FACULTY COURSE PROGRESS REPORT -- Early Assessment (clerkship week 2)

COURSE: Aquifer Family Medicine					
This report allows you to compare your students' overall performance in their early and late exams for this course.					
Student 1	EXAM FORM	EXAM STATUS	EXAM DATE	LEARNING PROGRESS	% CASE COMPLETION	AQUIFER COACHING TIPS
	Early	Assessment Complete	January 12, 2021	⚠️	23%	This student's understanding of family medicine is lower than expected at the start of the rotation. Compared to where the student should be at the end of this rotation, the student's overall knowledge base has many gaps. The student was able to retrieve knowledge relatively easily with a reasonable degree of relative certainty.
	Late	----	----	----	----	----

AQUIFER Clinical Cognitive Competence Model	
In the context of the assessed clinical domain (discipline/system), the student has demonstrated:	
MASTERY	Cognitive mastery of the content required by the learning objective shown through efficient and rapid cognitive processing and accurate recall, transfer and domain-specific application of this understanding to a new problem (within the domain) with an appropriately high degree of internal certainty.
COMPETENT	Cognitively competent understanding of the content required by the learning objective shown through accurate recall, transfer and domain-specific application of this understanding to a new problem with acceptable speed of cognitive processing and effort, and an appropriate degree of internal certainty.
UNSURE	Cognitively competent understanding of the content required by the learning objective shown through accurate recall, transfer and domain-specific application of this understanding to a new problem, yet with a miscalibrated degree of internal certainty and/or the need for additional time to cognitively process the information provided in order to reach an accurate solution.
NOVICE	Cognitively incompetent understanding of the content required by the learning objective shown through the inability to recall, and/or transfer and/or apply this understanding to a new problem, with an appropriate internal recognition of this limitation and with an appropriate speed of cognitive processing and effort to solve the problem.
WARNING	Cognitively incompetent understanding of the content required by the learning objective shown through the inability to recall, and/or transfer and/or apply this understanding to a new problem, yet with an inappropriate internal recognition of this limitation and/or inappropriately rapid cognitive processing in an effort to solve the problem.

PERSONAL PROGRESS REPORT: Student 1 -- Early Assessment	Course: *Family Medicine*
This report provides information on your overall performance.	
Learning Progress	**Aquifer Coaching Suggestions**
	Your current understanding of family medicine is lower than expected at the start of the rotation. This is good to know now and provides you the opportunity to create a robust learning plan. Compared to where you should be at the end of this rotation, your overall knowledge base has many gaps, and you will need to focus consistently on developing a strong foundation. You are able to retrieve what you know relatively easily and with a reasonable degree of relative certainty. Use your Item-Level Performance Report on the next tab and the associated Aquifer cases to create a focused learning plan.

PERSONAL PROGRESS REPORT: Student 1 -- Early Assessment		Course: *Family Medicine*
This report provides a summary of your clinical cognitive competence for this assessment.		
Clinical Cognitive Competence	**Coaching Suggestions: For these learning objectives, your level of understanding . . .**	**Your Performance**
Mastery	Is strong and enabled you to solve this new patient problem with a high degree of confidence.You have clearly mastered this content through your work in other contexts. For these learning objectives, we encourage you to focus primarily on applying your knowledge in direct patient care across a varied spectrum of presentations. You will want to prioritize other material for more intense study, returning to these cases as time allows to ensure you've achieved competence in all of the relevant content.	**20%**
Competent	Is good and allowed you to solve this new patient problem with appropriate confidence. For these learning objectives, we encourage you to complete or re-review the associated cases, then promptly seek an opportunity to apply what you have learned through direct patient care to ensure you have learned all of the relevant content.	**18%**
Unsure	Is appropriate yet you were tentative when applying this knowledge to this new patient problem. For these learning objectives, for some reason you were unsure of your understanding. We recommend you complete or re-review the associated cases, focusing on the Teaching Points and asking yourself what you were unsure about. You may not have seen sufficient patients with these problems. Try to prioritize patients with these clinical presentations and bring these Teaching Points to one of your clinical preceptors in order to better understand your uncertainties or where you are having difficulty. Then, focus your studies on the knowledge gaps identified below.	**16%**
Novice	Is low and you appropriately recognized your knowledge limitation when solving this new patient problem. Good to know! For these learning objectives, this is a great place to focus your efforts. You haven't mastered this information and you know it. After addressing your Warnings, below, these cases should be your next order of business. Additionally, don't be shy about seeking out patients with these problems. Completing these cases just before or just after seeing a patient with these problems is a fantastic way to make the knowledge stick.	**14%**
Warning	Is low and you did not recognize your knowledge limitation when solving this new patient problem. Uh oh! For these learning objectives, start here! Although you may have mastered this information in another course and felt confident in your understanding, something didn't stick. Working through these cases is a great place to kick-start your studying tonight.	**32%**

ITEM-LEVEL PERFORMANCE: Student 1 -- Early Assessment | **Course:** *Family Medicine*

This sortable report provides information on your performance for each topic.

