Appendix J: Survey One Results with Comments

Domain One: Defining pediatric cardiac rehabilitation and identifying exercise training elements necessary to maximize physical fitness in children and adolescents with congenital heart disease.

1) To what extent do you agree with this definition for a pediatric cardiac rehabilitation program for the CHD population: "Pediatric cardiac rehabilitation is a medically supervised program designed to optimize a congenital cardiac patient's cardiovascular function, self-confidence, nutrition, and habits for leading heart healthy lives. This includes physician prescribed, developmentally appropriate exercise and physical activity goals, patient and family education, psychosocial assessment, nutrition assessment, and outcomes assessment."

Topic Category	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
Defining Pediatric Cardiac Rehab (N35) **Mean:1.43; Median: 1**	25, 71.4%	7, 20%	2, 5.7%	0, 0%	1, 2.9%

COMMENTS:

16 of 35 respondents made comments related to this category.

- 6 of 16 comments suggested rewording "physician prescribed" because often other team members prescribe the exercise with physicians overseeing the recommendations and restrictions
  - Medically approved, appropriate exercise prescription (1/6)
  - Multidisciplinary prescribed (1/6)
  - Clinically prescribed (2/6)
  - Exercise physiologist/qualified nurses provide exercise and education (2/6)
- 10 of 16 comments suggested adding/removing/changing specific elements to optimize a congenital cardiac patient's CV function
  - Consider removing self-confidence (1/10)
  - Hesitant to add nutrition because many patients already see one (1/10)
  - Add cardiorespiratory fitness (1/10)
  - Add musculoskeletal function (1/10)
  - Add physical function/ability (2/10)
  - Add functional mobility (1/10)
  - Change heart healthy habits to lifelong healthy habits (1/10)
  - "Rehab is primarily related to improving functional performance, exercise capacity, and fitness level. The other things are part of general management." (1/10)
  - Add a statement that would "focus on addressing age related comorbidities." (1/10)
- 3 of the 16 comments were general statements
  - Pediatric cardiac rehab should not be limited to 'congenital cardiac patient's status' it should also include non-congenital patients such as Kawasaki, cardiomyopathy…
  - "Rehabilitation also includes the child and home-based activities that may be notably less formal."
  - "Love if we could get away from using rehab and instead say 'pediatric cardiac wellness programs'.

2) Ideally, how many medically supervised structured exercise sessions should CHD patients attend during the entire outpatient pediatric rehabilitation program?

Topic Category	1-5 (1)	6-10 (2)	11-15 (3)	16-20 (4)	21-25 (5)	26-30 (6)	31-36 (7)	Other (8)
Number of medically supervised structured exercise sessions (N35) **Mean: 5.77; Median 7**	1, 2.9%	4, 11.4%	1, 2.9%	3, 8.6%	3, 8.6%	4, 11.4%	13, 37.1%	6, 17.1%

COMMENTS:

6 of 35 respondents made comments related to this category.

- 4 of the 6 comments felt it should depend on patient status (specific lesion, surgery, symptoms, goals…)
- 2 of the 6 comments suggested 10/11-15 sessions with re-evaluations, possibly indefinitely
- "Somewhere in the 20-25 range is a good amount of time to set goals and create habits… at least 10 weeks, 2x per week."
- "Minimum 8 sessions once per week for 8 weeks for uncomplicated patients. Minimum 16 sessions once per week for 4 months."

3) How many days a week should CHD patients attend a medically supervised structured exercise program?

Topic Category	1	2	3	4	5	Other (6)
Number of days per week patients should attend outpatient cardiac rehab (N35) **Mean: 3.2; Median 3**	2, 5.7%	11, 31.4%	14, 40%	1, 2.9%	0, 0%	7, 20%

COMMENTS:

7 of 35 respondents made comments related to this category.

- 6 of the 7 comments mentioned the program needs to have variability and be feasible for the individual
- 3 of the 6 respondents felt 1-2x per week is appropriate
- 1 of the 6 respondents felt 2-3x per week is appropriate
- 1 of the 6 respondents felt 3-5x per week is appropriate for the most medically severe/needy patient
- For home-based program 1x per month or fewer may be reasonable depending on home support (1/7)

4) How many days a week should CHD patients exercise in a home-based exercise program to complement the supervised exercise program?

Topic Category	1	2	3	**4**	5	Other (6)
Number of days per week patients exercise in a home-based exercise program (N35) **Mean: 3.66; Median 3**	0, 0%	6, 17.1%	14, 40%	7, 20%	2, 5.7%	6, 17.1%

COMMENTS:

6 of 35 respondents made comments related to this category.

- 1 day per week supervised and 3 days per week additional (1/6)
- 2-3 days per week (1/6)
- Depends on patient (1/6)
- 7 days per week (1/6)
- 3-5 days per week (1/6)
- as many as possible without making it a chore (1/6)

5) What is the ideal **average** targeted heart rate training intensity range for CHD patients to aerobically train at in a medically supervised structured exercise program?

Topic Category	50-65% (1)	60-70% (2)	65-75% (3)	70-80% (4)	75-85% (5)	Other (6)
Ideal AVERAGE target heart rate training intensity during supervised cardiac rehab (N35) **Mean: 4.09; Median: 4**	0, 0%	8, 22.9%	9, 25.7%	3, 8.6%	2, 5.7%	13, 37.1%

COMMENTS:

13 of 35 respondents made comments related to this category.

- 5 of the 13 respondents felt it depends on patient diagnosis
- 60-70% of peak measured heart rate. Avoid age predicted. (1/13)
- 70-85% for most patients (1/13)
- 60-75%; prefer to utilize other measures to quantify intensity range (i.e. MET levels, RPE scales) (1/13)
- Gradual increase up to 70-80% (1/13)
- Establish aerobic and anaerobic heart rate zones from VO2 test, if not performed use RPE (1/13)
- Use heart rate at VAT
- Use RPE in children, not heart rate

6) What is the ideal mix of Moderate Intensity Continuous Training (MICT 50-85%HRmax) and High Intensity Interval Training (HIIT >85%HRmax) for a medically supervised structured exercise program?

Topic Category	MICT 100% HITT 0%	MICT 70% HITT 30%	MICT 50% HITT 50%	MICT 30% HITT 70%	MICT 0% HITT 100%	Other (6)
Ideal mix of MICT and HITT during supervised cardiac rehab (N35) **Mean: 4; Median: 3**	1, 2.9%	11, 31.4%	7, 20%	0, 0%	0, 0%	16, 45.7%

COMMENTS:

16 of 35 respondents made comments related to this category.

- 2 of the 16 respondents believe there is little literature in this patient population.
- 10 of the 16 respondents feel it should depend on patient disease and functional status, ability, interests, needs, goals
- 80-20 rule, which is becoming more mainstream in endurance groups and could benefit CHD patients (1/16)
- 90% MICT, 10% HITT (3/16)
- 50/50 but depends on the presence of other risk factors (1/16)
- MICT 80-90%, HIIT 10-20% (1/16)

7) How many minutes of each supervised session should be spent exercising?

Topic Category	**10-20 (1)**	**20-30 (2)**	**30-40 (3)**	**40-50 (4)**	**50-60 (5)**	**Other (6)**
Number of minutes spent exercising during each supervised session (N35) **Mean: 3.37; Median: 3**	2, 5.7%	6, 17.1%	13, 37.1%	9, 25.7%	1, 2.9%	4, 11.4%

COMMENTS:

4 of 35 respondents made comments related to this category.

- Progress from 10 with ultimate goal of 40 minutes (1/4)
- Depends on patient needs, but needs to include some form of exercise to be compliant with CMS (1/4)
- Gradually up to 40-50 minutes (1/4)
- 10-20 definitely too low

8) Fill in the ideal mix of aerobic, strength and flexibility exercise during each supervised training session?

Topic Category	Aerobic %	Strength %	Flexibility %
Ideal mix of aerobic, strength and flexibility during each supervised exercise session (N34)	Lowest Values 30-45% Highest Values 70-80%	Lowest Values 10-20% Highest Values 40-50%	Lowest values 5-10% Highest values – 20-40%
MEDIAN – **Aerobic 60%** **Strength 25%** **Flexibility 15%**	Min 30% Max 80% Mean 56.18% Median – 60% SD – 11.49%	Min 10% Max 50% Mean 28.38% Median 25% SD 9.98%	Min 5% Max 40% Mean 15.44% Median 15% SD 8.20%

9) What other exercise training principles are critical to include in an outpatient supervised pediatric cardiac rehabilitation curriculum?

