

Survey Instrument for Virtual Site Visit

Revised 2/01, 10/03, 03/22

Name of Program Director: _____

Name of Site Visitor: _____

Please verify on the blank that you have participated in the following and found them to be acceptable:

- A. Meeting with Program Director (approximately 1 hour) _____
- B. Review of pre-recorded video tour and inspection of facility _____
- C. Interviews with fellowship coordinator and other core faculty (as applicable) _____
- D. Interviews with current or former fellows, other office staff, other faculty at surveyors request _____
- E. Chart review - twelve charts as specified in the 'Document Preparation' file _____
- F. Infection control data _____
- G. OSHA/CLIA books or equivalent organization(s) _____
- H. Hazardous materials booklets _____

Standards Of Program

Instructions

Site surveyor should check off each area using one of the following values:

SC - Substantial Compliance indicates that the Fellowship Training Program's current operations are acceptable and meet the standards.

PC - Partial Compliance indicates that a portion of the item is acceptable, but other areas need to be addressed. *NOTE: Site surveyor must identify the reasons for choosing this value for any items.*

NC - Non-Compliance indicates that the Fellowship Training Program's operations in the area do not meet the standards. *NOTE: Site surveyor must identify the reasons for choosing this value for any items.*

N/A - Not Applicable indicates that the standard does not apply to the Fellowship Training Program.

Site surveyors should review this list and any recommendations with the Program Director after completion of this visit.

Patient Rights & Quality of Care

Compliance Level

SC	PC	NC	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Patients treated with respect, consideration and dignity

Reasons for partial/non-compliance: _____

2. Patient records are treated confidentially

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

3. Information is available to patients and staff concerning:

a. services available

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

b. provisions for after hours and emergency care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

c. fees for services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Compliance Level

SC PC NC N/A

d. payment policies

Reasons for partial/non-compliance: _____

4. Marketing or advertising is not misleading to patients

Reasons for partial/non-compliance: _____

5. All health care personnel have necessary and appropriate training and skills to deliver services promptly

Reasons for partial/non-compliance: _____

6. All health care practitioners practice their profession in an ethical and legal manner

Reasons for partial/non-compliance: _____

7. All personnel that assist in provision of health care services are trained/qualified and supervised and are available in sufficient numbers for the care provided

Reasons for partial/non-compliance: _____

8. High quality health care is demonstrated by at least the following:
a. appropriate and timely diagnosis

Reasons for partial/non-compliance: _____

b. treatment consistent with clinical impression or diagnosis

Reasons for partial/non-compliance: _____

c. absence of unnecessary diagnosis or therapeutic procedures

Reasons for partial/non-compliance: _____

d. appropriate and timely follow-up of findings and tests

Reasons for partial/non-compliance: _____

Compliance Level
SC PC NC N/A

e. continuity of care
 Reasons for partial/non-compliance: _____

f. provision for services when the facilities are not open
 Reasons for partial/non-compliance: _____

g. appropriate, accurate and complete clinical records
 Reasons for partial/non-compliance: _____

h. patient satisfaction
 Reasons for partial/non-compliance: _____

i. documented health care outcomes
 Reasons for partial/non-compliance: _____

j. health services are consistent with current professional knowledge.
 Reasons for partial/non-compliance: _____

k. adequate specialty consultation services are available by prior arrangement and emergency consultation
 Reasons for partial/non-compliance: _____

9. Concern for the costs of cure are demonstrated by the following:
 a. relevance of services for the needs of the patient
 Reasons for partial/non-compliance: _____

b. absence of duplicative diagnosis procedures
 Reasons for partial/non-compliance: _____

Compliance Level

SC **PC** **NC** **N/A**

c. appropriateness of treatment frequency

Reasons for partial/non-compliance: _____

d. use of least expensive resources when available

Reasons for partial/non-compliance: _____

e. use of ancillary services consistent with patient needs

Reasons for partial/non-compliance: _____

f. billing accurately to generally accepted definitions and principles

Reasons for partial/non-compliance: _____

Record Review (10 or 20 Charts)

Compliance Level

SC **PC** **NC** **N/A**

10. Record is legible

Reasons for partial/non-compliance: _____

11. History and prognosis are adequate

Reasons for partial/non-compliance: _____

12. Diagnosis is appropriate

Reasons for partial/non-compliance: _____

13. Diagnosis procedure is appropriate

Reasons for partial/non-compliance: _____

Compliance Level

SC PC NC N/A

14. Treatment consistent with diagnosis

Reasons for partial/non-compliance: _____

15. Operative report adequate and detailed

Reasons for partial/non-compliance: _____

16. Consultations appropriate and timely

Reasons for partial/non-compliance: _____

17. Appropriate follow-up is provided

Reasons for partial/non-compliance: _____

18. Allergies clearly recorded in prominent location. Note: as the chart

review materials requested may not include this, it is permissible for the surveyor to verbally verify.

