**New Application:** **Pediatric Pulmonology (Pediatrics)**

401 North Michigan Avenue • Chicago, Illinois 60611 • United States • +1.312.755.7042 • [www.acgme-i.org](http://www.acgme-i.org)

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should be also indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Pulmonology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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|  |
| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?   Choose an item. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics? YES NO

Explain if ‘NO.’ For information on independent subspecialty status, email [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org) (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the fellowship program be geographically proximate to the affiliated core pediatric residency program? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure the fellowship does not negatively affect the education of residents in the affiliated core pediatric residency program? (Limit 300 words)

|  |
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| Click here to enter text. |

**Program Personnel and Resources**

**Program Director**

1. Will the program director have ongoing involvement in scholarly activity? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will the program director mentor or guide fellows in the skills necessary to the practice of pediatric pulmonology in the following areas?
2. Advocacy YES NO
3. Clinical care YES NO
4. Quality improvement YES NO
5. Research YES NO
6. Teaching YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will the program director ensure that each fellow:
2. documents procedural experience? YES NO
3. s provided with mentorship to develop necessary skills? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. How will the program director coordinate, with the core residency and related subspecialty program directors, the incorporation of the Competencies into fellowship education to foster consistent expectations and fellow evaluations? (Limit 300 words)

|  |
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| Click here to enter text. |

1. Will the program ensure meetings with the program director of the affiliated pediatric residency program and all pediatric subspecialty programs occur at least semiannually? YES NO

If ‘Yes’, will the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the Competencies, and evaluation? YES NO

Explain any ‘NO’ responses(Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. What will be the extent of the program director’s authority and responsibility to set and adjust fellows’ clinical responsibilities, and to ensure fellows have appropriate clinical responsibilities and an appropriate patient load? (Limit 400 words)

|  |
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| Click here to enter text. |

**Faculty**

1. Will there be at least two faculty members, including the program director? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure faculty members will encourage and support fellows in scholarly activities, including mentoring fellows in the of scientific principles, epidemiology, biostatistics, and evidence-based medicine that have implications for the field of pediatric pulmonology? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Will faculty members engage in scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric pulmonology?  
    YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |
|  |

List any faculty members not included in the table above, as well as their specialty.

|  |
| --- |
| Click here to enter text. |

1. Will faculty members in the following specialties and who have substantial experience in treating pediatric problems be available to the program?
2. Allergy and immunology YES NO
3. Anesthesiology YES NO
4. Cardiothoracic surgery YES NO
5. Child and adolescent psychiatry YES NO
6. Child neurology YES NO
7. Medical genetics YES NO
8. Otolaryngology YES NO
9. Pathology YES NO
10. Pediatric surgery YES NO
11. Radiology YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will consultants in adult pulmonology be available to the program for transition care of young adults?

YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Other Program Personnel**

1. Will the following health care professionals with pediatric focus and experience be available to the program?
2. Child life therapist(s) YES NO
3. Dietitian(s) YES NO
4. Mental health professional(s) YES NO
5. Nurses(s) YES NO
6. Pharmacist(s) YES NO
7. Occupational therapist(s) YES NO
8. Physical therapist(s) YES NO
9. Respiratory therapist(s) YES NO
10. School and special education liaison(s) YES NO
11. Social worker(s) YES NO
12. Speech and language therapist(s) YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

**Resources**

* + 1. Check the appropriate columns to indicate if the service will be available at each participating site that will be used by the program. Use site numbers as assigned in ADS. Site #1 is the primary clinical site.

|  | **Available** | | | **Available**  **24 Hours/Day** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Site #1** | **Site #2** | **Site #3** | **Site #1** | **Site #2** | **Site #3** |
| **1. Pediatric pulmonary function laboratory capable of performing:** |  |  |  |  |  |  |
| a) bronchoprovocation studies and measuring flows |  |  |  |  |  |  |
| b) gas exchange |  |  |  |  |  |  |
| c) lung volumes to include the use of |  |  |  |  |  |  |
| 1. body plethysmography |  |  |  |  |  |  |
| **2. Pediatric polysomnography** |  |  |  |  |  |  |