TEACHING POINT (SORT)	SYSTEM (SORT)	LEARNING OBJECTIVE (SORT)	ACCURACY (SORT)	CERTAINTY (SORT)	COGNITIVE COMPETENCE (SORT)	CASE COMPLETE (SORT)	CASE (SORT)
Cervical Cancer Screening Guidelines	Health & Wellness	Identify age-appropriate cancer screening for adult women.	Yes	Uncertain	Unsure	Yes	Family Medicine 01
Risk Factors for Breast Cancer	Female Reproductive & Breast	Identify risk factors for breast and cervical cancer based on family history, age, gender, and exposures.	No	Highly Certain	Warning	Yes	Family Medicine 01
Assess Risk for Cardiovascular Disease	Health & Wellness	Define the characteristics of a good screening test.	No	Uncertain	Novice	Yes	Family Medicine 02
Colon Cancer Screening Options	Health & Wellness	Describe the recommendation for cancer screening for common cancers for an adult male patient (e.g., lung, colorectal, and prostate).	Yes	Uncertain	Unsure	Yes	Family Medicine 02

TEACHING POINT (SORT)	SYSTEM (SORT)	LEARNING OBJECTIVE (SORT)	ACCURACY (SORT)	CERTAINTY (SORT)	COGNITIVE COMPETENCE (SORT)	CASE COMPLETE (SORT)	CASE (SORT)
Common Causes of Insomnia	Mind & Behavioral	Describe the common causes of insomnia in the elderly.	No	Highly Certain	Warning	Yes	Family Medicine 03
Management of Depression	Mind & Behavioral	Describe the common therapeutic options for major depressive disorder and their side effects.	Yes	Uncertain	Unsure	Yes	Family Medicine 03
Ottawa Ankle Rules	Musculoskeletal	Apply EBM indications for radiologic evaluation of ankle injury.	Yes	Highly Certain	Mastery	Yes	Family Medicine 04
Differential of Palpitations	Endocrine	Describe the common presentations of hyperthyroidism.	No	Certain	Warning	Yes	Family Medicine 05
Differential of Palpitations	Gastrointestinal	Outline the initial evaluation of suspected hyperthyroidism.	Yes	Certain	Competent	Yes	Family Medicine 05
Management of Specific ASCVD Risk Factors	Health & Wellness	Apply evidence-based standards of care to the diagnosis and management of a patient with Type 2 diabetes mellitus.	No	Uncertain	Novice	Yes	Family Medicine 06
ETC...	ETC...	ETC...	ETC...	ETC...	ETC...	ETC...	ETC...

References for

Coaching For the Development of Master Adaptive Learners

1. Cutrer WB, Miller B, Pusic MV, et al. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. *Acad Med*. 2017;92(1):70-75. doi:10.1097/ACM.0000000000001323.

2. Deiorio NM, Hammoud MM (Eds.) 2017. *Coaching in Medical Education: A Faculty Handbook.* American Medical Association. Available at: https://www.ama-assn.org/education/accelerating-change-medical-education/coaching-medical-education-guidance-educators-and.

3. Hauer KE, Iverson N, Quach A, Yuan P, Kaner S, Boscardin C. Fostering medical students' lifelong learning skills with a dashboard, coaching and learning planning. *Perspect Med Educ*. 2018;7(5):311-317. doi:10.1007/s40037-018-0449-2.

4. Parsons AS, Kon RH, Plews-Ogan M, Gusic ME. You can have both: Coaching to promote clinical competency and professional identity formation. Perspect Med Educ. 2020 Aug 17:1-7. Doi: 10.1007/s40037-020-00612-1.

5. Wilson-Delfosse AL, Fall LH. How will the Master Adaptive Learner process work in the classroom? In The Master Adaptive Learner, 1st Edition. Edited by Cutrer WB, Pusic MV, Gruppen LD, Hammoud MM, Santen SA. Elsevier. Oct 2019.