Reasons for partial/non-compliance: _____

Quality Assurance (TQI, TQM, QI)

Compliance Level

SC PC NC N/A

19. Important problems are identified and may include but are not limited to:

a. malpractice cases, follow-up of abnormal test results

Reasons for partial/non-compliance: _____

b. cure rates for tumor treatment

Reasons for partial/non-compliance: _____

c. infection rates

Reasons for partial/non-compliance: _____

d. patient satisfaction

Reasons for partial/non-compliance: _____

Compliance Level

SC PC NC N/A

e. medical record review for completeness
Reasons for partial/non-compliance: _____

f. quality controls for pathology services
Reasons for partial/non-compliance: _____

g. staff concerns
Reasons for partial/non-compliance: _____

h. accessibility
Reasons for partial/non-compliance: _____

i. medical/legal issues (risk management)
Reasons for partial/non-compliance: _____

20. Measures are implemented to correct or resolve
 problems identified in Quality Assurance

Facilities And Environment

Compliance Level

SC PC NC N/A

21. Procedures used to minimize source and transmission of infection
Reasons for partial/non-compliance: _____

22. Proper disposal of medical/hazardous waste
Reasons for partial/non-compliance: _____

23. Fire extinguishers present
Reasons for partial/non-compliance: _____

24. Emergency lighting and power to complete surgical procedures
Reasons for partial/non-compliance: _____

Compliance Level

SC PC NC N/A

25. Regular fire drills

 Reasons for partial/non-compliance: _____
_____26. Hazards are eliminated that might lead to slipping,
falling, electrical shock, burns, poisoning or trauma Reasons for partial/non-compliance: _____

27. Reception area, toilets and telephones provided

 Reasons for partial/non-compliance: _____

28. Provisions for handicapped

 Reasons for partial/non-compliance: _____

29. Adequate lighting and ventilation

 Reasons for partial/non-compliance: _____

30. Appropriate emergency equipment

 Reasons for partial/non-compliance: _____
_____31. Adequate space and equipment is provided for both simple and
complex surgery; surgery rooms are large enough to accommodate
equipment, surgeon, fellow and assistants at surgery Reasons for partial/non-compliance: _____
_____32. Adequate space is provided for the fellow for reading,
writing, storing personal items Reasons for partial/non-compliance: _____

33. An onsite library is accessible with appropriate reference materials

 Reasons for partial/non-compliance: _____

34. A major medical library is accessible nearly or onsite with access to electronic retrieval of information from medical databases

Compliance Level			
SC	PC	NC	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

35. OSHA and CLIA or equivalent organization(s) regulations are followed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

36. Interview with two other surgical specialists is arranged and performed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

37. A consulting physician staff is available in a variety of related specialties such as radiotherapy, prosthetics, head and neck oncology, oculoplastic surgery, plastic surgery, internal medicine, dermatopathology and orthopedic surgery

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Surgical Services

Compliance Level			
SC	PC	NC	N/A

38. Operative reports are accurate and recorded immediately after the procedure by the health care practitioner who performed the operation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

39. A safe environment, including safeguards to prevent cross infection, is assured through the provision of adequate space, equipment and personnel

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

a. use of accepted aseptic technique

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

b. suitable equipment to assure operating room materials are sterile

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Compliance Level
SC PC NC N/A

c. sterilized materials are packaged and labeled in a consistent manner to maintain sterility and identify sterility dates

Reasons for partial/non-compliance: _____

d. universal precautions are utilized

Reasons for partial/non-compliance: _____

40. The Director has admitting privileges at a nearby hospital for patients who require transfer due to emergency or unplanned outcome

