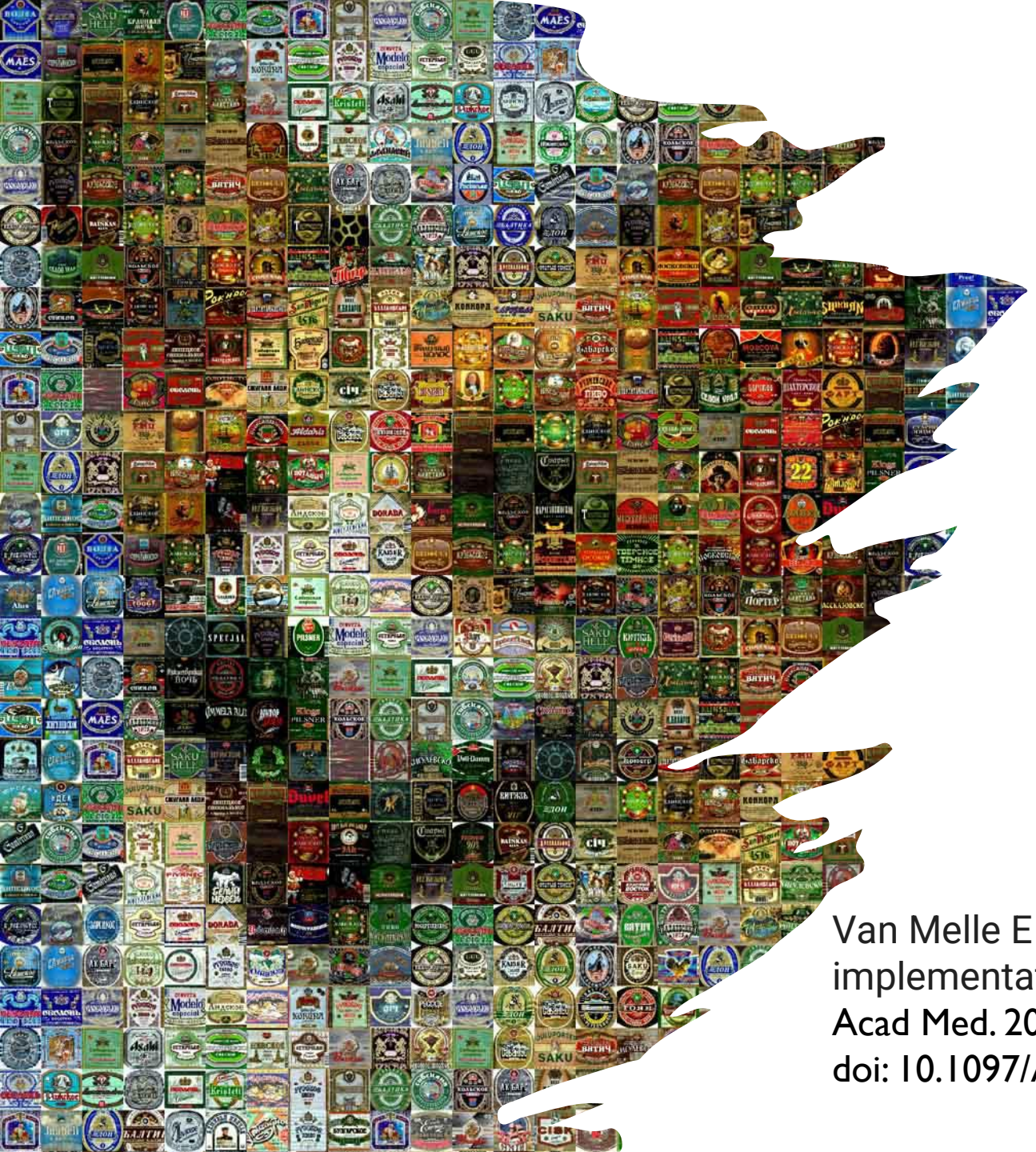


Norcini et al. 2018 Consensus framework for good assessment, Medical Teacher, 40:11, 1102-1109, DOI: 10.1080/0142159X.2018.1500016

Longitudinal assessment is a must

- Multiple measures must be collected over time to properly document learner progression
- Can be done using a single assessment tool (E.g. ITER)
- *Ideally* you will see a learning curve BUT not necessarily…sometimes it is a flat line!





Programmatic assessment is the goal of competency-based educational programs

Van Melle E et al. 2019. A core components framework for evaluating implementation of competency-based medical education programs. Acad Med. 2019 Jul;94(7):1002-1009. doi: 10.1097/ACM.0000000000002743.

AAMC

Programmatic assessment is aspirational

- Ideally, need to collect **multiple** measures of a learner's progress using **multiple** tools across **multiple** time points

- Then use a progress committee to make decisions about learner progression

Examples from veterinary medicine:

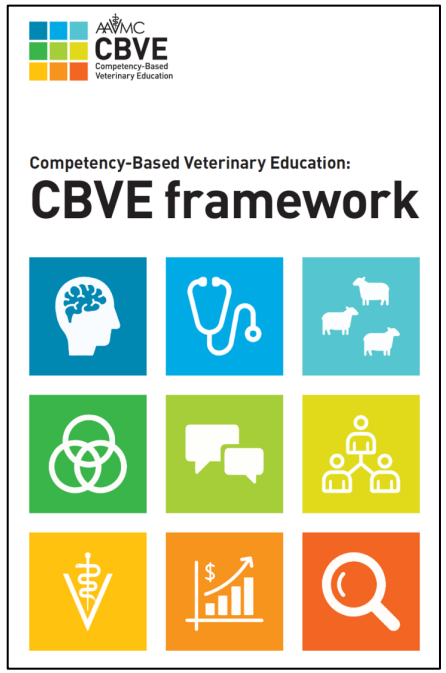
Bok H, deJong L, O'Neill T, Maxey C, and KG Hecker. 2018. Validity evidence for programmatic assessment in competency-based education. Perspectives in medical education 7: 362-372. doi: 10.1007/s40037-018-0481-2.

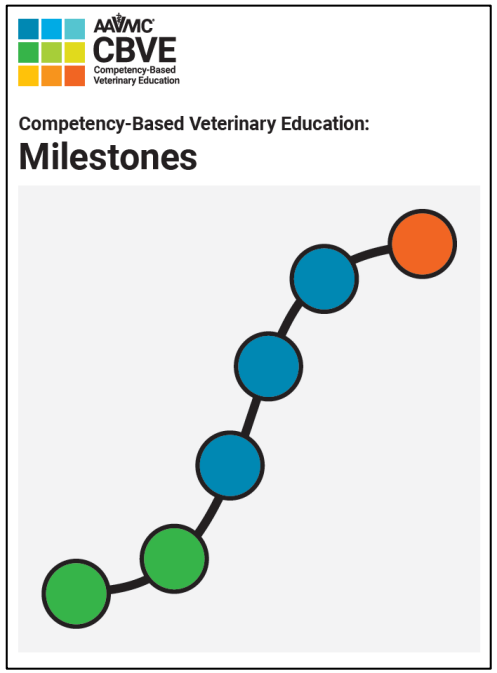
Read et al. 2022. Longitudinal assessment of competency development at The Ohio State University using the competency-based veterinary education (CBVE) model. Front Vet Sci 24 (9): 1019305. doi: 10.3389/fvets.2022.1019305.

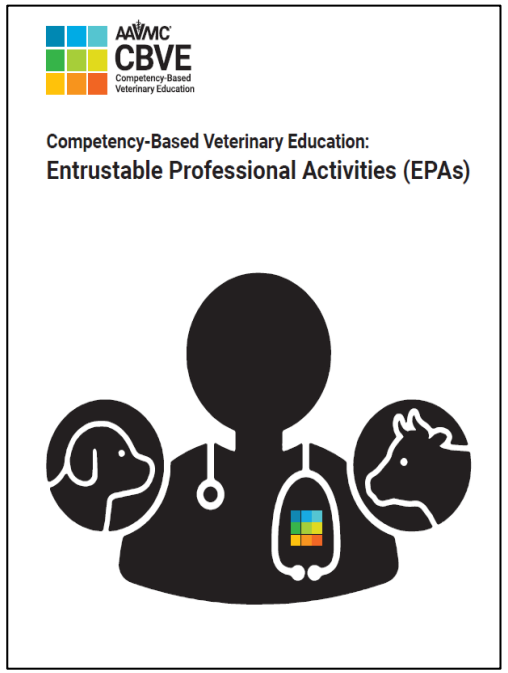
Summary:
Longitudinal vs. Programmatic assessment

Assessment	Longitudinal	Programmatic
# Tools	Single or Multiple	Multiple
# Time points	Multiple	Multiple
Committee for making progress decisions?	No	Yes

Components of the CBVE ® model





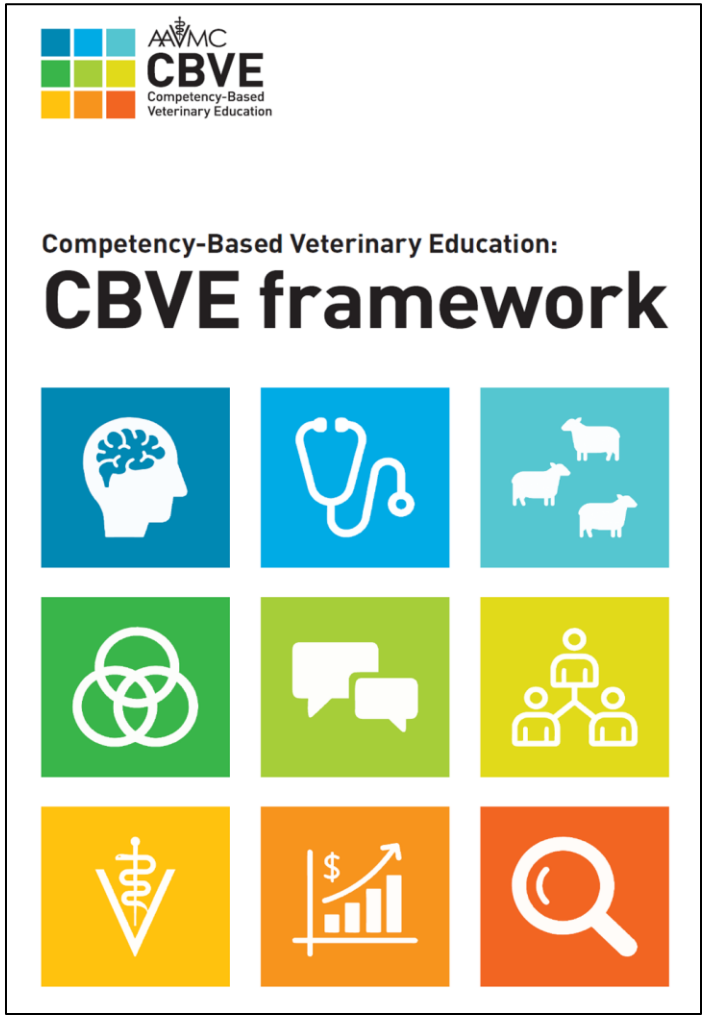


CBVE ® Competency Framework*

CBVE ® Milestones*

CBVE ® Entrustable Professional Activities (EPAs)

The competency framework



9 domains of competence

32 Competencies

- Belong across the 9 domains
- Describe the observable abilities of veterinary program graduates

AAVMC®

DOMAIN 1
Clinical Reasoning and Decision-making

The graduate demonstrates critical thinking and problem solving to arrive at evidence-based decisions that consider animal and client needs, available resources, and social context.

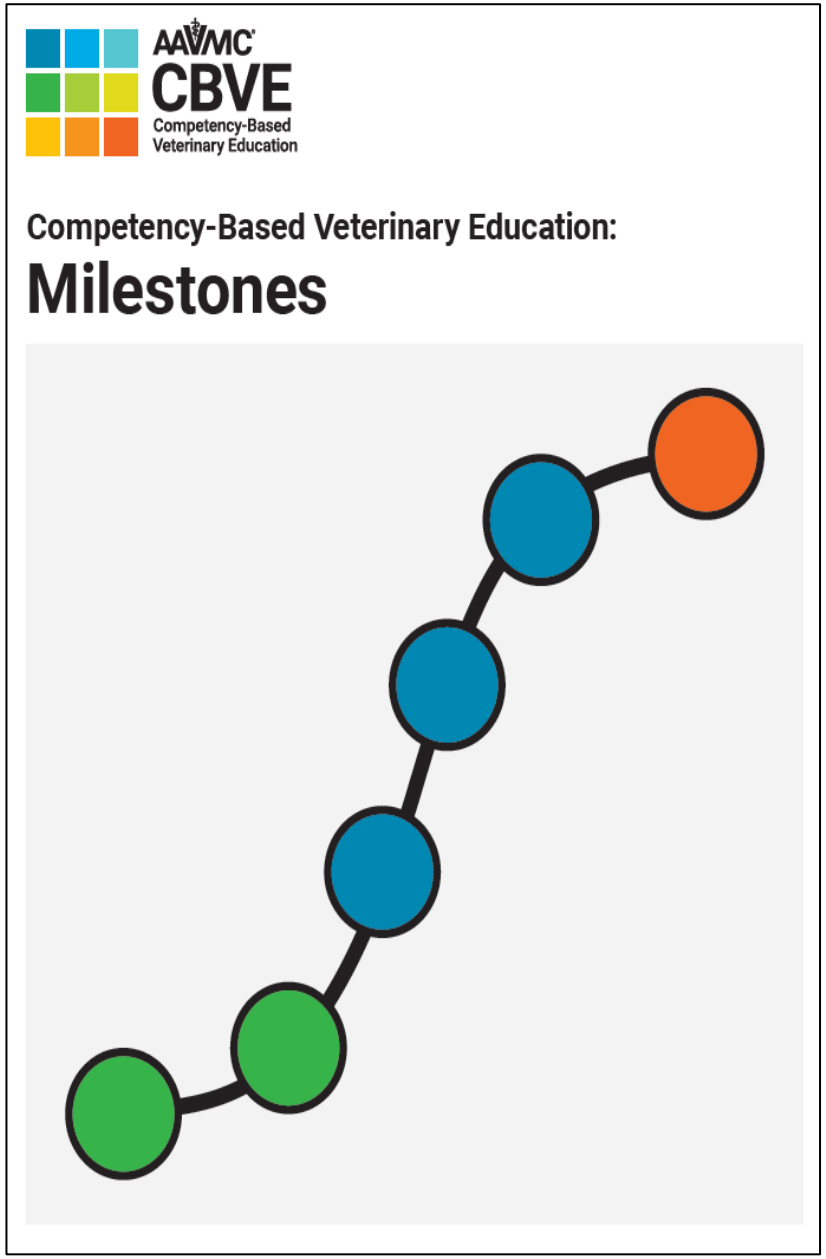
COMPETENCIES		ILLUSTRATIVE SUBCOMPETENCIES
1.1	**Gathers and assimilates relevant information about animals**	1. Collects history 2. Performs physical examination 3. Interprets diagnostic test results 4. Performs necropsy examination
1.2	**Synthesizes and prioritizes problems to arrive at differential diagnoses**	1. Identifies problems 2. Creates refined problem list 3. Prioritizes differential diagnoses
1.3	**Creates and adjusts a diagnostic and/or treatment plan based on available evidence**	1. Appraises available clinical information and acts accordingly despite uncertainty 2. Explains justification for plan 3. Re-evaluates animal or population in a timely manner to adjust plan 4. Uses critical thinking to determine appropriate action when unexpected outcomes occur (e.g., complications, changed diagnosis)
1.4	**Incorporates animal welfare, client expectations, and economic considerations into the diagnostic or treatment plan**	1. Considers disease in context of the whole animal and client 2. Presents a range of options to the client 3. Considers euthanasia as a management option when appropriate
1.5	**Prioritizes situational urgency and allocates resources**	1. Triages cases to address most urgent and important problems first 2. Recognizes emergent situation and directs action
1.6	**Adapts knowledge to varied scenarios and contexts**	1. Extrapolates knowledge to novel species or situations 2. Adjusts existing protocol or procedure when standard measures are unavailable
1.7	**Recognizes limitations of knowledge, skills and resources and consults as needed**	1. Identifies situations in which referral is warranted 2. Consults experts both within and outside the veterinary profession

How do you assess competencies in the clinic?