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure there are adequate numbers and variety of pulmonology patients ranging in age from newborn through young adulthood available to provide a broad experience for fellows? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Provide the following information for the most recent 12-month period. The same timeframe and site numbers (as assigned in ADS) should be used throughout the application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | | |
|  | | **Site #1** | | **Site #2** | **Site #3** | |
| Total number of admissions to the pediatric pulmonology service | | # | | # | # | |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the pulmonology service for the first time) | | # | | # | # | |
| Average length of stay of patients on the pediatric pulmonology service | | Length | | Length | Length | |
| Total number of consultations by pediatric pulmonologists on other inpatients | | # | | # | # | |
| Number of consultations provided to the neonatal intensive care unit (NICU) | | # | | # | # | |
| Number of consultations provided to the pediatric intensive care unit (PICU) | | # | | # | # | |
| Average daily census of patients on the pediatric pulmonology service, including consultations | | # | | # | # | |
| Number of patients requiring follow-up care by pulmonology service as outpatients during 12-month period reported | | # | | # | # | |

1. Provide the following information for the most recent 12-month academic or calendar year for each site that will be used to provide a specific required experience, such as transplant, cardiology, intensive care, etc. Duplicate this table as necessary. **Note the same timeframe and site numbers (as assigned in ADS) should be used throughout the application.**

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Name of Service: | Click her to enter text. | | |
| Total number of fellows and residents on the service | # | # | # |
| Total number of admissions to the service | # | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the service for the first time) | # | # | # |
| Average length of stay of patients on the service | # | # | # |
| Average daily census of patients on the service, including consultations | # | # | # |

1. During the same 12-month timeframe used in previous sections, how many pediatric patients with the following pulmonology problems were a) seen in ambulatory settings, and b) admitted to and/or consulted by pediatric pulmonologists at the primary clinical site?

|  |  |  |  |
| --- | --- | --- | --- |
| **Pulmonology Diagnosis/Disorder** | **Outpatient** | **Inpatient** | |
| **Number of Patients** | **Number on Pulmonary Service** | **Number of Consults** |
| Acquired upper airway obstruction | # | # | # |
| Aspiration syndromes | # | # | # |
| Asthma and allergic disorders affecting the respiratory system | # | # | # |
| Chronic lung disease of infancy | # | # | # |
| Chronic suppurative lung disease | # | # | # |
| Chronic ventilator assistance, including home mechanical ventilation such as, bi-level positive airway pressure ventilation and tracheostomy management | # | # | # |
| Congenital anomalies of the respiratory system | # | # | # |
| Cystic fibrosis | # | # | # |
| Lower respiratory tract infections | # | # | # |
| Newborn respiratory diseases | # | # | # |
| Other diseases, such a pulmonary hypertension, interstitial lung disease, hemosiderosis, and acute lung injuries | # | # | # |
| Pre- and post-operative management of children with respiratory diseases | # | # | # |
| Respiratory infections in the immunocompromised host | # | # | # |
| Sleep disordered breathing, such as apnea | # | # | # |

**Eligibility Criteria**

1. How will the program ensure all fellows will have completed an ACGME-I-accredited pediatric residency or another pediatric residency program that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

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| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including trustworthiness, leadership skills, and the capacity to recognize that ambiguity is part of clinical medicine, and to respond by utilizing appropriate resources in dealing with uncertainty? (Limit 400 words)

|  |
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| Click here to enter text. |

**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans?

Describe how competence will be evaluated. (Limit 400 words)

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing transfer of care that ensures seamless transitions, counseling of patients and patients’ families, using information technology to optimize patient care, and providing appropriate role modeling and supervision?

Describe how competence will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing for or coordinating with a medical home for patients with complex and chronic diseases?

Describe how competence will be evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in facilitating the transition of patients with pulmonary disorders from pediatric to adult health care settings?

Describe how competence will be evaluated. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing continuing care of patients with chronic pulmonary problems, including the following?

# Aspiration syndromes

# Asthma and allergic disorders affecting the respiratory system

# Chronic lung disease of infancy

# Chronic suppurative lung disease

# Chronic ventilator assistance, including home mechanical ventilation, bi-level positive airway pressure ventilation, and tracheostomy management

# Congenital and acquired upper airway obstruction

# Congenital anomalies of the respiratory system

# Cystic fibrosis

# Lower respiratory tract infections

# Newborn respiratory diseases

# Other diseases such as pulmonary hypertension, interstitial lung disease, hemosiderosis, and acute lung injuries

# Pre- and post-operative management of children with respiratory disorders

# Respiratory infections in the immunocompromised host

# Sleep disordered breathing, such as apnea

Describe how fellows will be evaluated and indicate if any of the above conditions will not be available to fellows. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in interpreting the results of diagnostic imaging?

Describe how competence will be evaluated (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Managing patients requiring supplementary respiratory equipment, including oxygen, chronic mechanical ventilation non-invasive ventilation, and airway clearance devices
3. Understanding how a patient’s critical respiratory problems affect other organ systems
4. Understanding the techniques of airway clearance and pulmonary rehabilitation

Describe how competence will be assessed in each of the areas listed. (Limit 300 words)

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| Click here to enter text. |

1. How will graduating fellows demonstrate their ability to competently perform and interpret results of medical, diagnostic, and surgical procedures considered essential for the practice of pediatric pulmonology, including the following?
2. Bronchoalveolar lavage
3. Diffusing capacity of the lung
4. Flexible bronchoscopy
5. Lung volume measurement
6. Mucosal biopsies
7. Polysomnography
8. Spirometry
9. Tests of bronchoprovocation

Provide examples of how competence will be assessed in five of the eight procedures listed. (Limit 500 words)

|  |
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| Click here to enter text. |

**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the following?
   1. Bioethics
   2. Biostatistics
   3. Clinical and laboratory research methodology
   4. Critical literature review
   5. Ethical principles involving clinical research
   6. Preparation of applications for funding and/or approval of clinical research protocols
   7. Principles of evidence-based medicine
   8. Study design
   9. Teaching methods

Provide examples of how knowledge will be assessed in five of the nine areas listed. (Limit 500 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the psychosocial aspects of chronic pulmonary disease as they affect the pediatric patient and patient’s family?

Describe how this will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate skill in teaching both individuals and groups of learners in clinical settings, classroom, lectures, and seminars as well as by electronic and print modalities? (Limit 300 words)

|  |
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1. How will graduating fellows demonstrate skill in providing feedback to learners and assessing educational outcomes? (Limit 300 words)

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| Click here to enter text. |

1. How will graduating fellows demonstrate skill in communicating the diagnosis of a life-altering disease to patients and patients’ families? (Limit 300 words)

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**Systems-based Practice**

1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will the didactic curriculum include the following?
3. Case discussions YES NO
4. Journal club YES NO
5. Lectures YES NO
6. Seminars YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. How will the program ensure pediatric pulmonology conferences occur regularly and involve active participation by the fellows in planning and implementation? (Limit 300 words)

|  |
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| Click here to enter text. |

1. Will conferences include the following topics appropriate to pediatric pulmonology?
2. Anatomy and physiology YES NO
3. Biochemistry YES NO
4. Bioethics YES NO
5. Complications of care YES NO
6. Embryology YES NO
7. End-of-life care YES NO
8. Genetics YES NO
9. Immunology YES NO
10. Microbiology YES NO
11. Nutrition and metabolism YES NO
12. Palliation and death YES NO
13. Pathology YES NO
14. Pathophysiology of disease YES NO
15. Pharmacology YES NO
16. Reviews of recent advances in clinical medicine and biomedical research

YES NO

1. Scientific, ethical, and legal implications of confidentiality and informed consent

YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will conferences include topics on the economics of heath care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will courses, seminars, workshops, and/or laboratory experiences be planned to provide background in basic and fundamental principles related to the lung? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

* + - 1. How will the program ensure fellows have responsibility for providing longitudinal care to a panel of patients throughout their educational program that is supervised by one or more members of the pediatric pulmonology faculty? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Will fellows’ longitudinal care experience include the following?
         1. A panel of patients that is representative of the types of cardiac disorders fellows are likely to encounter in practice YES NO
         2. Outpatient care YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered, the type and number of sessions planned, and if the curriculum is a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

2 How will the program ensure each fellow designs and conducts a scholarly project in the area of pediatric pulmonology with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Will the program have a Scholarship Oversight Committee for each fellow? YES NO

If ‘YES’, answer a. and b. below.

1. Will the Scholarship Oversight Committee oversee and evaluate each fellow’s progress on scholarly activity? YES NO
2. Will the Scholarship Oversight Committee be a collaborative effort involving other pediatric subspecialty programs or other experts? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will each fellow’s designated mentor:
2. be approved by the Scholarship Oversight Committee? YES NO
3. have expertise in the fellow’s area of scholarly interest, either as a faculty member in pediatric pulmonology or through collaboration with other departments? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. How will the program ensure each fellow’s scholarly experience begins in the first year and continues for the entire length of the educational program, and is structured to allow development of skills in research and scholarship with sufficient time for project completion and presentation of results to the Scholarship Oversight Committee? (Limit 400 words)

|  |
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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to pediatric pulmonology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric pulmonology, including approaches to clinical work with minority populations  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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| Click here to enter text. |