**Continued Accreditation Application: Colon and Rectal Surgery**

**Review Committee-International**

401 N. Michigan Ave. • Chicago, IL 60611 • United States • +1.312.755.7042 • www.acgme-i.org

**Submission for continued accreditation:** This Advanced Specialty PIF is for programs applying for **Continued Accreditation Only** and is used in conjunction with the Accreditation Data System.

All sections of the form applicable to the program must be completed in order 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 an estimate of last year’s numbers. If any requested information is not available, an explanation must be given and it should be so indicated in the appropriate place on the form. Once the forms are 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 of the sponsoring institution, who will submit the application electronically.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Colon and Rectal Surgery. 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).

For questions regarding the form’s content, e-mail [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

For Questions regarding ADS, e-mail [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 is the length, in months, of the educational program? Choose an item.

**Program Personnel and Resources**

**Program Director**

1. Does the program director document each fellow’s scholarly activity annually? YES NO

Explain if “NO”. (Limit 250 words)

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**Other Program Personnel**

1. Do fellows have the opportunity to interact with the following providers:
   1. Enterostomal therapists YES NO
   2. Mid-level providers YES NO
   3. Nurses YES NO
   4. Social workers YES NO
   5. Other providers YES NO

List any other providers with whom fellows have the opportunity to interact.

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Explain any ‘NO’ responses to 1.a.-e. (Limit 250 words)

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**Resources**

1. Describe how the program ensures that all fellows have access to the volume and variety of colon and rectal patients and surgery necessary to perform the required minimum case numbers and achieve all outcomes. (Limit 300 words)

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1. Do residents have access to the following testing methods:
   1. Anorectal manometry YES NO
   2. Defecography/dynamic MRI YES NO
   3. Directed biofeedback YES NO
   4. Electromyography YES NO
   5. Pudendal nerve testing YES NO
   6. Pelvic floor exercise YES NO
   7. Pelvic floor rehabilitation YES NO
   8. Transit time assessment YES NO

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

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1. Are residents provided with the following?
   1. Assistance locating library references YES NO
   2. Computer hardware YES NO
   3. Computer support YES NO
   4. Internet access YES NO
   5. Office workspace YES NO
   6. Reliable systems for prompt communication with supervising faculty members YES NO
   7. Software YES NO
   8. Statistical support YES NO

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

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**Fellow Appointment**

**Eligibility Criteria**

1. Prior to appointment, have all fellows have successfully completed an ACGME-I-accredited residency program in general surgery? YES NO

Explain if ‘NO’ (Limit 250 words)

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**Specialty-specific Educational Program**

**Regularly Scheduled Didactic Sessions**

1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Describe how the program ensures that didactic sessions are held on at least a weekly basis.

(Limit 250 words)

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1. Describe how the program director coordinates didactic conferences among participating sites to allow attendance by a majority of faculty members and residents. (Limit 250 words)

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1. Excluding time away for meetings, vacation, or illness, do residents attend a minimum of 70 percent of all scheduled conferences? YES NO

Explain if ‘NO’. (Limit 250 words)

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1. Are morbidity and mortality conferences scheduled? YES NO

If ‘YES’

* 1. How often are they scheduled?

Weekly  Monthly  Quarterly  Other (specify in the space below)

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* 1. Are all complications occurring on the colon and rectal service(s) presented for peer-review and follow-up? YES NO

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

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1. Are case presentations scheduled? YES NO

If ‘YES,’

* 1. Are cases presented by the fellows? YES NO
  2. Do involved faculty members present cases? YES NO
  3. Do other faculty members participate? YES NO

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

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1. Are journal club conferences scheduled? YES NO

If ‘YES,’

* 1. How often are they scheduled?

Weekly  Monthly  Quarterly  Other (specify in the space below)

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* 1. Are important articles presented by fellows and discussed for content and study design?

YES NO

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

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1. Are formal clinical teaching rounds scheduled? YES NO

If ‘YES,’

* 1. Do faculty members responsible for the rotation conduct these clinical teaching rounds?

YES NO

* 1. Are these clinical teaching rounds conducted on each rotation? YES NO
  2. How often are they scheduled?