Two common methods have evolved over last 10 years

1. Competencies and Milestones = **ITERs** (in-training evaluation reports)

2. Entrustable Professional Activities = **EPAs** (using an entrustment scale)



Milestones

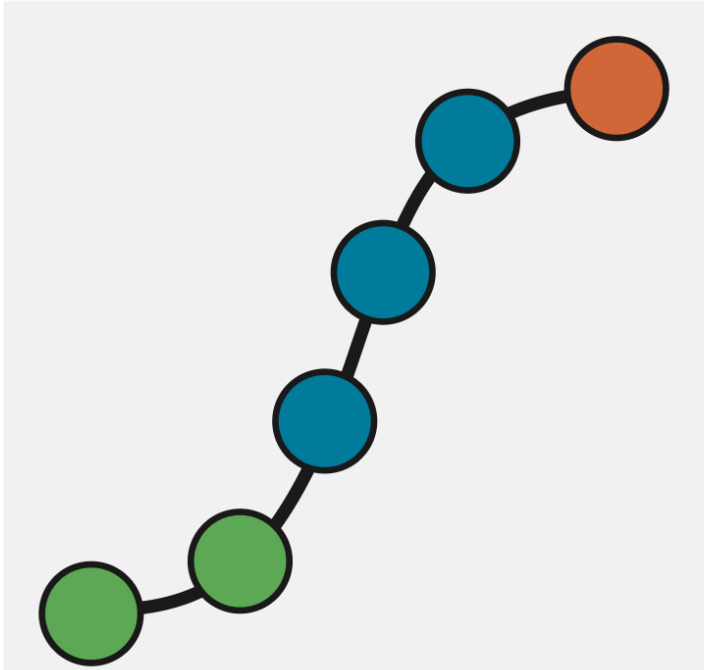
Observable markers of an individual's ability along the developmental pathway for each competency.

Six milestones are described for each competency in the DVM program - from preclinical to clinical.

AAVMC CBVE Competency-Based Veterinary Education

Competency-Based Veterinary Education:

Milestones



CBVE: Milestones

Narrative descriptions of expected learning progression for each CBVE Competency.

MILESTONES	
	**PRE-NOVICE 1:** Learner development expected from entry into the veterinary program and across the early phases of the training program
	**PRE-NOVICE 2:** Learner development expected from Pre-Novice 1 leading up to entry into the workplace environment
	**NOVICE:** The minimum expectation for entry to the authentic workplace
	**ADVANCED BEGINNER:** Developing competence
	**COMPETENT:** Expectation for entry into the professional career
	**PROFICIENT:** Aspirational expectation after some time in the workplace

Entry into clinics

Graduation

DVM Student ITER (in-training evaluation report)

THE OHIO STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE

The College of Veterinary Medicine
at The Ohio State University
Yr4 Vets

Evaluated By: evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* indicates a mandatory response

	Pre-Novice						Novice						Advanced Beginner						Competent						Proficient
***Competency 1.1: Gathers and assimilates relevant information about animals (i.e. Collects history; Performs physical examination; Interprets diagnostic test results; Performs necropsy examination).**	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

PRE-NOVICE:
Does not yet meet the Novice level.

NOVICE:
Exercises safe animal handling. Poses historic questions from a template. Gathers insufficient, exhaustive, or irrelevant information. Performs disorganized or incomplete physical exam and may overlook key findings. Interpretation of results rarely advances the plan.

ADVANCED BEGINNER:
Gathers some pertinent information. May omit details that support/ refute common differential diagnoses. Physical exam follows a pattern and major abnormalities are identified, described and documented. Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results. Interpretation of results partially advances the plan.

COMPETENT:
Obtains pertinent history appropriate for the situation. Identifies and organizes historic elements consistent with common disorders. Performs thorough physical exam in a logical, fluid sequence. Identifies and documents most abnormal physical exam findings including subtle findings. Selects and interprets routine diagnostic tests appropriately. Ambiguous results are interpreted in the context of history and physical exam. Interpretation of results adequately supports the plan.

PROFICIENT:
Recognizes variability in disease presentation. Identifies historic information pertinent to unusual disease conditions. Efficiently reviews results and recognizes unexpected findings. The magnitude of abnormal findings contributes to interpretation. Summarizes findings using semantic qualifiers (e.g., acute, subacute and chronic). Accurate interpretation of results directs confirmatory or sequential testing and fully supports the plan.

Read et al. 2022. Longitudinal assessment of competency development at The Ohio State University using the competency-based veterinary education (CBVE) model.
Front Vet Sci 24 (9): 1019305. doi: 10.3389/fvets.2022.1019305.

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

DVM Student ITER (in-training evaluation report)

The College of Veterinary Medicine at The Ohio State University
Yr4 Vets

Evaluated By : evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* indicates a mandatory response

	Pre-Novice						Novice						Advanced Beginner						Competent						Proficient
*Competency 1.1: Gathers and assimilates relevant information about animals (i.e. Collects history; Performs physical examination; Interprets diagnostic test results; Performs necropsy examination).	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

PRE-NOVICE:
Does not yet meet the Novice level.

NOVICE:
Exercises safe animal handling. Poses historic questions from a template. Gathers insufficient, exhaustive, or irrelevant information. Performs disorganized or incomplete physical exam and may overlook key findings. Interpretation of results rarely advances the plan.

ADVANCED BEGINNER:
Gathers some pertinent information. May omit details that support/ refute common differential diagnoses. Physical exam follows a pattern and major abnormalities are identified, described and documented. Interprets laboratory tests correctly most of the time; struggles to interpret conflicting results. Interpretation of results partially advances the plan.

COMPETENT:
Obtains pertinent history appropriate for the situation. Identifies and organizes historic elements consistent with common disorders. Performs thorough physical exam in a logical, fluid sequence. Identifies and documents most abnormal physical exam findings including subtle findings. Selects and interprets routine diagnostic tests appropriately. Ambiguous results are interpreted in the context of history and physical exam. Interpretation of results adequately supports the plan.

PROFICIENT:
Recognizes variability in disease presentation. Identifies historic information pertinent to unusual disease conditions. Efficiently reviews results and recognizes unexpected findings. The magnitude of abnormal findings contributes to interpretation. Summarizes findings using semantic qualifiers (e.g. acute, subacute and chronic). Accurate interpretation of results directs confirmatory or sequential testing and fully supports the plan.

	Pre-Novice						Novice						Advanced Beginner						Competent						Proficient
*Competency 1.2: Synthesizes and prioritizes problems to arrive at differential diagnoses (i.e. Identifies problems; Creates refined problem list; Prioritizes differential diagnoses).	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

PRE-NOVICE:
Does not yet meet the Novice level.

NOVICE:
Focuses on the client complaint. Does not recognize additional problems or generate a problem list. List of differential diagnoses is not prioritized and includes irrelevant conditions.

ADVANCED BEGINNER:
Develops a problem list that is predominantly accurate with occasional omissions. Differential list may be excessive but demonstrates some prioritization.

COMPETENT:
Develops an accurate, prioritized problem list and differential list for common problems consistently.

