Updates from the Review Committee for Pediatrics

Stephanie Dewar, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

Disclosure

We have no relevant financial disclosures.

Review Committee Composition

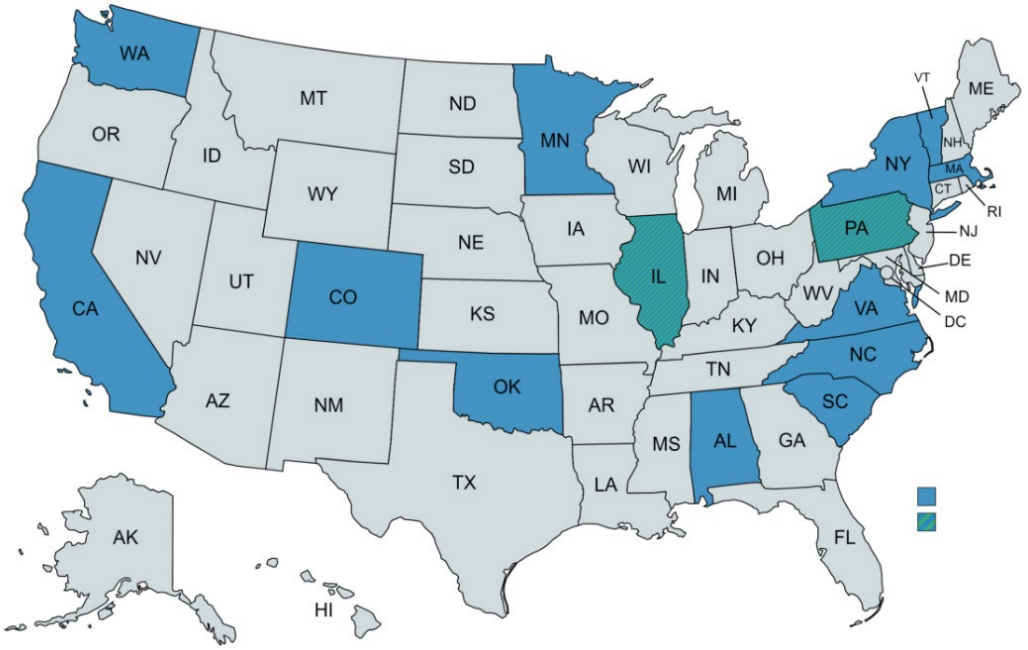
- Gabriel M. Daniels, MD (Resident)
- Stephanie B. Dewar, MD (Chair)
- Shawna Seagraves Duncan, DO
- Jason Homme, MD
- Jennifer Kesselheim, MD (Vice Chair)
- Joanna Lewis, MD, FAAP
- Su-Ting Li, MD, MPH
- Michelle Montalvo Macias, MD
- Kenya McNeal-Trice, MD
- Heather A. McPhillips, MD, MPH
- Adam Rosenberg, MD
- Judith S. Shaw, EdD, MPH, RN, FAAP (Public Member)
- Ivelisse Verrico, MD, FACP, FAAP
- Patricia Vuguin, MD
- Linda Waggoner-Fountain, MD, MAMEd, FAAP
- **Beginning 7/1/2023:**
  - *Maria Condus, PhD (Public Member)*
  - *Andrea Tou, MD (Resident Member)*

Geographic Distribution of the Review Committee

Current members:
AL, CA, CO, IL, MA, MN, NY (2), NC, OK, PA, SC, VT, VA, and WA

Incoming Members:

IL, PA



2021-2022 Status Decisions

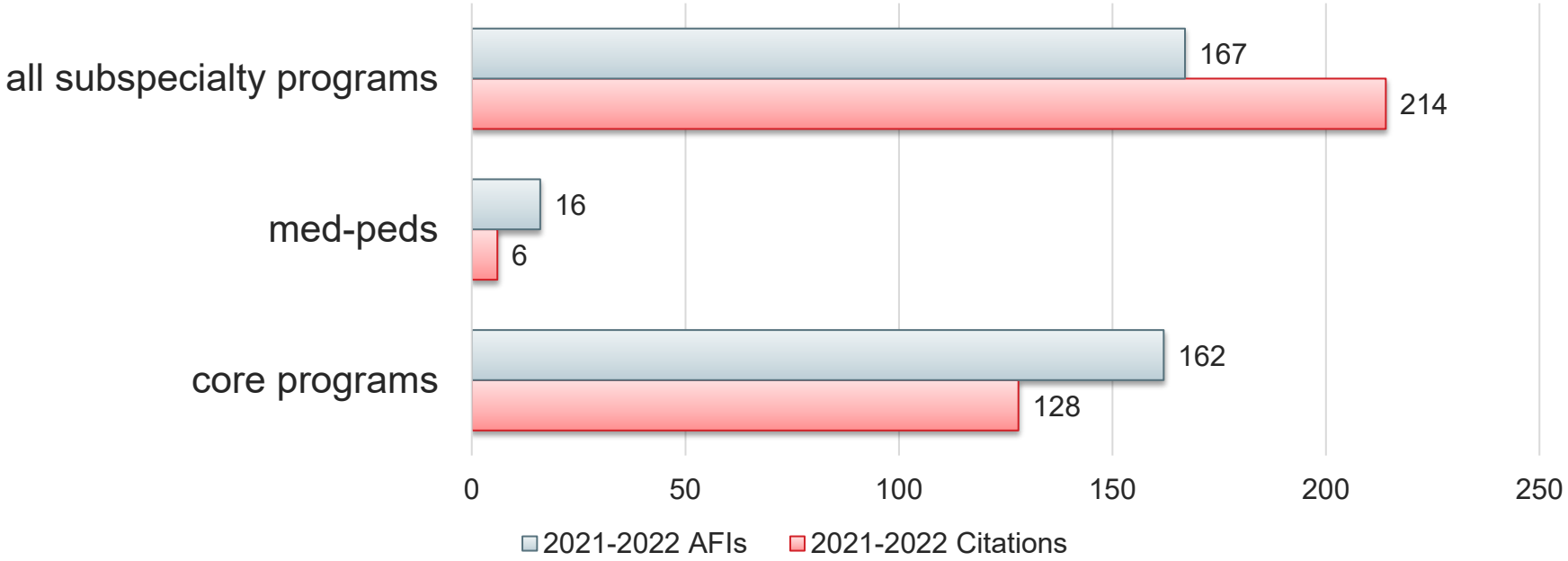
Status	Core	Subs	Med-Peds
Initial Accreditation	4	31	0
Initial Accreditation w/Warning	0	1	0
Continued Accreditation	206	842	38
Continued Accreditation w/Warning	2	3	0
Probation	0	4	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0