COMMENTS:

20 of 35 respondents made comments related to this category.

- Age appropriate, congenital heart disease patients have a large range, right into adult congenital. Probably the kids don't want to exercise with the adults and vice versa. (1/20)
- Incorporating types of activity that can be done easily at home, give patients a plan/calendar (2/20)
- Prescribe bouts of MVPA exercise at least 5 minutes (1/20)
- Increase intensity progression over time and "push the patient out of their 'comfort zone' to maximize gains in fitness and confidence" (1/20)
- Mobility
- Balance (2/20)
- Incorporating fun/games/sporting drills into program (4/20)
- Building confidence (1/20)
- Muscular endurance, body composition (as needed), patient/parent education (1/20)
- Daily core strength maneuvers, daily activity as exercise (1/20)
- Program flexibility (1/20)
- Each program should be individualized, no one size fits all (2/20)
- Variety of 'safe' activities, self-assessment of level of exertion, how to safely push oneself, when to stop exercise (1/20)
- 4 of the 20 comments were general statements regarding education topics

Domain Two: Identifying education topics that set heart healthy habits for life in children and adolescents with congenital heart disease.

1) How important is the inclusion of heart healthy education in a pediatric cardiac rehabilitation program?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Importance of including heart healthy education in pediatric cardiac rehab (N35) Mean: 1.71; Median: 1	18, 51.4%	10, 28.6%	6, 17.1%	1, 2.9%	0, 0%

2) How important is the inclusion of family (parent, caregiver, siblings) in receiving heart healthy education in a pediatric cardiac rehabilitation program?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Importance family receiving heart healthy education in pediatric cardiac rehab (N35) Mean: 1.26; Median: 1	27, 77.1%	7, 20%	1, 2.9%	0, 0%	0, 0%

3) Please indicate how important you think it is to discuss each heart healthy education topic for inclusion in a pediatric cardiac rehabilitation program.

Important heart healthy education topic for a pediatric cardiac rehab	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Physical activity counseling (N35) Mean: 1.09; Median: 1	32, 91.4%	3, 8.6%	0, 0%	0, 0%	0, 0%
Nutrition counseling (N35) Mean: 1.86; Median: 2	13, 37.1%	15, 42.9%	6, 17.1%	1, 2.9%	0, 0%
Weight management (N35) Mean: 1.94; Median: 2	12, 34.3%	13, 37.1%	10, 28.6%	0, 0%	0, 0%
Mindset/confidence/anxiety management (N35) Mean: 1.51; Median: 1	19, 54.3%	14, 40%	2, 5.7%	0, 0%	0, 0%
Lipid management (N35) Mean: 2.91; Median 2	2, 5.7%	16, 45.7%	3, 8.6%	11, 31.4%	3, 8.6%
Blood pressure management (N35) Mean: 2.7; Median: 3	3, 8.6%	14, 40%	7, 20%	10, 28.6%	1, 2.9%
Tobacco (N35) Mean: 2.4; Median: 2	12, 34.3%	7, 20%	7, 20%	8, 22.9%	1, 2.9%
Lifestyle topics (N35) Mean: 1.54; Median: 1	19, 54.3%	13, 37.1%	3, 8.6%	0, 0%	0, 0%

4) How should patient and/or family education be received in a pediatric cardiac rehabilitation program? Please rank the following order from most (1) to least (3) preferred method.

Majority Ranking –

1 - Patient and Family session
2 - Individual patient session
3 - Group Session

When asked to rank the order of how patient and/or family education should be received in a pediatric cardiac rehabilitation program from most (1) to least (3) preferred method.	Ranking
Individual patient session 1 (8, 22.9%) 2 (17, 48.6%) 3 (10, 28.6%) Mean: 2.06; Median: 2	1
Patient and family session 1 (22, 62.9%) 2 (9, 25.7%), 3 (4, 11.4%) Mean: 1.49; Median: 1	2
Group session 1 (5, 14.3%) 2 (9, 25.7%) 3 (21, 60%) Mean: 2.46; Median: 3	3

5) How should patient and/or family education be delivered in a pediatric cardiac rehabilitation program? Please rank the following order from most (1) to least (5) preferred method.

Majority Ranking –

1 - In person
2 – Via an app

3 - In print
4 - Video conferencing
5 – Online

When asked to rank the order of how patient and/or family education should be delivered in a pediatric cardiac rehabilitation program from most (1) to least (5) preferred method.	Ranking
Online 1 (4, 11.4%) 2 (2, 5.7%) 3 (5, 14.3%) 4 (16, 45.7%) 5 (8, 22.9%) Mean: 3.63; Median: 4	1
In person 1 (30, 85.7%) 2 (0, 0%) 3 (0, 0%) 4 (0, 0%) 5 (5, 14.3%) Mean: 1.57; Median: 1; Mode: 1	2
In print (handouts) 1 (1, 2.9%) 2 (12, 34.3%) 3 (9, 25.7%) 4 (5, 14.3%) 5 (8, 22.9%) Mean: 3.2; Median: 3	3
Video conferencing 1 (1, 2.9%) 2 (12, 34.3%) 4 (3, 8.6%) 4 (3, 8.6%) 5 (12, 34.3%) Mean: 3.37; Median: 3	4
Via an app 1 (0, 0%) 2 (8, 22.9%) 3 (17, 48.6%) 4 (8, 22.9%) 5 (2, 5.7%) Mean: 3.11; Median 3	5

Comments returned for other education topics that may be critical to include in a pediatric cardiac rehabilitation program?
14 of 35 respondents made comments related to this category.

- Development of 'sport' skills as a gateway to play.
- I think sleep should be its own category. Gross motor development is important, balance, etc.
- Specific education around intensity, which can be individualized from an exercise test.
- Goal setting, Congenital Heart disease understanding, Patient Video Panel
- Referral to a psychologist when screening measures of anxiety/depression are above threshold.
- Having patients understand time management and initiating their 'new schedule' into their daily routines
- a class for caregivers only.
- Include hydration (under nutrition)
- alcohol education (depending on age) (2/14)
- Competitive vs recreational participation/guidelines (2/14)
- Specific assessment of mid-term risk of lipid/BP/Tobacco. Nutrition needs to be focused on underlying disease, not an adult model.
- sexuality issues, recreational drug use
- Ability to answer questions regarding the patient's specific cardiac diagnoses.

Domain Three: Identifying patient outcome measures to include in a pediatric cardiac rehabilitation curriculum for children and adolescents with congenital heart disease.

1) Please rank the importance of each category for measuring and assessing patient outcomes for inclusion in a pediatric cardiac rehabilitation curriculum.

When asked to rank the importance of each category for measuring and assessing patient outcomes for inclusion in a pediatric cardiac rehabilitation curriculum	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Peak VO2 capacity (N35) Mean: 1.48; Median: 1	23, 65.7%	9, 25.7%	2, 5.7%	0, 0%	1, 2.9%
VO2 capacity at ventilator anaerobic threshold (VAT) (N35) Mean: 2.11; Median: 2	13, 37.1%	13, 37.1%	3, 8.6%	4, 11.4%	2, 5.7%
Heart rate at VAT (N35) Mean: 2.29; Median: 2	12, 34.3%	8, 22.9%	9, 25.7%	5, 14.3%	1, 2.9%

Heart rate (rest, submaximal, maximal) (35) Mean: 1.94; Median: 2	17, 48.6%	7, 20%	7, 20%	4, 11.4%	0, 0%
Blood pressure (rest, submaximal, maximal) (N35) Mean: 2.26; Median: 2	13, 37.1%	7, 20%	8, 22.9%	7, 20%	0, 0%
ECG telemetry (N35) Mean: 2.06; Median: 2	15, 42.9%	10, 28.6%	5, 14.3%	3, 8.6%	2, 5.7%
Peak METS (N35) Mean: 2.43; Median: 2	7, 20%	16, 45.7%	5, 14.3%	4, 11.4%	3, 8.6%
Total physical activity minutes per week (N35) Mean: 1.54; Median: 1	20, 57.1%	12, 34.3%	2, 5.7%	1, 2.9%	0, 0%
Muscle strength (N35) Mean: 1.83; Median: 2	13, 37.1%	15, 42.9%	7, 20%	0, 0%	0, 0%
Flexibility (N35) Mean: 2.17; Median: 2	8, 22.9%	14, 40%	12, 34.3%	1, 2.9%	0, 0%
Lipid levels (N35) Mean: 2.94; Median: 3	3, 8.6%	13, 37.1%	7, 20%	7, 20%	5, 14.3%
Blood glucose levels (N35) Mean: 2.94; Median: 3	2, 5.7%	14, 40%	8, 22.9%	6, 17.1%	5, 14.3%
Anthropometric measures (height, weight, BMI, body composition) (N35) Mean: 1.86; Median: 2	15, 42.9%	12, 34.3%	6, 17.1%	2, 5.7%	0, 0%
Bone mineral density tests (N35) Mean: 3.26; Median: 3	0, 0%	13, 37.1%	8, 22.9%	6, 17.1%	8, 22.9%
Psychosocial questionnaires (mood and cognitive) (N35) Mean: 1.8; Median: 2	15, 42.9%	13, 37.1%	6, 17.1%	1, 2.9%	0, 0%
Quality of Life questionnaires (N35) Mean: 1.69; Median:2	17, 48.6%	14, 40%	2, 5.7%	2, 5.7%	0, 0%
Self-efficacy/confidence questionnaires (N35) Mean: 1.74; Median: 2	15, 42.9%	14, 40%	6, 17.1%	0, 0%	0, 0%
Physical activity questionnaires (N35) Mean: 1.8; Median: 2	12, 34.3%	19, 54.3%	3, 8.6%	1, 2.9%	0, 0%

Comments returned for other measurable patient outcomes that are critical to include in a pediatric cardiac rehabilitation.

11 of 35 respondents made comments related to this category.

- VE/VCO2 slope at peak and AT. O2 Pulse at peak. ST segment evaluation.
- Gross motor delay. Balance, Sleep patterns, Parental proxy-report QOL and all other subjective questionnaires.
- demographics- i.e. where are patients coming from, who is utilizing the program, family income
- Cardiac output as measured by inert gas breathing method (e.g. Innocor system)
- heart rate recovery
- Balance assessment
- RPE
- School attendance, in school and post school activities.
- Readiness to change
- Physical activity tracked by activity monitor
- A more reliable submaximal measure than VAT

2) How important is the inclusion of baseline assessments for patient outcomes prior to the start of cardiac rehabilitation?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Importance of baseline assessments prior to the start cardiac rehab (N35) **Mean: 1.11; Median: 1**	31, 88.6%	4, 11.4%	0, 0%	0, 0%	0, 0%

3) How important is the inclusion of ongoing assessments for patient outcomes during cardiac rehabilitation?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Importance of ongoing assessments prior to the start cardiac rehab (N35) **Mean: 1.37; Median: 1**	23, 65.7%	11, 31.4%	1, 2.9%	0, 0%	0, 0%

Comments returned for how frequently the ongoing assessments should occur for patients actively enrolled in cardiac rehabilitation.

33 of 35 respondents made comments related to this category.

- 6 months to one year (1/33)
- Every 30 days (14/33)
- Monthly (2/33)
- Every 45 days (1/33)
- Every 3 months (1/33)
- Every 3-4 weeks (1/33)
- Every 2 weeks (5/33)
- Every 2-3 months (1/33)
- Informally, every session. More formally, perhaps very 30-45 days (1/33)
- Base, half way, and last session (1/33)
- Halfway through program i.e. if program is 12 visits, at visit 6 (1/33)
- VO2 test no sooner than 8 weeks, strength assessments about every 4 weeks, psychosocial surveys can be pre-and post-program (1/33)
- VO2 max test - before, midterm, post; 6-minute walk test - prior, every 30 days (1/33)
- Depends on the outcome being assessed. Physical outcomes could be assessed more frequently (30-60 days), whereas QOL and psych assessments may require longer intervals (90+)
- Measurements related to physiologic stability should be monitored regularly, at all visits. Measurements related to exertion (RPE, MET levels) should be monitored multiple times throughout each session. Measurements related to QOL, Confidence, psychosocial outcomes should be monitored at start and finish of program and at all follow up physician appointment thereafter. VO2 max should be monitored at start and finish of program. Measurements related to nutrition should be monitored routinely by a nutritionist at the frequency in which they recommend based on the child's needs.