Weekly  Monthly  Quarterly  Other (specify in the space below)

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

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1. Are related pathology and radiology studies presented during the conferences in 5 through 8 above? YES NO

Explain if ‘NO’. (Limit 250 words)

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**Clinical Experience**

1. Do fellows participate in the evaluation and care of patients in the following settings?
   1. Ambulatory clinic or office YES NO
   2. Ambulatory operating theater YES NO
   3. Emergency Department YES NO
   4. Endoscopy suite or center YES NO
   5. Inpatient hospital YES NO
   6. Inpatient operating theater YES NO

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

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1. Are fellows exposed to basic and complex patients with the following conditions?
   1. Anal cancer YES NO
   2. Colon cancer YES NO
   3. Constipation YES NO
   4. Diverticular disease YES NO
   5. Familial adenomatous polyposis YES NO
   6. Fecal incontinence YES NO
   7. Hereditary non-polyposis colorectal cancer YES NO
   8. Inflammatory bowel disease YES NO
   9. Intestinal dysmotility YES NO
   10. Pelvic prolapse YES NO
   11. Rectal cancer YES NO
   12. Rectal prolapse YES NO
   13. The broad spectrum of anorectal disease YES NO
   14. Relevant genetic disorders YES NO
   15. Ulcerative colitis YES NO

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

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1. Does fellows’ operative experience include the following procedures?
   1. Anorectal YES NO
   2. Flexible colonoscopy YES NO
   3. Flexible sigmoidscopy YES NO
   4. Laparoscopic abdominal/pelvic YES NO
   5. Open abdominal/pelvic YES NO

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

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1. Do fellows have formal instruction and clinical experiences in all essential disorders and procedures? YES NO

Explain if ‘NO’. (Limit 250 words)

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1. Do fellows participate in the evaluation and treatment of patients with the following anorectal and physiologic disorders?
   1. Absesses YES NO
   2. Constipation YES NO
   3. Fistulas YES NO
   4. Fissures YES NO
   5. Hemorrhoids YES NO
   6. Incontinence YES NO
   7. Pelvic floor problems YES NO

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

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1. Do fellows participate in the evaluation and treatment of patients with the following abdominal disorders?
   1. Diverticular disease YES NO
   2. Inflammatory bowel disease YES NO
   3. Neoplasia of the anus YES NO
   4. Neoplasia of the colon YES NO
   5. Neoplasia of the rectum YES NO
   6. Rectal prolapse YES NO

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

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1. Are fellows able to document abdominal surgical case numbers, including the following?
   1. Laparoscopic resections YES NO
   2. Pelvic dissections YES NO
2. Are fellows able to document anorectal surgical case numbers? YES NO

Explain any ‘NO’ responses to 8 and 9 above. (Limit 250 words)

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| Click here to enter text. |

1. Are fellows able to document procedures evaluating the gastrointestinal tract and pelvic floor, including the following?
   1. Anal ultrasound YES NO
   2. Anoscopy YES NO
   3. Colonoscopies YES NO
   4. Interventional procedures YES NO
   5. Pelvic floor evaluation YES NO
   6. Proctoscopy YES NO
   7. Rectal ultrasound YES NO
   8. Sigmoidoscopy YES NO

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

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1. What percent of the total surgical cases are endoscopic? %
2. During surgery, do colon and rectal surgery fellows share primary responsibilities for the same patient with a chief resident in general surgery or a fellow in another program? YES NO

Explain if ‘YES’. (Limit 250 words)

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1. Do fellows provide post-operative care for their patients until discharge or until the patients’ post-operative conditions are stable and only non-surgical issues remain? YES NO

Explain if ‘NO’. (Limit 250 words)

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**Fellows’ Scholarly Activities**

1. Do all fellows have the opportunity to participate in at least two of the following activities?
2. One or more ongoing research studies with the faculty YES NO
3. One or more resident-initiated research project(s) with faculty supervision YES NO
4. One or more scientific presentations at local, regional, national, or international meetings

YES NO

1. Preparation/submission of one or more articles for peer-reviewed publication YES NO
2. Writing one or more book chapters or current standards papers YES NO

Explain if ‘NO’. (Limit 250 words)

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| Click here to enter text. |

1. Does the program provide the following support for fellows involved in research?
2. Research design YES NO
3. Statistical analysis YES NO
4. Technical support YES NO

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

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**ACGME-I Competencies**

**Patient Care**

1. How do 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 is evaluated. (Limit 300 words)

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* + - 1. How do graduating fellows demonstrate proficiency in evaluation and management of patients with all of the essential colon and rectal surgical disorders, including in the following?

1. Pre-operative diagnosis, indications, alternatives, risks, and preparation
2. Assessment of patient risk, nutritional status, co-morbidities, and need for pre-operative treatment and peri-operative prophylaxis
3. Interpretation of a variety of testing methods in the evaluation and treatment of patients
4. Appropriate non-operative management
5. Operative management, including all technical aspects, intra-operative decision making, avoidance and management of intra-operative complications, and management of unexpected findings
6. Post-operative management, including recognition and treatment of complications, appropriate follow-up, and additional treatment

Provide an example of how proficiency is evaluated in four of the six areas listed. (Limit 400 words)

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* + - 1. How do graduating fellows demonstrate proficiency in the evaluation and management of patients with the following abdominal and pelvic disorders?

1. Carcinoma of the colon, rectum, and anus
2. Colorectal infectious diseases, including sexually transmitted diseases (STDs) and other colidities, to include clostridium difficile and HIV-related infection
3. Diverticular disease
4. Gastrointestinal obstruction, including those due to adhesions, malignancy, volvulus, hernias, and pseudo obstruction
5. Inflammatory bowel disease, including Crohn's disease and ulcerative colitis
6. Inherited colorectal disorders, including familial polyposis and hereditary cancer syndromes
7. Other inherited polyposis syndromes and related genetic disorders
8. Lower gastrointestinal hemorrhage
9. Other neoplastic processes, including GIST tumors, lymphoma, carcinoid, desmoids, small bowel, and mesenteric tumors
10. Radiation enteritis and the effects of ionizing radiation

Provide an example of how proficiency is evaluated in six of the 10 areas listed. (Limit 600 words)

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* + - 1. How do graduating fellows demonstrate proficiency in evaluation and management of patients with the following anorectal and perineal disorders, including:

1. Anal fissure
2. Anorectal stenosis
3. Fistulas, anorectal, and rectovaginal
4. Hemorrhoids
5. Hidradenitis
6. Meningocele, chordoma, and teratoma
7. Necrotizing fasciitis
8. Pilonidal disease
9. Presacral/retrorectal lesions including cysts
10. Pruritus ani

Provide an example of how proficiency is evaluated in six of the 10 areas listed. (Limit 600 words)

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* + - 1. How do graduating fellows demonstrate proficiency in the evaluation and management of patients with the following pelvic floor disorders?

1. Constipation, including clinical and physiological evaluation, dysmotility, anismus, and other forms of pelvic outlet obstruction
2. Fecal incontinence
3. Rectal and pelvic prolapse, rectocele, and solitary rectal ulcer syndrome

Provide an example of how proficiency is evaluated in two of the three areas listed.

(Limit 250 words)

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* + - 1. How do graduating fellows demonstrate proficiency in the following abdominal procedures that are essential to colon and rectal surgery?

1. Abdominoperineal resection and total proctocolectomy
2. Creation of stomas and surgical management of stoma complications
3. Ileal pouch-anal anastomosis
4. Laparoscopic abdominal and gastrointestinal surgery, including colon and rectal resections, ostomy construction, and prolapse repair
5. Low anterior resection with colorectal and coloanal anastomosis
6. Procedures for rectal prolapse
7. Segmental colectomy, including ileocolic resection and colon resection
8. Small bowel resection
9. Stricturoplasty

Provide an example of how proficiency is evaluated in five of the nine areas listed.

(Limit 500 words)

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* + - 1. How do graduating fellows demonstrate proficiency in the following anorerctal and perineal procedures essential for colon and rectal surgery?

1. Anoplasty
2. Fistulotomies, including primary and staged advancement flap repairs of complex anorectal and rectovaginal fistulas
3. Hemorrhoidectomy, including operative and office treatment
4. Internal sphincterotomy
5. Perineal repairs of rectal prolapse
6. Transanal excision of rectal neoplasms
7. Treatment of hidradenitis
8. Treatment of pilonidal disease

Provide an example of how proficiency is evaluated in five of the eight areas listed.

(Limit 500 words)

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* + - 1. How do graduating fellows demonstrate proficiency in the following endoscopic procedures essential for colon and rectal surgery?

1. Anoscopy
2. Colonoscopy, including diagnostic and therapeutic
3. Sigmoidoscopy, including rigid and flexible
4. Administration of conscious sedation and local analgesia

Provide an example of how proficiency is evaluated in three of the four areas listed.

(Limit 300 words)

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* + - 1. How do graduating fellows demonstrate proficiency in pelvic floor procedures, including interpretation of clinical and laboratory study results for the following?

1. Anorectal manometry
2. Anorectal ultrasound/pelvic magnetic resonance imaging (MRI)
3. Defecography
4. Transit time studies

Provide an example of how proficiency is evaluated in three of the four areas listed.

(Limit 300 words)

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**Medical Knowledge**

1. How do graduating fellows demonstrate proficiency in their 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 this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate proficiency in their knowledge of the anatomy, embryology and physiology of the colon, rectum, anus, and related structures?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate proficiency in their knowledge of the essential colorectal disorders?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate proficiency in their knowledge of additional colon and rectal surgery-related issues, including the following?
   1. Congenital disorders to include; congenital pelvic and sacral neoplasms, Hirschsprung's disease, imperforate anus, and urogenital and sacral dysgenesis including spina bifida;
   2. Genetics and molecular biology as they apply to colorectal disorders;
   3. Gynecological disorders, to include endometriosis, considerations in managing the pregnant patient with colorectal disorders, and related intra-operative findings such as ovarian lesions, fibroids, endometrial implants, and gynecological prolapse;
   4. Other pediatric and congenital disorders, to include childhood fissure, encopresis, juvenile polyposis, malrotation, Meckel's diverticulum, and prolapse;
   5. Other pelvic disorders, to include cystocele, enterocele, urinary incontinence, and vaginal and uterine prolapse;
   6. The pathology of colon and rectal disorders;
   7. Radiological and other imaging modalities, to include abdominal ultrasound, angiography, computed tomography (CT), contrast studies, CT colonography MRI, defecography, evaluation for deep vein thrombosis and pulmonary embolism, fistulograms, nuclear medicine scans, plain x-rays, positron emission tomography (PET), and sonograms;
   8. Related medical conditions;
   9. Urological disorders, to include urinary incontinence, fistulas to the urinary tract, involvement of the ureters, bladder and urethra in CRD, and identifying and avoiding intra-operative injury to the ureters; and,
   10. Vascular and mesenteric disorders affecting the colon and rectum.

Provide an example of how proficiency is evaluated in six of the 10 areas listed. (Limit 600 words)

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1. How do graduating fellows demonstrate proficiency in their knowledge of additional colon and rectal surgery-related procedures, including the following?
   1. abdominal procedures, to include continent ileostomy and pelvic exenteration;
   2. Alternate pelvic pouch techniques, to include colonic J-pouch and coloplasty;
   3. Anastomotic techniques, to include both sewn and stapled methods of colonic and anal anastomoses;
   4. Anorectal procedures, to include alternative methods of fistula repair, including fibrin glue and/or plug placement;
   5. Flaps and grafts for perineal reconstruction;
   6. Indications for and interpretation of CT colonography;
   7. Management of colorectal trauma and foreign bodies;
   8. Other procedures for fecal incontinence, to include alternative methods of sphincter repair, augmentation and implantable devices;
   9. Pelvic floor and gastrointestinal physiological assessment and procedures, their uses, and indications, to include performance and interpretation of anorectal manometry, electromyography and pudendal nerve testing, defecography/dynamic MRI, transit time assessment, pelvic floor exercise, rehabilitation, and directed biofeedback;
   10. Procedures for pelvic prolapse in addition to rectal prolapsed, to include rectocele and enterocele repairs; and
   11. Transanal endoscopic microsurgery.

Provide an example of how proficiency is evaluated in six of the 11 areas listed. (Limit 600 words)

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**Practice-based Learning and Improvement**

1. How do 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 life-long learning?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate that they have developed skills and habits to be able to meet the following goals:
2. Evaluate and analyze patient care outcomes
3. Utilize an evidence-based approach to patient care

Describe how this is evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills are evaluated. (Limit 300 words)

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**Professionalism**

1. How do graduating fellows demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate that they have developed skills and habits to be able to meet the following goals:
2. A high standard of ethical behavior
3. A commitment to continuity of care

Describe how this is evaluated. (Limit 300 words)

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**Systems-based Practice**

1. How do 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 this is evaluated. (Limit 300 words)

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Appendix A. Formal Didactic Sessions by Academic Year

For each year of fellowship, please attach (Label: Appendix A) a list of all scheduled didactic courses (which includes discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating institutions attended by residents using the format below. If attended by residents from multiple years, list in each year but provide a full description only the first time it 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, etc.)

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 Colon and Rectal Surgery  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of colon and rectal surgery, 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 Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

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

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