Status Decisions

September 2022 and January 2023 Meetings

Status	Core	Subs	Med-Peds
Initial Accreditation	3	12	0
Initial Accreditation w/Warning	0	1	0
Continued Accreditation	194	882	37
Continued Accreditation w/Warning	0	0	0
Probation	0	0	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0

2021-2022 Citations vs. Areas for Improvement (AFIs)



2021-2022 Frequent Citations

Pediatrics Programs

- Faculty Qualifications
  - Lack of board certification or acceptable alternate qualifications
  - Lack of subspecialty faculty (adolescent medicine, DBP)
- Evaluations
  - Timely faculty feedback; resident member on Program Evaluation Committee (PEC)
  - Required language – readiness to progress to the next year; attestation that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice

2021-2022 Frequent Citations

Pediatrics Programs

- Board Pass Rate
- Responsibilities of the Faculty
  - Role models of professionalism
  - Interest in resident education
  - Time devoted to the program
- Culture of Professional Responsibilities
  - Excessive reliance on residents to fulfill non-physician service obligations

2021-2022 Frequent Citations

Pediatric Subspecialty Programs

- Evaluations
  - Timely feedback (faculty and fellows), feedback during each rotation
  - PEC composition | fellow member
  - Required language – readiness to progress to the next year; attestation that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
- Scholarly Activity
  - 12 months scholarly activities for fellows
  - Faculty peer-reviewed publications
  - Mentorship/Scholarship Oversight Committee (SOC) oversight

2021-2022 Frequent Citations

Pediatric Subspecialty Programs

- Faculty Qualifications
  - Specialty certification
  - Availability of other required faculty/consultants
- Faculty Responsibilities
  - Role models of professionalism
  - Interest in resident education
  - Time devoted to the program
- Program Director Responsibility
  - Environment free of intimidation
  - Authority for program/clinical learning environment

2021-2022 Frequent AFIs

Pediatrics Programs

- Professionalism
  - Residents' ability to raise concerns without fear or intimidation
  - Satisfaction with the process for dealing with problems and concerns
  - Experienced or witnessed abuse
  - Faculty act professionally
  - Comfort in calling supervisor
- Accurate/Complete Information

2021-2022 Frequent AFIs

Pediatrics Programs

- Resources
  - Balance between education and patient care
  - Education compromised by non-physician obligations
  - Impact of other learners
  - Time to interact with patients and structured learning activities
  - Safety and health conditions

2021-2022 Frequent AFIs

Pediatrics Programs

- Patient Safety
  - Process to transition care when fatigued
  - Information lost during shift changes or patient transfers
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
- Procedural Volume

2021-2022 Frequent AFIs

Pediatric Subspecialty Programs

- Accurate/Complete Information
- Professionalism
  - Raise concerns without fear
  - Process to deal with problems/concerns
  - Faculty act professionally
  - Experienced or witnessed abuse
- Resources
  - Balance between education and patient care
  - Workload exceeds fellows' available time to work
- Faculty Supervision and Teaching
- Patient Safety
  - Process to transition care when fatigued
  - Information lost during shift changes or patient transfers
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis

Incomplete/Inaccurate Data

- Faculty Roster | Current Certification Information
  - Review ABMS data
  - Programs may add updated information
    - Participating in MOC/CC
    - Re-certified should not be used
- CVs | Current Licensure, Scholarly Activities from Last Five Years
- Block Diagram | Follow instructions in the Accreditation Data System (ADS), provide a key for abbreviations, do not include individual schedules

Specialty-Specific Block Diagram Instructions

Pediatrics Residency Programs

Overview | Program | Faculty | Residents | **Sites** | Surveys | Milestones | Case Logs | Summary | Reports

ACGME

Guide to Construction of a Block Diagram for Pediatrics Residency Programs

Review Committee for Pediatrics

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education in the program. The block diagram should not include resident names.

- Create and upload a PDF of the program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Regardless of the model used, the block diagram must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram.
- In constructing the block diagram, include the **participating site** at which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. **The following abbreviations should be used when completing the block diagram**:

ADOL	Adolescent Medicine	NICU	Neonatal Intensive Care Unit
AI	Acute Illness	PEM	Pediatric Emergency Medicine
CM	Community Pediatrics and Child Advocacy	PICU	Pediatric Intensive Care Unit
DBP	Developmental-Behavioral Pediatrics	RS	Required Subspecialty (required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from List 1 in the requirements)*
ELEC	Electives (experiences chosen by the residents over and above their required experiences)	SP	Subspecialty Experience (subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from List 1 or 2)*
GP	General Pediatrics	TN	Term Newborn
IC	Individualized Curriculum	VAC	Vacation

*Identify the choice of subspecialty experiences below the block diagram.

Sample 1	*This is a commonly used example in which the year's rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.*											
Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3
Rotation Name	GP	GP	GP	PEM	CM	DBP	NICU	PICU	RS	RS	SP	IC
% Outpatient	0	0	0	0	100	100	0	0	variable	variable	variable	variable
% Research	0	0	0	0	0	0	0	0	variable	variable	variable	variable

Sample 2	*In this common example, the year's rotations are divided into 13 equal (presumably four-week) rotations. Rotations may include structured outpatient or research time, and electives.*												
Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 1 or 2	Site 1 or 2	Site 1 or 2	Site 3	Site 3
Rotation Name	GP	RS	RS	PEM	PICU	SP	EM	CM	IC/VAC	IC/VAC	IC/VAC	NICU	NICU
% Outpatient	10	50	50	100	10	50	100	100	variable	variable	variable	10	10
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Sample Notes:

Four months of required subspecialty experiences may include:

Pediatric Cardiology
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Nephrology
Pediatric Neurology
Pediatric Pulmonology

Three months of additional subspecialty experiences may include:

Child and Adolescent Psychiatry
Pediatric Anesthesiology
Pediatric Orthopaedic Surgery
Pediatric Radiology

Home > Specialties > Pediatrics

Pediatrics

Documents

Requests for Changes in Resident Complement
The Guide to Construction of a Block Diagram

Standard Block Diagram Instructions

Pediatric Subspecialty Programs

Overview | Program | Faculty | Residents | **Sites** | Surveys | Milestones | Case Logs | Summary | Reports

ACGME

Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of your program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram. Examples of other less common models are also provided below.
- In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- **Group the rotations by site**. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

Sample Block Diagrams

Block Diagram 1 [1] *In this example, the year's rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Clinic	Elec/Vac
% Outpatient	20	20	100	0	0	40	100	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 2 [1] *In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ICU	Clinic	Wards	Wards	Clinic	Elec/Vac
% Outpatient	30	30	100	0	0	20	20	0	100	0	0	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 3 [1] *In this example, the year's rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*

Block	1	2	3	4	5	6
Site	Site 1	Site 1	Site 2	Site 2	Site 3	
Rotation Name	CCU	Med. Outpt.	Wards	ER	Wards	Elective/Vacation
% Outpatient	0	100	0	100	0	
% Research	0	0	0	0	0	

Notes

Possible electives:

Cardiology Inpatient Site 1
Cardiology Outpatient Site 2
Pulmonary Disease Inpatient Site 2
Pulmonary Disease Outpatient Site 3
Gastroenterology Inpatient Site 3
Gastroenterology Outpatient Site 1

Block Diagram 4 [1] *In this example for a subspecialty program, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.*

Block	1	2	3	4
Site	Site 1	Site 2	Site 2	
Rotation Name	Specialty Outpatient	Specialty Outpatient	Wards	Research
% Outpatient	100	100	0	
% Research	0	40	0	100

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.

ADS Annual Update

- Everyone is required to provide a response during the Annual Update window, but programs can continue to update/edit ADS throughout the academic year
- Some information should be reported in real time (e.g., program director, faculty, resident/fellow changes, response to citations, major changes)

Major Changes and Other Updates

Major changes to the training program since the last academic year, including changes in leadership and rotations and the impact of the COVID-19 pandemic on your program. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

- Be proactive
- Provide context
- Describe outcomes

Pediatrics Program Requirements

Major Revision Process

- Collected feedback regarding current and future practice
  - Scenario planning workshop with stakeholders
    - Identification of themes across scenarios
    - Development of the definition of a pediatrician
    - Identification of strategies to educate the pediatrician of the future
- Public comment on definition, themes and strategies developed
- Summit of stakeholders to reach consensus on strategies

Pediatrics Program Requirements

Major Revision Process cont.

- Writing Group develops Program Requirements
- Program Requirements approved by the full Review Committee
- Program Requirements posted for public review and comment
- Program Requirements refined based on public feedback
- New Program Requirements reviewed by the ACGME Board for approval

Order of Revisions

- Identified components of each of the competencies based on:
  - Themes document
  - Milestones 2.0
  - EPAs
- Identified core elements of the curriculum including required experiences
- Resources/personnel
- Evaluation
- Other

Educational/Training Framework

- Equal balance between inpatient, outpatient and individualized experiences.
- Recognition of importance of both general pediatrics and subspecialty experiences
- Maintenance of longitudinal outpatient experience (continuity clinic) but without restriction of occurring over 26 weeks.
- Introduction into ambulatory subspecialty experience early in training.
- Addition of mandatory mental health experience.

Educational/Training Framework *cont.*

- Flexibility is encouraged outside of required ambulatory, inpatient and individualized experiences.
  - Time spent in these experiences is now Core, not Detail.
- Longitudinal clinic is in additional to required ambulatory experiences.
- One additional month ambulatory Gen peds
- One additional month inpatient
- One less month ICU
- One less month supervisory time
- Procedures as necessary for future practice

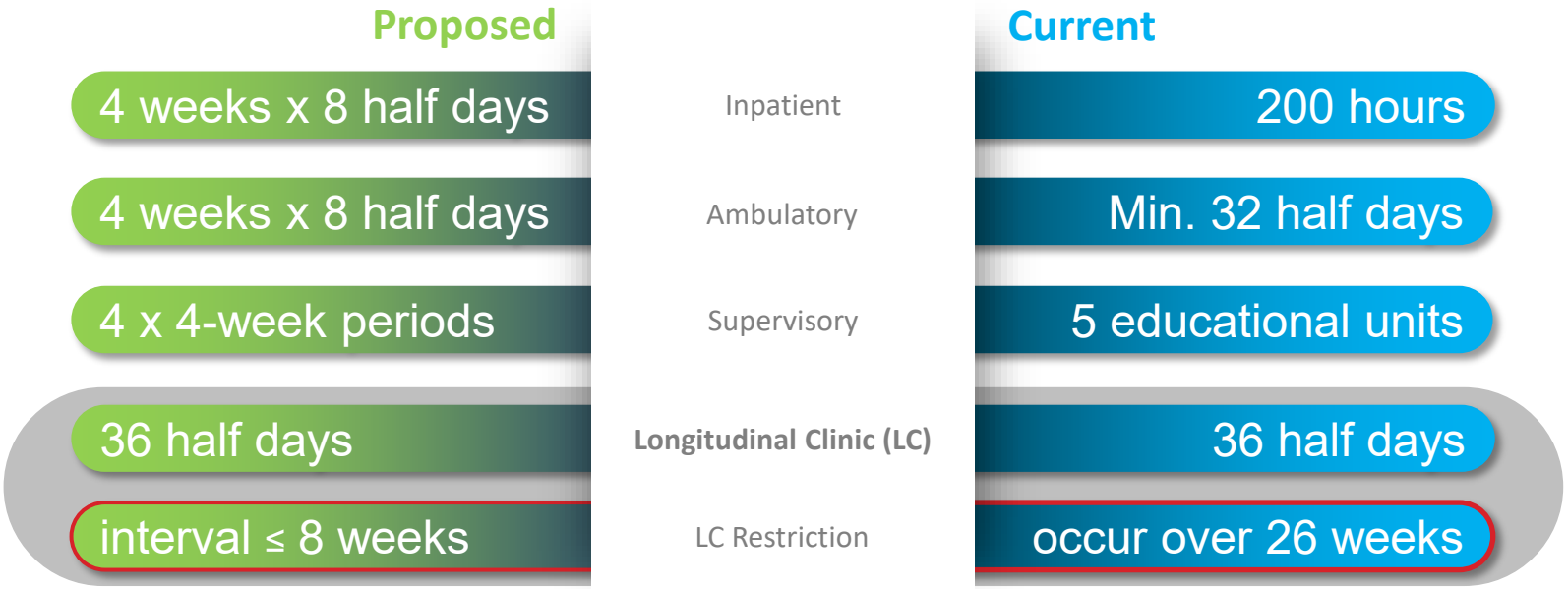
Major Changes

- Required faculty/faculty qualifications
- Faculty responsibility for team workload, resident well-being and patient safety
- Mitigate implicit bias in resident evaluations
- PGY-1 residents may be supervised indirectly with direct supervision immediately available, after assessment

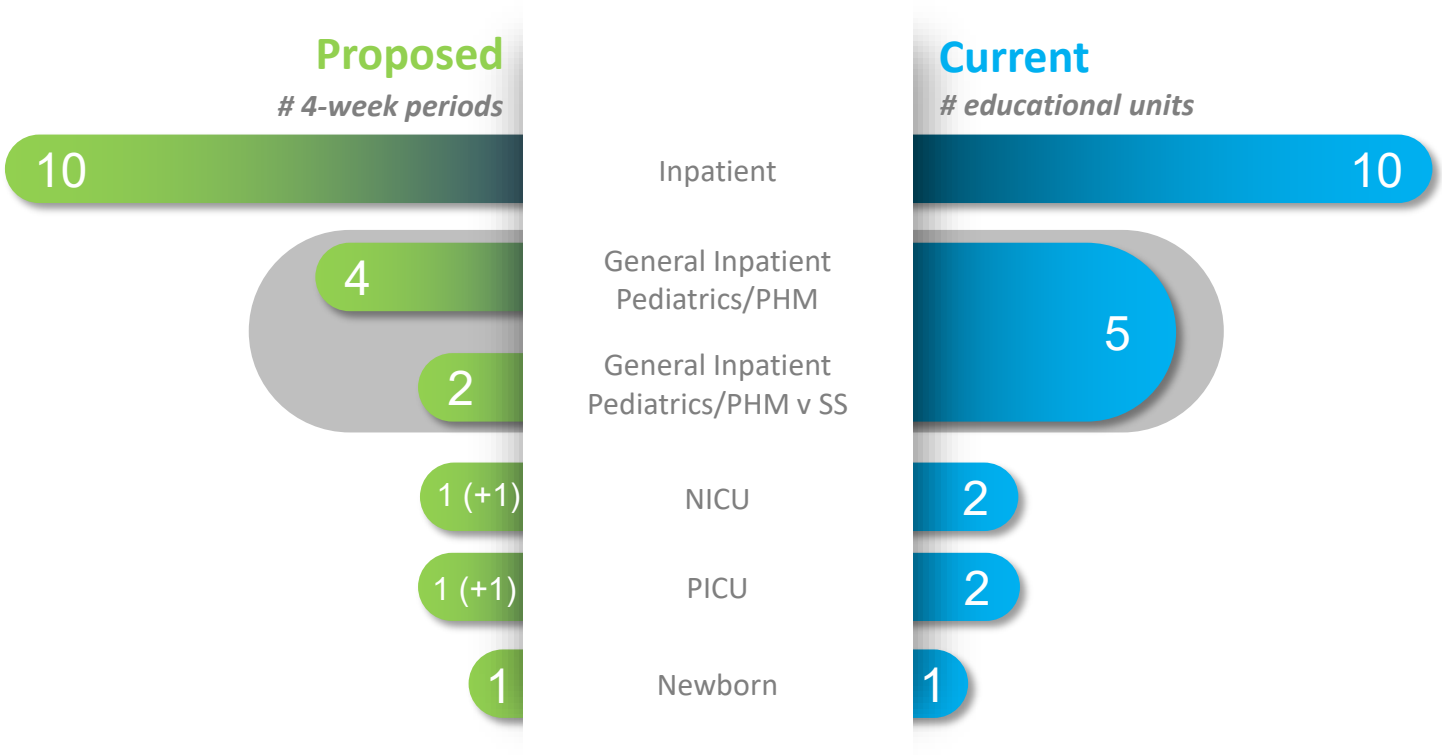
Major Changes *cont.*

- Faculty support/Liaison support
- Experiences defined in weeks (minimum eight half-days)
- Vacation to occur outside of required inpatient, ambulatory and individualized curricular experiences
- All EPAs and Milestones 2.0 are included in revised Program Requirements

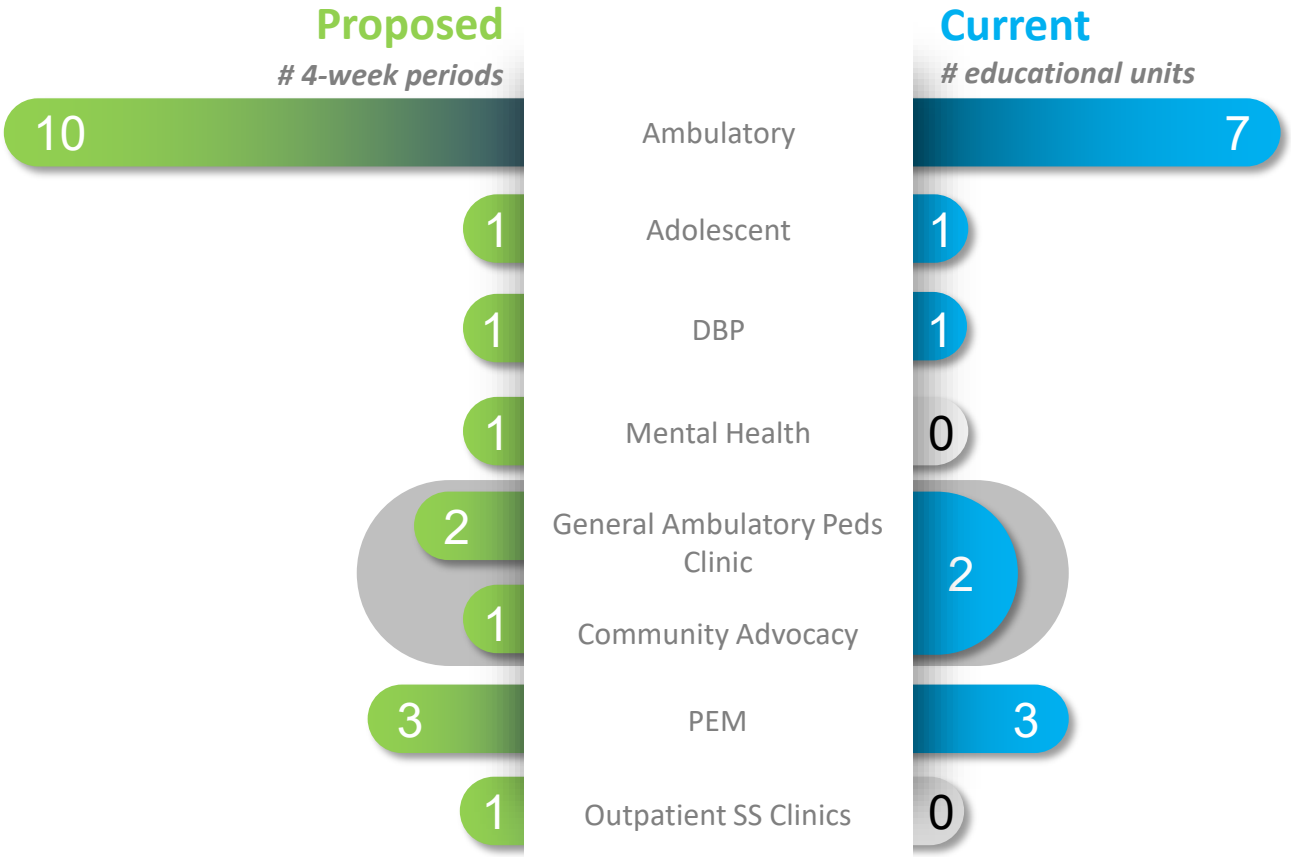
Program Requirements | Proposed vs. In Effect



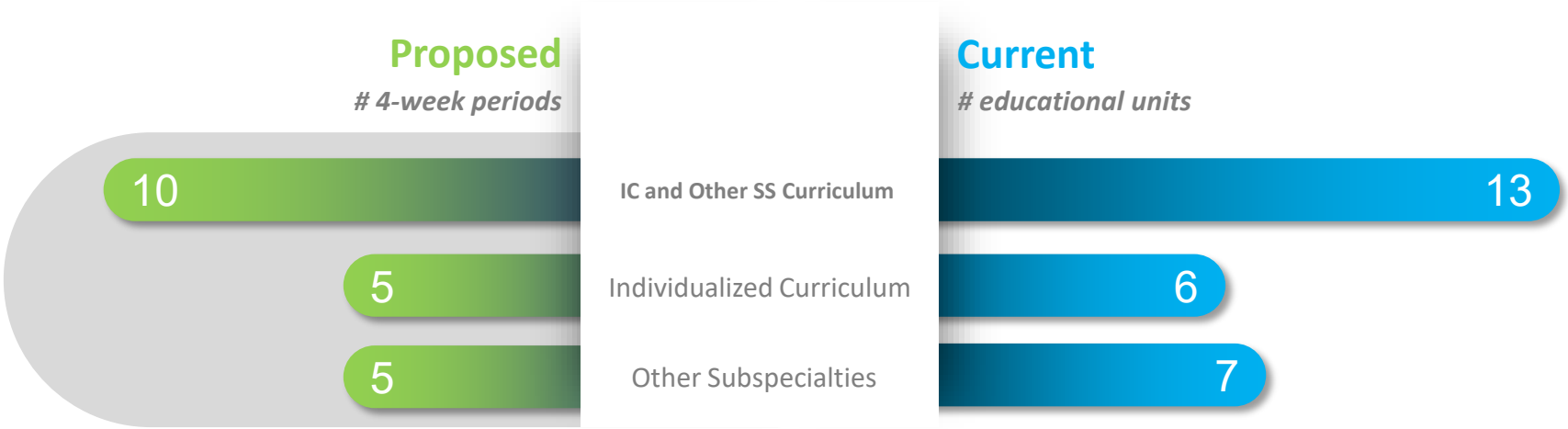
Inpatient Comparison



Ambulatory Comparison

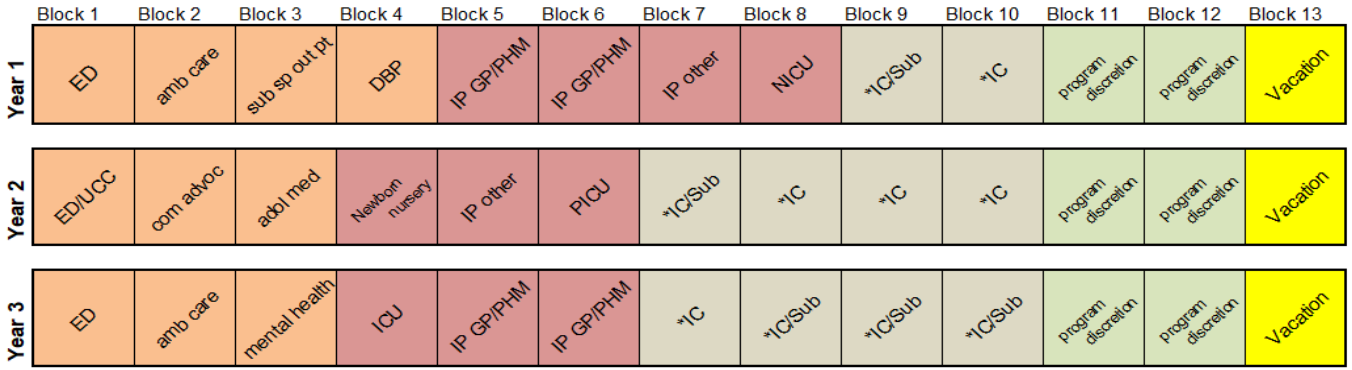


Individualized Curriculum and Subspecialty Comparison



DRAFT
Block Schedule Based on Proposed Program Requirements

General Block Schedule



Supervisory Experience Requirements: Minimum of **16 weeks during final two years** in the program. Eight **weeks** should be on the **inpatient general pediatrics/PHM hospital medicine service**

Ambulatory Care Experiences: minimum of 40 weeks

ED - peds EM in ED (8 weeks)
ED/UCC - acute care (4 weeks could be in peds ED or other site)
amb care - general ambulatory pediatric clinic (8 weeks)
com advoc - community advocacy rotation (4 weeks)
adol med - adolescent medicine (4 weeks)
DBP - developmental behavioral pediatrics (4 weeks)
mental health - mental health experience (4 weeks)
sub sp out pt - subspecialty outpatient experience (4 weeks), composed of *no fewer than two* subspecialties, *in the first 18 months of training*

Inpatient Care Experiences: mimimum of 40 weeks

IP GP/PHM - inpatient general peds or peds hospital medicine service *(mimimum of 16 weeks)*
IP other - remaining time on inpatient service, can be on GP/PHM services or other subspecialty services with *no more than 4 weeks spent on a single non GP/PHM service*
NICU - neonatal intensive care unit *(mimimum 4 weeks)*
PICU - pediatric intensive care unit *(mimimum 4 weeks)*
ICU - could be additional NICU, PICU, combination, or other ICU (must have *additional 4 weeks ICU* experience)
Newborn nursery - newborn nursery rotation (4 weeks)

Individualized Curriculum: mimimum of 40 weeks

***IC** - individualized curriculum
***IC/Sub** - individualized curriculum of *at least five additional subspecialty experiences* (minimum of 1 week per activity with maximum of 4 weeks duration)
* **20 of the 40** weeks of IC time *must be elective* (clinical, scholarly, and/or other experiences)

Program Discretion

time not accounted for by other RC requirements *24 weeks*

Vacation

to account for typical 3-4 weeks of vacation per academic year by programs

Tentative Timeline

Review and Comment

- Submission of comments will only be accepted using the electronic form, which is available on the Review and Comment page of the ACGME website during the 45-day public review and comment period
  - Deadline for comments is April 5, 2023
- Comment on the positive as well as the negative
- Provide rationale; consequences of change
- Comment if language is unclear
  - Recommend alternate language
  - Background and Intent
- Review Committee does not respond directly to those who provide input
  - The ACGME Committee on Requirements reviews all comments and the Review Committee's response to the comments

Common Program Requirement Revisions

- The specialty- and subspecialty-specific Program Requirements have been updated to reflect revisions to the Common Program Requirements that become effective July 1, 2023
- The updated documents can be found under the “Future Effective Date” header on the Program Requirements page of each specialty page of the ACGME website

Adolescent Medicine Focused Revision

- At the request of the American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP), a focused revision to the requirements related to length of training for graduates of internal medicine residency programs
- The ABIM plans to change its status from co-sponsoring board to become a qualifying board and, consequently, will no longer administer the exam to internal medicine physicians
- The proposed modification would now require internal medicine physicians to complete three years of adolescent medicine training, as opposed to the current two years, to meet the ABP's eligibility criteria for certification

AIRE X+Y Pilot Update

- The AIRE X+Y Scheduling pilot is closed to new participants
- Additional programs are not being enrolled due to the Program Requirement revisions in progress
- Programs not participating in the pilot are subject to the requirement for 26 weeks of longitudinal outpatient experience

Self-Study/10-Year Accreditation Site Visit

- All program Self-Study and 10-Year Accreditation Site Visit dates were removed from ADS as the ACGME finalizes future plans for site visits for programs with a status of Continued Accreditation.
- In the meantime, the ACGME encourages programs to incorporate the Self-Study into their Annual Program Evaluation process, and to track ongoing progress and program improvements as outlined in the Common Program Requirements.

Subspecialty Milestones 2.0

- Meetings started in March/April
- Drafts were posted for public comment in January
- Comments being reviewed, and the Milestones finalized in the upcoming weeks
- Implementation for most: July 1, 2023

Institutional Review Committee News

- Institutional Requirements are undergoing a major revision and will be posted for review and comment mid-year with an expected effective date of July 1, 2024
- Carceral Medicine (formerly correctional medicine) has been approved as a subspecialty area under the Institutional Review Committee

ADS Changes

- Participating site amenities:
  - Clean and private facilities for lactation with proximity appropriate for safe patient care
  - Clean and safe refrigeration resources for the storage of human milk

Residency Milestones

- **PR III.A.1.a) Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)**
  - This information is provided by the ACGME directly to fellowship programs for graduates of ACGME-accredited residency programs
  - Reports Tab | Residency Milestones Retrieval
  - For those residents that do not have a Milestones report on record, contact the specialty program director to obtain the summative report or email ADS@acgme.org with questions.

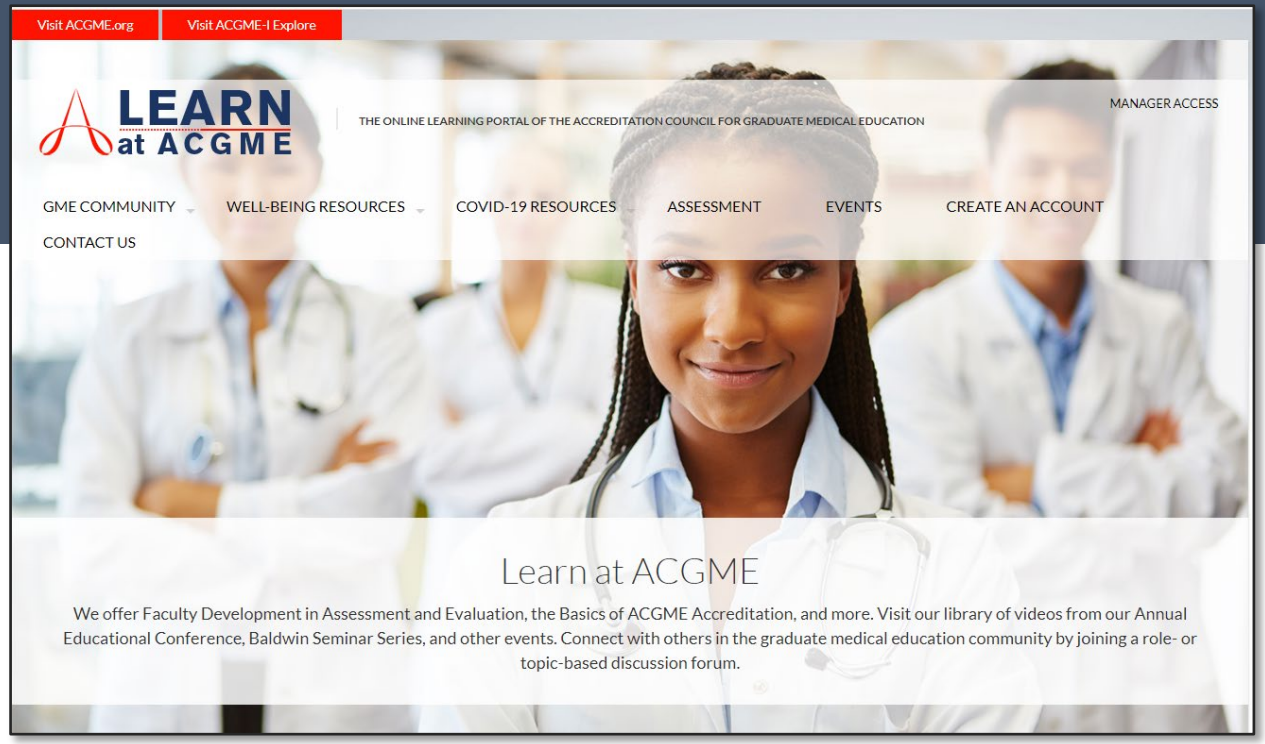
Program Resources

www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC) Guidebook
- Milestones Guidebook | Milestones FAQs
- How to Complete an Application
- Institutional Requirements
- Sample Program Letter of Agreement (PLA)
- FAQs for New Programs

- *Journal of Graduate Medical Education*
- Specialty Specific Resources (Program Requirements, Application Forms, complement increase policy, Guide to Construction of a Block Diagram) | Access via specialty pages
- Common Resources (e.g., Program Directors' Guide to the Common Program Requirements, ACGME Glossary of Terms, Common Program Requirements FAQs, Key to Standard LON) | Access via specialty pages
- Site Visit Information (e.g., types of visits, Site Visit FAQ, remote site visit FAQs, listing of accreditation field representatives)
- Weekly *e-Communication* | Sent via email

The ACGME's **Online Learning Portal**



Visit our learning portal at
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or scan the QR code below.

Have a question or need assistance? Contact
desupport@acgme.org

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Live Event
Program Director Well-Being

An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.

- ✓ April 11, 2023
- ✓ Registration required

https://dl.acgme.org/pages/well-being-tools-resources

ACGME Contacts

ADS Team
Technical Support

ADS General ADS@acgme.org

Resident Survey
resurvey@acgme.org

Faculty Survey
facsurvey@acgme.org

Brittany Guhr lnicholls@acgme.org

Field Activities
Site visit, Self-Study questions

General Questions
fieldrepresentatives@acgme.org

Linda Andrews, MD
landrews@acgme.org

Andrea Chow achow@acgme.org

Penny Iverson-Lawrence
pil@acgme.org

Accreditation Team Requirements, LON questions

Accreditation General (non-specialty-specific) accreditation@acgme.org

Caroline Fischer cfischer@acgme.org

Denise Braun-Hart
dbraun@acgme.org

Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 24-25, 2023	February 24, 2023
September 11-12, 2023	July 11, 2023
January 22-24, 2024	November 22, 2023
April 10-11, 2024	February 9, 2024
September 16-17, 2024	July 16, 2024

Questions?