4) How important is the inclusion of discharge assessments for patient outcomes after participating in cardiac rehabilitation?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Importance of discharge assessments prior to the start cardiac rehab (N35) Mean: 1.17; Median: 1	29, 82.3%	6, 17.1%	0, 0%	0, 0%	0, 0%

Domain Four: Identifying whether promoting self-confidence is important to include in a pediatric cardiac rehabilitation program.

Participation in regular physical activity yields not only cardiovascular benefits, but a multitude of social and emotional benefits as well. Some believe regular physical activity and exercise can be beneficial towards increasing self-confidence, which is defined as trust in one's own ability or belief that one can successfully face day to day challenges and demands. How to best develop self-confidence has not been well documented in the literature or formally addressed in a pediatric cardiac rehabilitation program. Gathering opinions in this understudied area could provide insight toward the development of a pediatric cardiac rehabilitation curriculum.

1) How important is it to understand the degree of self-confidence in a child or adolescent with CHD in helping to establish successful exercise and heart healthy habits?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Understanding the degree of self-confidence in helping to establish successful exercise and heart healthy habits (N35) Mean: 1.43; Median: 1	22, 62.9%	11, 31.4%	2, 5.7%	0, 0%	0, 0%

2) How important is it to develop strategies to promote self-confidence as part of a pediatric cardiac rehabilitation curriculum?

Topic Category	Very Important (1)	Important (2)	Moderately important (3)	Slightly Important (4)	Not important (5)
Importance of developing strategies to promote self-confidence as part of a pediatric cardiac rehab program (N35) Mean: 1.51; Median: 1	21, 60%	10, 28.6%	4, 11.4%	0, 0%	0, 0%

3) Percent of experts who include self-confidence building techniques in their exercise programs.

Topic Category	Yes	No
Percent of experts who include self-confidence building techniques in their exercise programs (N35)	21, 60%	14, 40%

15 of 21 respondents who answered yes to including self-confidence building techniques in their exercise program shared their strategies/techniques are listed below.

- Positive self-talk.
- We promote physical activity self-efficacy through motivational interviewing, praise, and structured goals that are easy to meet.
- Collaborates with psychologists within the program (2/21)
- Getting on a personal level with the patient through empathy and acting as a counselor
- Providing education, knowledge and support to help build their self-confidence.
- Positive reinforcement (3/21)
- Rewards system
- Clinical reassurance during symptoms, sharing self-assessment results with the patient.
- Set small goals and track them. Assure that the goals have some challenge but are achievable.
- Establishes a mentor at home to work with and group sessions with other program participants
- Encouragement, feedback, journals
- Including patient in discussion of exercise plan to establish independence (2/21)

What other components that were not addressed in the domains above are critical to include in a pediatric cardiac rehabilitation curriculum?

14 of 35 respondents shared ideas related to this category.

- Provide obtainable intermediate goals, obvious 'celebrations' of success and promote self-directed activities
- Goal setting, motivational interviewing
- Build in short and long-term goals and discuss progress towards those goals
- Build in funds to allow therapists to participate in off hour physical activity events (weekend 5ks) with patients.
- Positive reinforcement and encouragement (3/35)
- Reward system.
- Choosing activities that will be doing when they return to school
- Self-assessments, talk with other kids with same issues or explore young adult congenital heart disease patients for their perspective
- Collaborate with other disciplines (neuropsych or behavioral health) to the help child grow
- Include formal psychologic assessment prior to enrolling in rehab program
- Allow patient to select own exercises, talk about progression, and provide input and encourage questions and answers that are discussed together (2/35)