PROFICIENT:
Follows systematic procedure for synthesis, comparison, and evaluation of information. Quickly filters irrelevant information and identifies unknowns.

	Pre-Novice						Novice						Advanced Beginner						Competent						Proficient
*Competency 1.3: Creates and adjusts a diagnostic and/or treatment plan based on available evidence (i.e. Appraises available clinical information and acts accordingly despite uncertainty; Explains justification for plan; Re-evaluates animal or population in a timely manner to adjust plan; Uses critical thinking to determine appropriate action when unexpected outcomes occur, e.g. complications, changed diagnosis)	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

PRE-NOVICE:
Does not yet meet the Novice level.

NOVICE:

Page 1

Milestone rating for each competency – each rotation picks those competencies they can evaluate in all students (n=5-15)

Global rating score

Please rate this student's overall performance on this rotation block, according to your own observation and professional opinion:

- ○ Unsatisfactory
- ○ Borderline
- ○ Satisfactory

ITER flag to Academic Dean

Did you encounter any issues that should be flagged to the attention of the Associate Dean for Professional Programs and/or the Assistant Dean for Student Success?

- ○ Yes (Please specify below)
- ○ No

If you answered "Yes" that there are issues with this student, please indicate which area(s) should be addressed:

- ☐ Clinical Skills
- ☐ Communication
- ☐ Test taking issues/test taking anxiety/learnin gissues
- ☐ Mental well-being
- ☐ Medical Knowledge/Clinical reasoning/Problem solving
- ☐ Interprofessional skills, Professionalism, Time Management, Practice-based learning
- ☐ Honor code violation

If you answered "Yes" that there are issues with this student, please explain the specific issues you encountered:

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

Competency Selection

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

All Rotations Must Evaluate the Following Core Competencies:

- 1.1: Gathers and assimilates relevant information about animals
- 1.2: Synthesizes and prioritizes problems to arrive at differential diagnoses
- 1.3: Creates and adjusts a diagnostic and/or treatment plan based on availableevidence
- 5.1: Listens attentively and communicates professionally
- 7.2: Practices time management

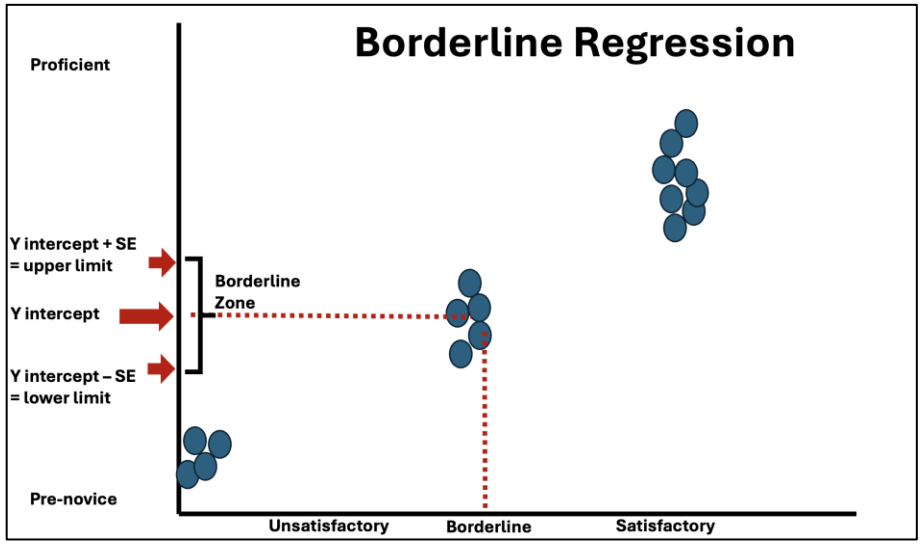
Rotations Can Choose to Evaluate from the Following:

- 1.4: rates animal welfare, client expectations, and economic considerations into the diagnostic or treatment plan
- 1.5: Prioritizes situational urgency and allocates resources
- 1.6: Adapts knowledge to varied scenarios and contexts
- 1.7: Recognizes limitations of knowledge, skills and resources and consults as needed
- 2.1: Performs veterinary procedures and post-procedural care
- 2.2: Promotes comprehensive wellness and preventive care
- 3.1: Applies population management principles in compliance with legal regulations and economic realities
- 3.2: Recommends and evaluates protocols for biosecurity
- 3.3: Advises stakeholders on practices that promote animal welfare
- 4.1: Recognizes zoonotic, transboundary, and emerging diseases and responds accordingly
- 4.2: Promotes the health and safety of people and the environment
- 5.2: Adapts communication style to diverse audiences
- 5.3: Prepares documentation/forms appropriate for the intended audience
- 6.2: Functions as leader or team member based on experience, skills and context
- 6.3: Maintains ongoing relationships to provide continuity of collaborative effort
- 6.4: Demonstrates inclusivity and cultural competence
- 7.1: Adopts an ethical approach to meeting professional obligations
- 7.3: Reflects on personal actions and uses feedback to plan improvement
- 7.4: Engages in self-directed learning
- 7.5: Attends to wellbeing of self and others
- 8.2: Delivers veterinary services compliant with legal and regulatory requirements
- 8.3: Advocates for the health and safety of patients, clients, and members of the team within the workplace
- 9.1: Practices evidence-based veterinary medicine (EBVM)
- 9.2: Disseminates knowledge and practices to stakeholders

After Each Block - ITER Analysis

1. Calculate the following for each student:

a. Mean overall milestone rating
b. Mean global rating score (S=2,B=1,U=0)



2. Plot for entire class:

a. Mean overall milestone rating on y axis
b. Mean global rating score (S,B,U) on x axis

3. Determine MPL (minimum performance level) range using borderline regression with identification of the y-intercept

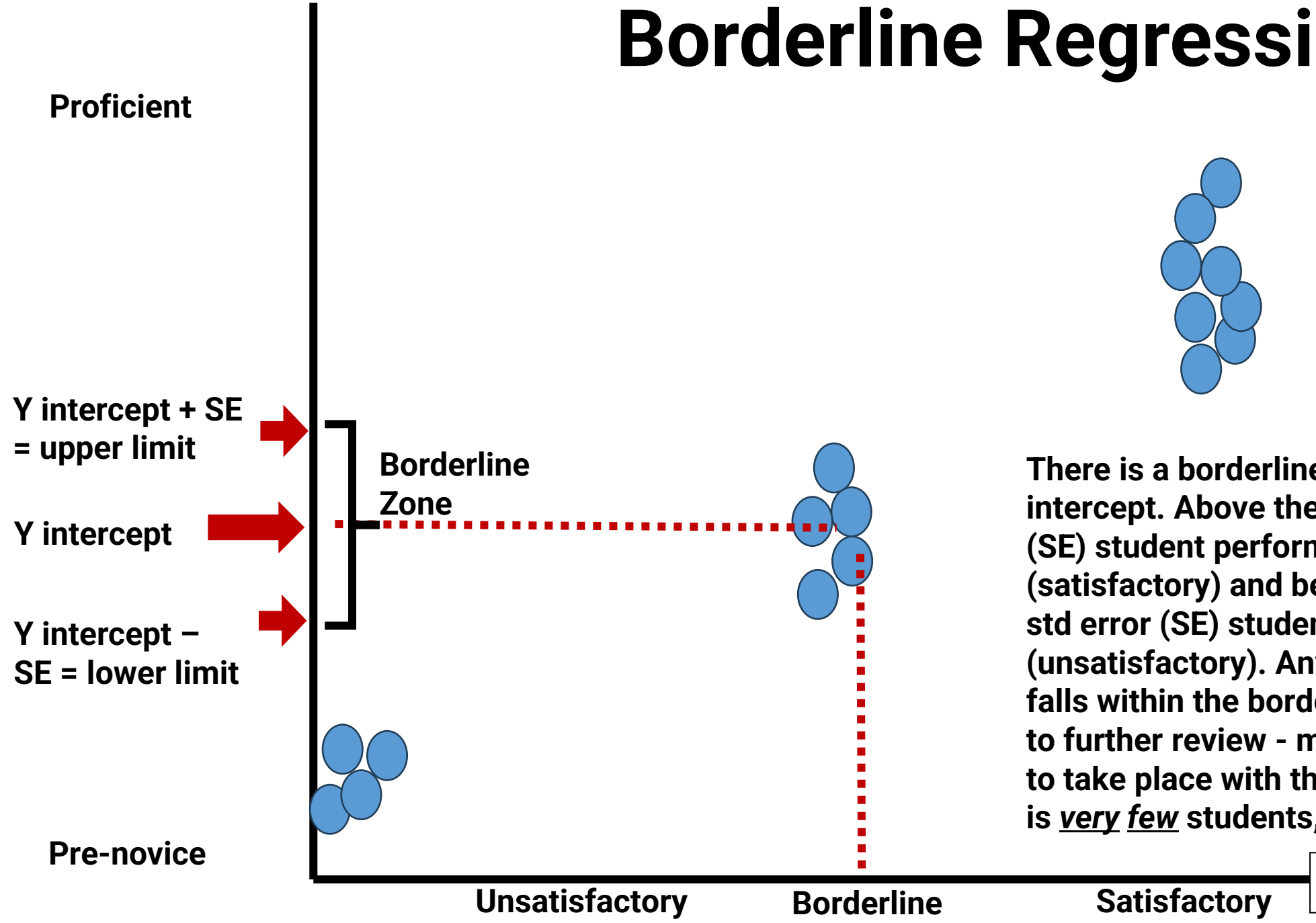
a. Y intercept + SE – upper limit of borderline zone
b. Y intercept – SE – lower limit of the borderline zone