Reasons for partial/non-compliance: _____

41. Emergency power is adequate and available in operating area

Reasons for partial/non-compliance: _____

42. Protocols have been established to instruct patients in self care after surgery including written instructions

Reasons for partial/non-compliance: _____

Pathology Services

Compliance Level
SC PC NC N/A

43. A pathology laboratory is conveniently located adjacent to the treatment rooms where Mohs surgery is performed

Reasons for partial/non-compliance: _____

44. Pathology services were provided by the Mohs surgeon who performed the surgery

Reasons for partial/non-compliance: _____

45. Established procedures exist for obtaining, identifying and storing slides

Reasons for partial/non-compliance: _____

	Compliance Level			
	SC	PC	NC	N/A
46. Sufficient space, equipment and supplies are provided to perform work with accuracy, precision and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

47. Histology technician has adequate training and experience to process tissue in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

48. Slides are available for review and to document completeness of sections including epidermis and fat; slide staining is adequate and uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Teaching and Research Policies Include:

	Compliance Level			
	SC	PC	NC	N/A
49. Policies concerning teaching activities address salaries and benefits including vaccinations, professional leave, potential leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance commensurate with corresponding PGY 5 levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

50. A substantial portion of each fellow's training should be in activities related to Mohs Micrographic surgery and cutaneous oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

51. Provision for close and adequate supervision of the trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

52. Research requirements including deadlines for completion of research reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

53. Formal training in anatomy sufficient enough so that each trainee upon finishing will be competent and comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Compliance Level
SC PC NC N/A

54. A log is kept documenting all trainee's cases

Reasons for partial/non-compliance: _____

55. Fellow is trained in skin pathology from the surgical cases done in the Mohs center

Reasons for partial/non-compliance: _____

56. Fellow must participate in medical and surgical evaluation and treatment planning in all cases

Reasons for partial/non-compliance: _____

57. Fellow must be taught to cut and stain frozen sections and attain adequate proficiency

Reasons for partial/non-compliance: _____

58. Training is provided in reconstructive surgery, wound healing, anatomy, cutaneous oncology, pathology and BLS

Reasons for partial/non-compliance: _____

59. Active participation in clinical rounds and conferences in a manner that promotes a spirit of inquiry and scholarship

Reasons for partial/non-compliance: _____

60. Participation in journal clubs and research conferences

Reasons for partial/non-compliance: _____

61. Active participation in regional or national scientific societies and other CME activities

Reasons for partial/non-compliance: _____

62. Regular evaluation of fellow using written evaluation

Reasons for partial/non-compliance: _____

Compliance Level

SC PC NC N/A

63. There is a defined core curriculum including but not limited to the core curriculum of the SISRB

Reasons for partial/non-compliance: _____

STANDARDS OF THE DIRECTOR
Professional improvement

Compliance Level

SC PC NC N/A

64. Access to a library

Reasons for partial/non-compliance: _____

65. Documented attendance at seminars, conferences or educational events

Reasons for partial/non-compliance: _____

66. Documented experience as a teacher

Reasons for partial/non-compliance: _____

Credentials**Compliance Level**

SC PC NC N/A

67. Duly licensed physician and Fellow member of the American College of Mohs Surgery

Reasons for partial/non-compliance: _____

68. Academically oriented and upholds the highest standards of the College

Reasons for partial/non-compliance: _____

69. Hospital privileges

Reasons for partial/non-compliance: _____

70. Proficient in both surgery and pathology and participates in both surgery and pathology on all cases

Reasons for partial/non-compliance: _____

Signatures

Thank you for participating in this process. Your efforts to provide a quality training program in Micrographic Surgery & Dermatologic Oncology (Mohs) are greatly appreciated. As you know, the site survey is an important part of the program review process. However, the site survey report must be reviewed by the Fellowship Training Committee (FTC) and SISRB Board of Directors before a decision is made regarding approval of a new program or continuation of a current Fellowship Training Program. The site surveyor's opinion regarding the program does not automatically imply approval or denial by the SISRB. On occasion, the FTC may contact you regarding additional information after the site survey. After a decision has been made by the FTC and Board of Directors, you will be notified of the decision regarding your program.

I agree to maintain in confidence and not disclose to, or discuss with, any other party any statements or decisions made by the FTC or site visitor or otherwise any information regarding the application review or site visit, other than whether the application or program has been approved. This agreement applies both to new applications for approval and continuations of approval by the SISRB.

Fellowship Training Director or Director Applicant: _____

Address: _____

Site Surveyor: _____

Date: _____

Final Analysis/Comments: