

**Virtual Site Visit Document Preparation**

Send all documents/files listed below electronically to the Site Inspection & Slide Review Board ([sisrb@mohscollege.org](mailto:sisrb@mohscollege.org)).

All documents must be de-identified of Protected Health Information and Personally Identifiable Information.

Additional documents may be requested at the discretion of the Site Surveyor.

***Be prepared to show the following during the virtual interview:***

- Hazardous material booklets
- Payment policies

Program Director Name:

- ☐ Program Director's curriculum vitae
- ☐ Proof of Program Director's CPR Certification (BLS minimum)
- ☐ Microscope Slides *(for existing international ACMS MSDO fellowship programs only; Not applicable for new MSDO fellowship applications).*
  - ☐ Glass Slides and accompanying Mohs maps for 5 cases
  - ☐ With regard to case selection, please send the first case performed each month, for five consecutive months
  - ☐ De-identify slides and maps, and sequentially number the cases 1-5 so slides and Mohs maps may be linked
  - ☐ If you are doing quality control for staining, a log of the daily stain quality control
- ☐ Documentation of a formal Quality Assurance peer review performed by a Mohs surgeon or dermatopathologist/pathologist, including written comments on the accuracy of the Program Director's slide interpretation and mapping
  - Recommended quarterly review of the first 3 cases of the month
- ☐ Case logs of Program Director and Associate Program Director (if applicable)
  - Including number of Mohs cases, types of repairs, and other types of dermatologic surgical procedures performed and taught over the course of the program
- ☐ Number of cases performed in the past year by the Director (or the Director and Associate Director each)
- ☐ Names and Dates of Training Periods for Fellows-in-Training from the last 5 years (as applicable)
- ☐ Case logs of current and past Fellows-in-Training (as applicable)
- ☐ Number of cases performed in the past year by the Fellow(s)-in-Training acting as primary surgeon (as applicable)

- ☐ Written narrative of the training program, including:
  - Mission of the program, volume of Mohs, complexity and volume of reconstructive procedures
  - Teaching plan and outline of daily, weekly, and monthly activities, goals, and objectives of the fellow along with any other information to substantiate the survey process.
- ☐ Manuscripts from current and/or past Fellows-in-Training in preparation or from final publication (as applicable)
- ☐ Charts
  - Include charts\* from 12 patients (please select the first case performed each month for the proceeding 12 months)
  - \*Charts: This includes the Mohs operative note and any pre or postoperative visit notes that are in relation to the Mohs surgical procedure. Please de-identify all documents and sequentially number patient charts from 1 to 12.
- ☐ Infection control data (please include surgical site infection rate)
- ☐ Written patient instructions for post-operative care
- ☐ Patient satisfaction data with explanation of data and/or detailed breakdown/raw data from individual patients over a 6-month period
- ☐ Program Requirements including policies concerning teaching activities, and address salaries and benefits, vacations, professional leave, parental leave, potential leave, sick leave, work hours, learning environment, fellow well-being, professional liability insurance, hospital and health insurance, disability insurance commensurate with corresponding PGY 5 levels (*recommended*)
- ☐ OSHA/CLIA or equivalent organization(s) books/documents/certificate
- ☐ Teaching documents
  - Detailed didactic schedule demonstrating active participation in clinical rounds and conferences in a manner that promotes a spirit of inquiry and scholarship
  - Core curriculum
- ☐ Fellow(s)-in-Training schedule
  - Demonstrating, on average, the scheduled activities of the fellow, including conference schedule
- ☐ De-identified ACGME Milestone Evaluations and other applicable Fellow-in-Training feedback systems from the past 5-years (*for existing international ACMS MSDO fellowship programs only; Not applicable for new MSDO fellowship applications*).
- ☐ De-identified faculty evaluations and other applicable feedback systems from the past 5-years (*for existing international ACMS MSDO fellowship programs only; Not applicable for new MSDO fellowship applications*).

- ☐ Forms used for fellow & faculty evaluation of Program
- ☐ Sample of work hour report data demonstrating the program's work hour monitoring system (minimum six months) (*recommended*)

***To streamline the virtual site visit process, please submit a video to [sisrb@mohscollege.org](mailto:sisrb@mohscollege.org) that contains the following elements:***

- ☐ A tour of the facility including all spaces used in the practice of Mohs (NOTE: This video is meant to demonstrate the clinical spaces patients will experience from check-in to check-out, and highlight the non-clinical facilities used in the practice of Mohs surgery. To minimize the burden of this video, no special editing is necessary.)