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

4. **Determine 'pass'**

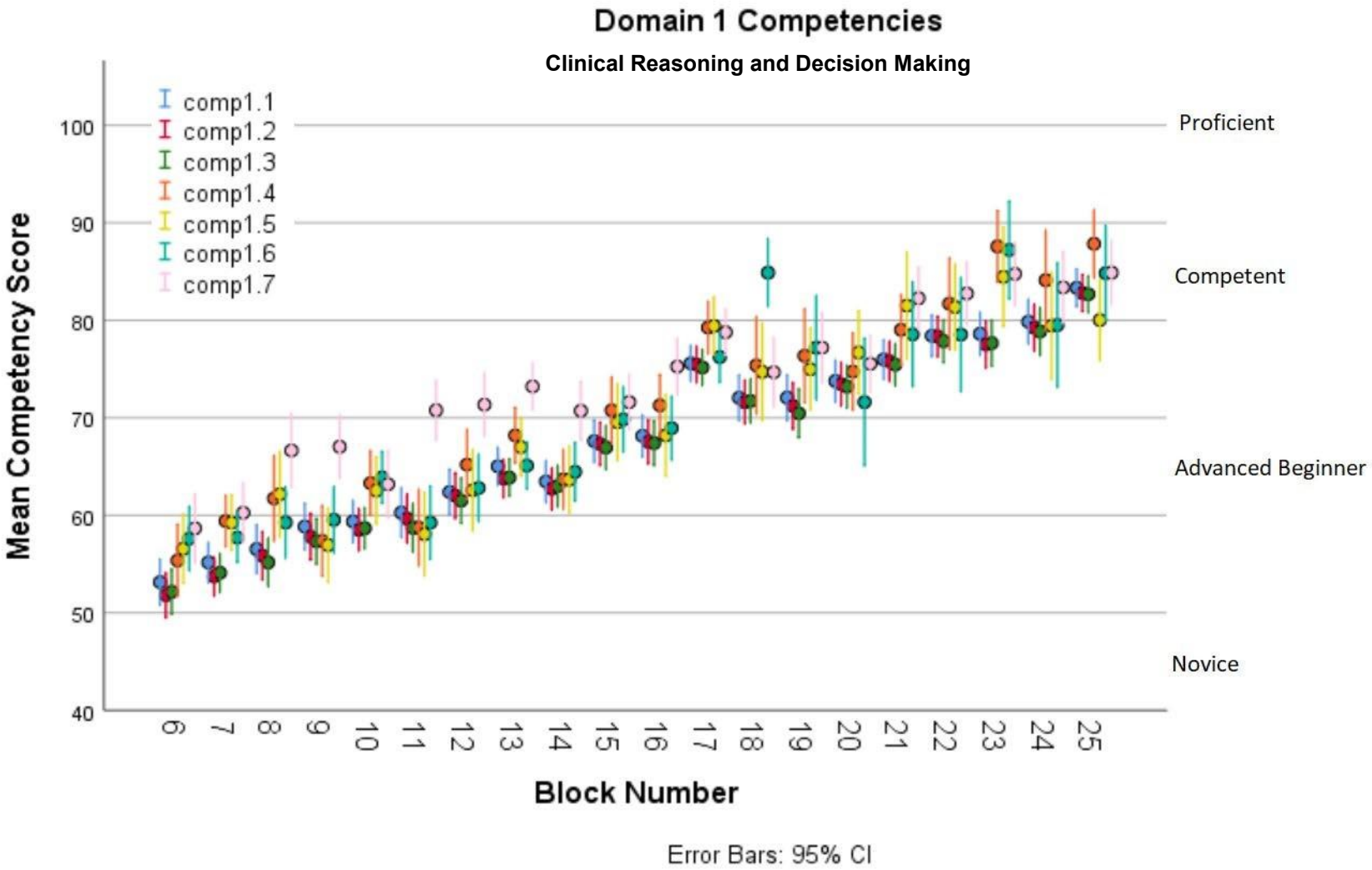
a. Above borderline zone – upper limit = S,
b. Below borderline zone – lower limit = U,
c. Within borderline zone (MPL + SE to MPL – SE) is a conversation with faculty and a closer look at details

Borderline Regression



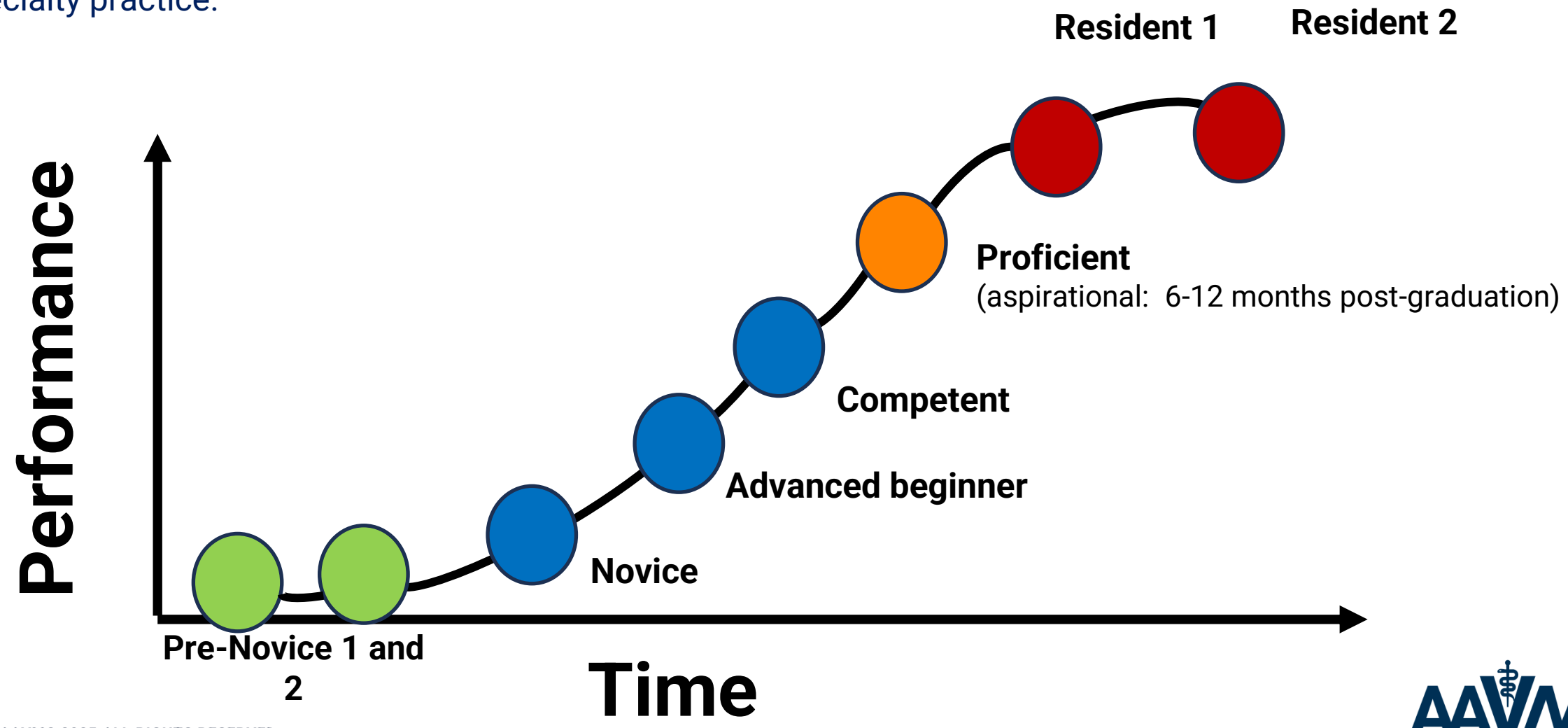
There is a borderline zone around the y intercept. Above the y intercept + std error (SE) student performance is "S" (satisfactory) and below the y intercept – std error (SE) students are "U" (unsatisfactory). Any performance that falls within the borderline zone is subject to further review - more conversation has to take place with the faculty. Note – this is ***very few*** students, if any, per block.

Summary of ITER Analysis – Domain 1



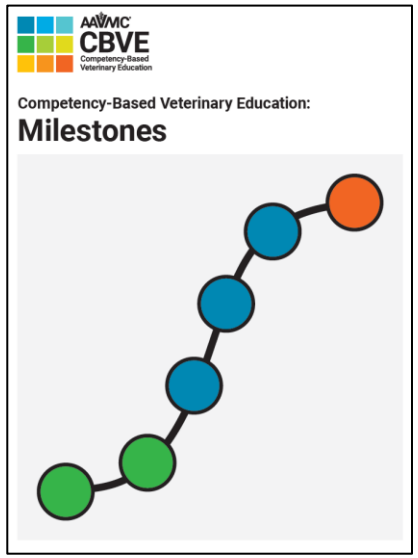
Specialty Milestones

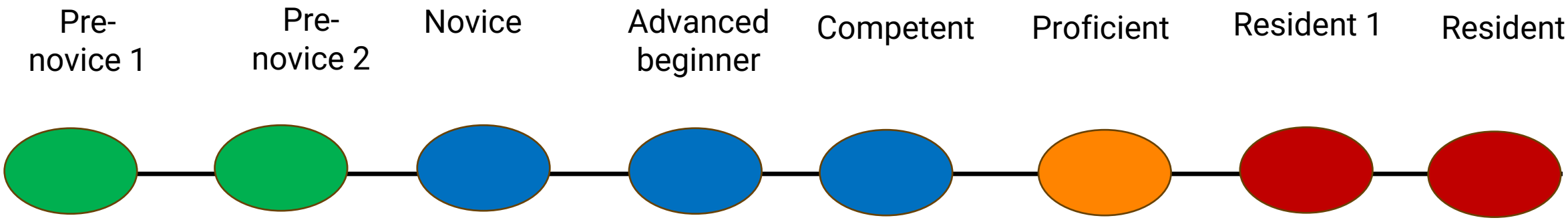
COVE has added 2 more milestone descriptors to those for the DVM program training. Taken altogether, these 8 milestones provide a complete set that describe a veterinary professional from early pre-clinical training into specialty practice.



The Entire Milestone Progression

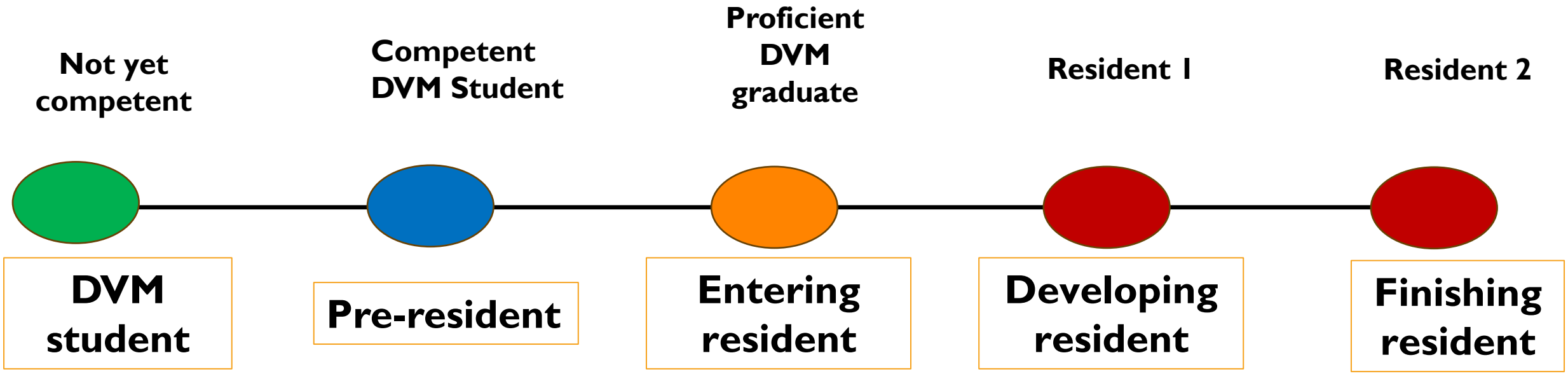
Pre-clinical to Post-Graduate

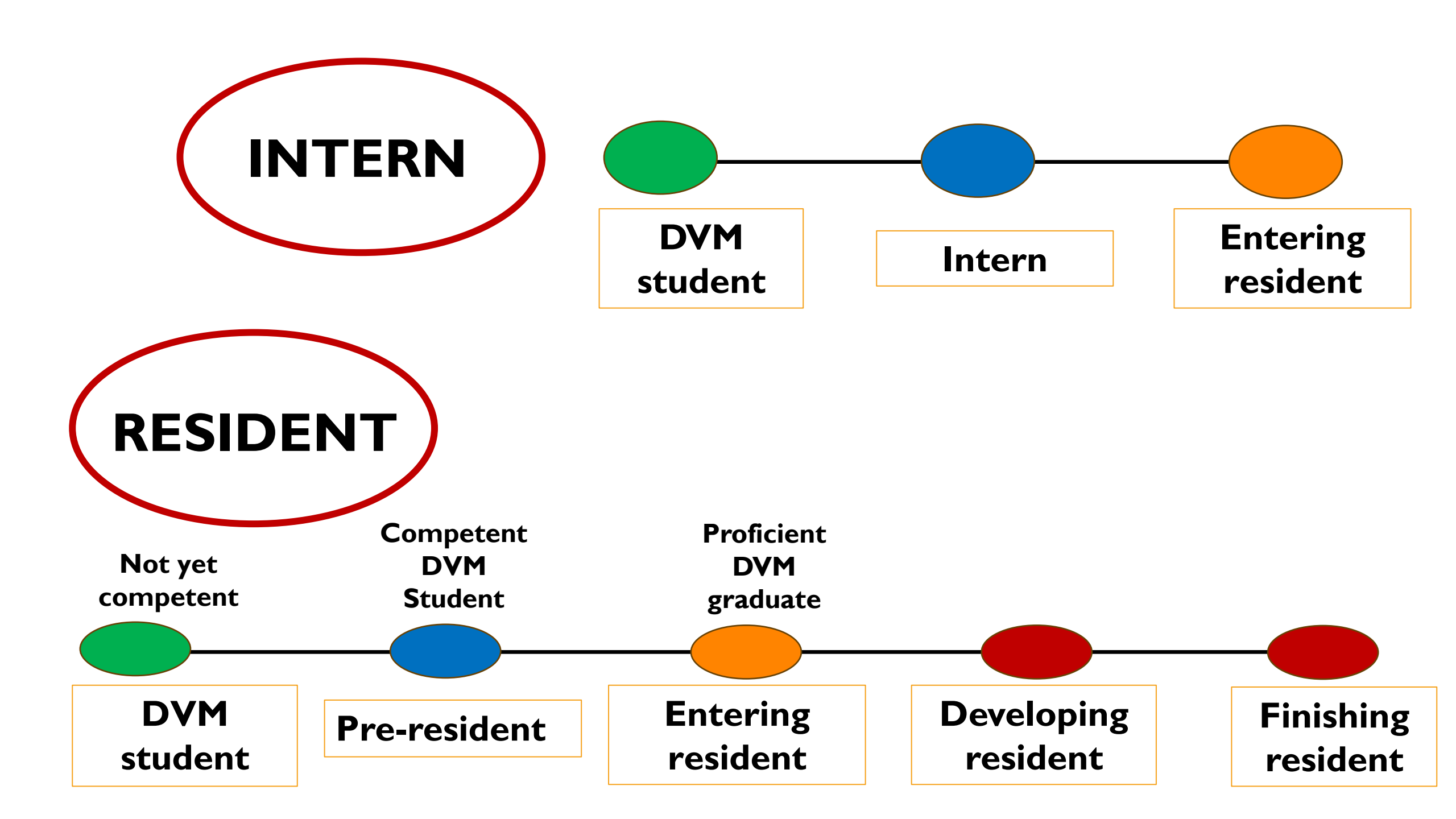




New milestone labels for Post-Graduate training

This avoids the confusion around competent and proficient milestone labels being used for residents in training




INTERN
DVM student
Intern
Entering resident
RESIDENT
Not yet competent
Competent DVM Student
Proficient DVM graduate
DVM student
Pre-resident
Entering resident
Developing resident
Finishing resident

The full pathway of learning

9 domains of competence

Milestones are **written at a high level** to encompass **all specialties**

Domains 1-4 are often unique in each specialty

Domains 5-9 are often more common across specialties

Each specialty college can customize the subcompetencies

Resident ITER (in-training evaluation report) Example Implemented 2025

2. Individual Animal Care and Management

	Resident Below Expectations		Early/Developing Resident		Accomplished Resident		Proficient Resident
*2.1 Performs veterinary procedures and post-procedural care.	○	○	○	○	○	○	○

RESIDENT BELOW EXPECTATIONS: Performs common procedures, including pre- and post-procedural management, without direct supervision but with support available if needed. Takes corrective action as warranted.

EARLY/DEVELOPING RESIDENT: Performs procedures independently. Demonstrates fluidity and efficiency in procedural performance. Supervises others in performing procedures.

ACCOMPLISHED RESIDENT: Performs all medical, diagnostic, and surgical procedures essential for their focused area of practice.

PROFICIENT/ADVANCED RESIDENT: Performs procedures in skillful safe manner adapting to unanticipated findings or changing clinical circumstances. Has animal handling excellence (appropriate for species).

Milestone rating for each competency

Resident ITER (in-training evaluation report) example Implemented 2025

2. Individual Animal Care and Management

	Resident Below Expectations		Early/Developing Resident		Accomplished Resident		Proficient Resident
*2.1 Performs veterinary procedures and post-procedural care.	○	○	○	○	○	○	○

RESIDENT BELOW EXPECTATIONS: Performs common procedures, including pre- and post-procedural management, without direct supervision but with support available if needed. Takes corrective action as warranted.

EARLY/DEVELOPING RESIDENT: Performs procedures independently. Demonstrates fluidity and efficiency in procedural performance. Supervises others in performing procedures.

ACCOMPLISHED RESIDENT: Performs all medical, diagnostic, and surgical procedures essential for their focused area of practice.

PROFICIENT/ADVANCED RESIDENT: Performs procedures in skillful safe manner adapting to unanticipated findings or changing clinical circumstances. Has animal handling excellence (appropriate for species).

Milestone rating for each competency

Global rating score

Please rate this resident's overall performance during this evaluation period, according to your own observation and professional opinion:

- ○ Unsatisfactory
- ○ Borderline
- ○ Satisfactory

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

Resident ITER (in-training evaluation report) example Implemented 2025

2. Individual Animal Care and Management

	Resident Below Expectations		Early/Developing Resident		Accomplished Resident		Proficient Resident
*2.1 Performs veterinary procedures and post-procedural care.	○	○	○	○	○	○	○

RESIDENT BELOW EXPECTATIONS: Performs common procedures, including pre- and post-procedural management, without direct supervision but with support available if needed. Takes corrective action as warranted.

EARLY/DEVELOPING RESIDENT: Performs procedures independently. Demonstrates fluidity and efficiency in procedural performance. Supervises others in performing procedures.

ACCOMPLISHED RESIDENT: Performs all medical, diagnostic, and surgical procedures essential for their focused area of practice.

PROFICIENT/ADVANCED RESIDENT: Performs procedures in skillful safe manner adapting to unanticipated findings or changing clinical circumstances. Has animal handling excellence (appropriate for species).

Milestone rating for each competency

Please rate this resident's overall performance during this evaluation period, according to your own observation and professional opinion:

- ○ Unsatisfactory
- ○ Borderline
- ○ Satisfactory

Global rating score

Please rate this resident's overall performance during this evaluation period, according to your own observation and professional opinion:

- ○ Unsatisfactory
- ○ Borderline
- ○ Satisfactory

*Did you encounter any issues that should be flagged to the attention of the Vice Chair, House Officer Success?

- ○ Yes
- ○ No

If you answered "yes" that there are issues with the resident, please indicate which areas should be addressed:

- ☐ Clinical Skills
- ☐ Communication
- ☐ Executive Functioning (organization, time management)
- ☐ Mental well being
- ☐ Medical knowledge, clinical reasoning or problem solving
- ☐ Professionalism

ITER flag to Vice Chair for House Officers

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

EPAs – Another way to assess competencies

AAVMC American Association of Veterinary Medical Colleges

CBVE Competency-Based Veterinary Education

Competency-Based Veterinary Education:
Entrustable Professional Activities (EPAs)

CBVE: Entrustable Professional Activities (EPAs)

1	Gathers a history, performs an examination, and creates a prioritized differential diagnosis list
2	Develops a diagnostic plan and interprets results
3	Develops and implements a management/treatment plan
4	Recognizes a patient requiring urgent or emergent care and initiates evaluation and management
5	Formulates relevant questions and retrieves evidence to advance care
6	Performs a common surgical procedure on a stable patient, including pre-operative and post-operative management
7	Performs general anesthesia and recovery of a stable patient including monitoring and support
8	Formulates recommendations for preventive healthcare

AAVMC

Entrustable Professional Activities (EPAs)

- Routine activities that veterinarians perform in their daily practice
- Integrate **multiple** competencies from **multiple** domains at same time

Can assess EPA's using entrustment-supervision scales - examples:

Supervisor's trust	What learner was able to do	Supervisor's participation
1.Not ready to trust	Learner could not perform and observed only	I did it
2. Trust with constant guidance	Learner required step-by-step guidance	I talked them through
3. Trust with intermittent guidance	Learner required direct supervision with intermittent guidance	I directed them from time to time
4. Trust with on-demand guidance	Learner required on demand supervision	I was available just in case
5. Trust with no guidance	Learner required minimal supervision; could trust to do on own if already graduated	I did not need to be there

Entrustable Professional Activity #6

Performs a common surgical procedure on a stable patient

Domains

Competencies

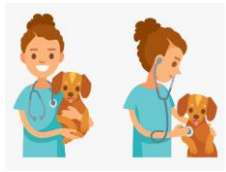
2.1 Performs veterinary procedures and post-procedural care

1.3, 1.5, 1.7

6.2

Milestones (ex. for 2.1)

Novice



Describes procedure. Requires step-by-step coaching.

Advanced Beginner

Performs procedure with intermittent assistance & direct supervision.

Competent

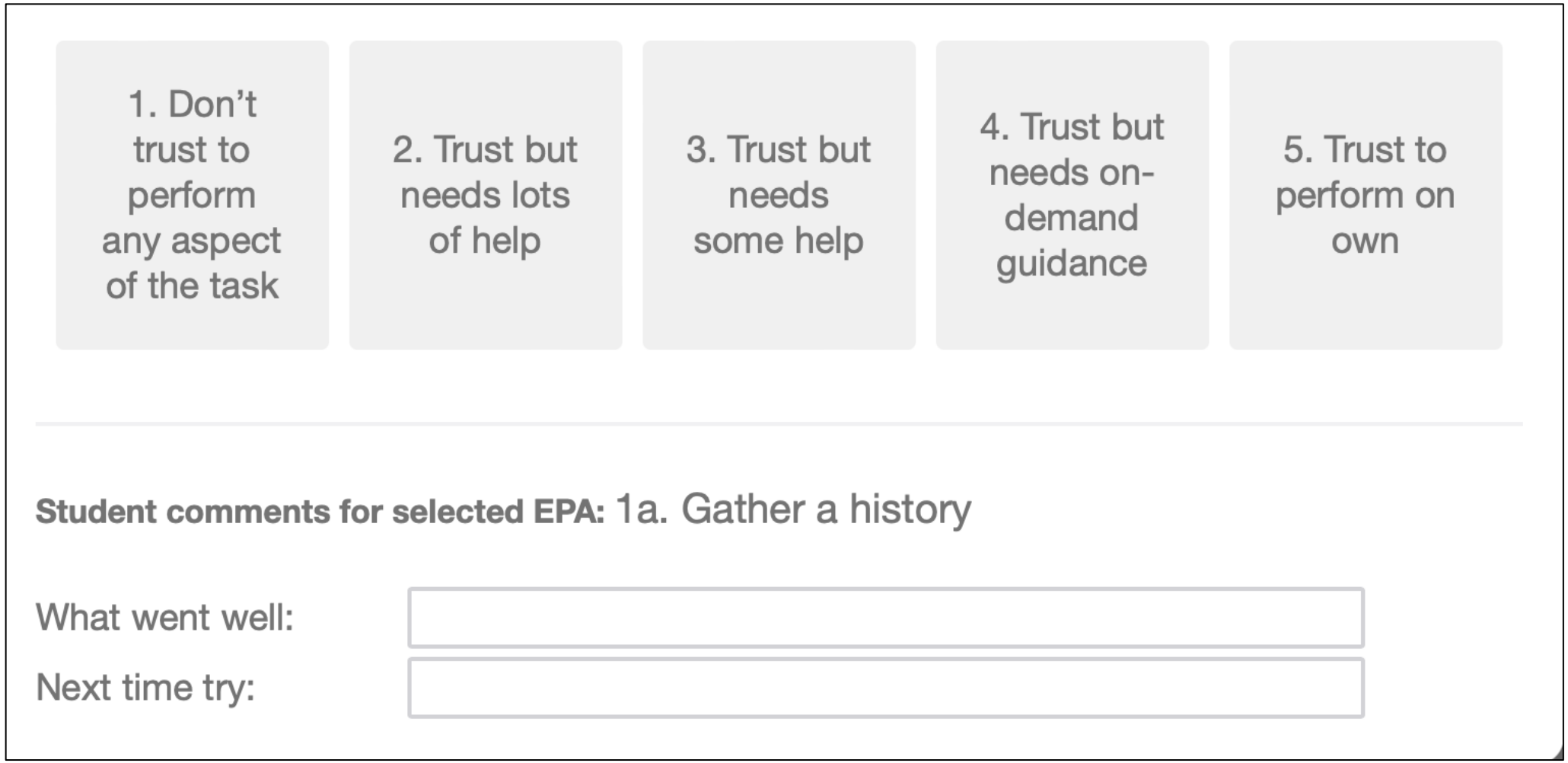
Performs procedure, including pre- and post-procedural management.

Proficient

Performs procedure independently and supervises others.

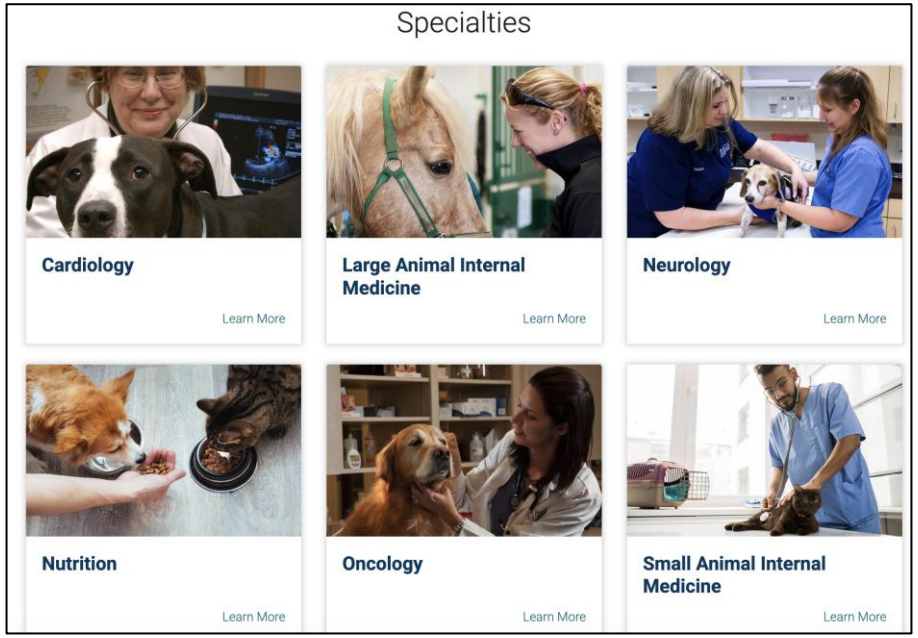
AAVMC CBVE Competency-Based Veterinary Education

EPA (entrustable professional activity)



Specialty EPA’s

Each specialty college could create their own EPAs using their ”job task analysis” to guide what the every-day activities for their specialty are



https://www.vetspecialists.com/

Remediation - Unsatisfactory performance

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

1. **Repeat:** If there are >1-2 deficiencies or if there were a number of absences that made it challenging to observe improvement, then student may need to repeat the rotation

2. **Remediate (targeted instruction):** If there is a very specific issue that can be targeted or if the same issue arises repeatedly then may require additional targeted work before student repeats or may occur instead of repeating the rotation block.

Examples:

- Physical exam deficiencies – extra practice in skills center,
- Knowledge – enroll in repeat of pre-clinical course,
- Communications – practice with simulated clients and coaches

Program Level Remediation

When a student earns 2 “U” grades in the same rotation or 3 “U” grades across different rotations, then the student moves to program level remediation.

The plan is determined by the Academic Standards Council and is individualized to the circumstances/needs.

Failure to satisfactorily complete program level remediation results in dismissal from the program.

Remediation may mean a learner takes longer to achieve the standard: *safe for independent practice*

What questions do you have?