Survey Instruments And Documents

Revised 2/01, 10/03

Name of Training 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. Observation of at least two Mohs cases _____

C. Microscope slides from cases chosen at random by surveyor at surveyor's request _____

D. Tour and inspection of facility _____

E. Interviews with two surgical subspecialists _____

F. Interviews with current or former fellows, office staff, faculty at surveyors request _____

Please verify on the blank that you have reviewed and found acceptable the following documents:

G. Director's curriculum vitae including prior training, experience, publications, lectures, participation in scientific meetings and academic pursuits _____

H. Proof of Director's CPR Certification (BLS minimum) _____

I. Case logs documenting number of Mohs cases, types of repairs, and other types of Dermatologic surgical procedures performed and taught over the course of the Programs _____

- **How many cases were performed in the past year by the Director (or the Director and Associate Director each)?** # _____

J. Case logs of current and past fellows _____

- **How many cases were performed in the past year by the fellow acting as primary surgeon?** # _____

K. Written narrative of the training Program including:

Volume of Mohs, complexity and volume of reconstructive procedures. _____

Teaching plan and outline of daily, weekly, and monthly activities of the fellow along with any other information to substantiate the survey process. _____

L. Manuscripts from current and or past fellows in preparation or from final publication _____

M. Chart review - ten or twenty charts requested at random by surveyor _____

N. Infection control data _____

O. OSHA/CLIA books _____

P. Hazardous material booklets _____

Q. List the names of fellows trained in this program for the past five years:

- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____

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.

Name of Training Director: _____

Name of Site Visitor: _____

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

Patient Rights & Quality of Care

	Compliance Level			
	SC	PC	NC	N/A
1. Patients treated with respect, consideration and dignity	☐	☐	☐	☐
Reasons for partial/non-compliance: _____				
_____				
2. Patient records are treated confidentially	☐	☐	☐	☐
Reasons for partial/non-compliance: _____				
_____				
3. Information is available to patients and staff concerning:				
a. services available	☐	☐	☐	☐
Reasons for partial/non-compliance: _____				
_____				
b. provisions for after hours and emergency care	☐	☐	☐	☐
Reasons for partial/non-compliance: _____				
_____				
c. fees for services	☐	☐	☐	☐
Reasons for partial/non-compliance: _____				
_____				

	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: _____

_____

	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: _____

_____

	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. Records are readily available	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

11. Record is legible	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

12. History and prognosis are adequate	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

13. Diagnosis is appropriate	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

14. Diagnosis procedure is appropriate	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
15. Treatment consistent with diagnosis	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

16. Operative report adequate and detailed	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

17. Consultations appropriate and timely	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

18. Appropriate follow-up is provided	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

19. Allergies clearly recorded in prominent location	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

Quality Assurance (TQI, TQM, QI)

Compliance Level

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

	SC	PC	NC	N/A
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: _____

_____

	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: _____

_____

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

Facilities And Environment

Compliance Level

	SC	PC	NC	N/A
22. Procedures used to minimize source and transmission of infection	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

23. Proper disposal of medical/hazardous waste	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

24. Fire extinguishers present	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

25. Emergency lighting and power to complete surgical procedures	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
26. Regular fire drills	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

27. Hazards are eliminated that might lead to slipping, falling, electrical shock, burns, poisoning or trauma	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

28. Reception area, toilets and telephones provided	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

29. Provisions for handicapped	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

30. Adequate lighting and ventilation	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

31. Appropriate emergency equipment	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

32. 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: _____

_____

33. Adequate space is provided for the fellow for reading, writing, storing personal items	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

34. An onsite library is accessible with appropriate reference materials	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
35. A major medical library is accessible nearly or onsite with access to electronic retrieval of information from medical databases	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

36. OSHA and CLIA regulations are followed	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

37. Interview with two other surgical specialists is arranged and performed	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

Surgical Services

	Compliance Level			
	SC	PC	NC	N/A
39. Operative reports are accurate and recorded immediately after the procedure by the health care practitioner who performed the operation	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

a. use of accepted aseptic technique	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

b. suitable equipment to assure operating room materials are sterile	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

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: _____

_____

41. 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: _____

_____

42. Emergency power is adequate and available in operating area ☐ ☐ ☐ ☐

Reasons for partial/non-compliance: _____

_____

43. 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

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

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

46. Established procedures exist for obtaining, identifying and storing slides ☐ ☐ ☐ ☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
47. Sufficient space, equipment and supplies are provided to perform work with accuracy, precision and safety	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

48. Histology technician has adequate training and experience to process tissue in a timely manner	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

49. Slides are available for review and to document completeness of sections including epidermis and fat; slide staining is adequate and uniform	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

Teaching and Research Policies Include:

Compliance Level

	SC	PC	NC	N/A
50. 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	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

51. A substantial portion of each fellow's training should be in activities related to Mohs Micrographic surgery and cutaneous oncology	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

52. Provision for close and adequate supervision of the trainee	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

53. Research requirements including deadlines for completion of research reports	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

54. Formal training in anatomy sufficient enough so that each trainee upon finishing will be competent and comfortable	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
55. A log is kept documenting all trainee's cases	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

59. Training is provided in reconstructive surgery, wound healing, anatomy, cutaneous oncology, pathology and ACLS	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

61. Participation in journal clubs and research conferences	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

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

Reasons for partial/non-compliance: _____

_____

63. Regular evaluation of fellow using written evaluation	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
64. 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
65. Access to a library	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

66. Documented attendance at seminars, conferences or educational events	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

67. Documented experience as a teacher	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

Credentials

	Compliance Level			
	SC	PC	NC	N/A
68. Duly licensed physician and fellow of ACMMSCO	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

69. Academically oriented and upholds the highest standards of the College	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

70. Hospital privileges	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

71. Proficient in both surgery and pathology and participates in both surgery and pathology on all cases	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

	SC	PC	NC	N/A
72. Fellow of the ACMMSCO	☐	☐	☐	☐

Reasons for partial/non-compliance: _____

_____

Signatures

Thank you for participating in this process. Your efforts to provide a quality training program in Mohs surgery 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: