Survey Instruments And Documents

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: ________________
## 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.

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

<table>
<thead>
<tr>
<th>Compliance Level</th>
<th>SC</th>
<th>PC</th>
<th>NC</th>
<th>N/A</th>
</tr>
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</table>

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: ______________________________________
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: ________________________________
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: ____________________________________________
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: ____________________________________________


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<tr>
<th>Record Review (10 or 20 Charts)</th>
<th>Compliance Level</th>
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<tr>
<td>10. Records are readily available</td>
<td>SC   PC   NC   N/A</td>
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<tr>
<td>Reasons for partial/non-compliance:</td>
<td>____________________________________________</td>
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<td>11. Record is legible</td>
<td>SC   PC   NC   N/A</td>
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<td>Reasons for partial/non-compliance:</td>
<td>____________________________________________</td>
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<td>12. History and prognosis are adequate</td>
<td>SC   PC   NC   N/A</td>
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<td>Reasons for partial/non-compliance:</td>
<td>____________________________________________</td>
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<td>13. Diagnosis is appropriate</td>
<td>SC   PC   NC   N/A</td>
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<td>Reasons for partial/non-compliance:</td>
<td>____________________________________________</td>
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<tr>
<td>14. Diagnosis procedure is appropriate</td>
<td>SC   PC   NC   N/A</td>
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<td>Reasons for partial/non-compliance:</td>
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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)

20. 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: ________________________________
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<td>e. medical record review for completeness</td>
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<td>Reasons for partial/non-compliance:</td>
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<td>f. quality controls for pathology services</td>
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<td>Reasons for partial/non-compliance:</td>
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<td>g. staff concerns</td>
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<td>Reasons for partial/non-compliance:</td>
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<td>h. accessibility</td>
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<td>Reasons for partial/non-compliance:</td>
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<tr>
<td>i. medical/legal issues (risk management)</td>
<td>SC</td>
<td>PC</td>
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<td>Reasons for partial/non-compliance:</td>
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21. Measures are implemented to correct or resolve problems identified in Quality Assurance

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**Facilities And Environment**

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22. Procedures used to minimize source and transmission of infection

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23. Proper disposal of medical/hazardous waste

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24. Fire extinguishers present

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25. Emergency lighting and power to complete surgical procedures

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

SC PC NC N/A

☐ ☐ ☐ ☐

Reasons for partial/non-compliance: ________________________________

36. OSHA and CLIA regulations are followed

SC PC NC N/A

☐ ☐ ☐ ☐

Reasons for partial/non-compliance: ________________________________

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

SC PC NC N/A

☐ ☐ ☐ ☐

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, oculoplastic surgery, plastic surgery, internal medicine, dermatopathology and orthopedic surgery

SC PC NC N/A

☐ ☐ ☐ ☐

Reasons for partial/non-compliance: ________________________________

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**Surgical Services**

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

SC PC NC N/A

☐ ☐ ☐ ☐

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

SC PC NC N/A

☐ ☐ ☐ ☐

Reasons for partial/non-compliance: ________________________________

   a. use of accepted aseptic technique

SC PC NC N/A

☐ ☐ ☐ ☐

Reasons for partial/non-compliance: ________________________________

   b. suitable equipment to assure operating room materials are sterile

SC PC NC N/A

☐ ☐ ☐ ☐

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

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: ______________________________________________________

____________________________________________________________________________________
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:

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: __________________________________________________________
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<tr>
<td>55. A log is kept documenting all trainee's cases</td>
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<tr>
<td>Reasons for partial/non-compliance:</td>
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<tr>
<td>56. Fellow is trained in skin pathology from the surgical cases done in the Mohs center</td>
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<td>Reasons for partial/non-compliance:</td>
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<tr>
<td>57. Fellow must participate in medical and surgical evaluation and treatment planning in all cases</td>
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<td>Reasons for partial/non-compliance:</td>
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<tr>
<td>58. Fellow must be taught to cut and stain frozen sections and attain adequate proficiency</td>
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<td>Reasons for partial/non-compliance:</td>
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<td>59. Training is provided in reconstructive surgery, wound healing, anatomy, cutaneous oncology, pathology and ACLS</td>
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<td>Reasons for partial/non-compliance:</td>
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<tr>
<td>60. Active participation in clinical rounds and conferences in a manner that promotes a spirit of inquiry and scholarship</td>
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<td>Reasons for partial/non-compliance:</td>
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<td>61. Participation in journal clubs and research conferences</td>
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<td>Reasons for partial/non-compliance:</td>
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<tr>
<td>62. Active participation in regional or national scientific societies and other CME activities</td>
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<td>Reasons for partial/non-compliance:</td>
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<td>63. Regular evaluation of fellow using written evaluation</td>
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<td>Reasons for partial/non-compliance:</td>
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64. There is a defined core curriculum including but not limited to the core curriculum of the SISRB

Reasons for partial/non-compliance:  

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<th>STANDARDS OF THE DIRECTOR</th>
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**Professional improvement**

65. Access to a library

Reasons for partial/non-compliance:  

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<th>Compliance Level</th>
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66. Documented attendance at seminars, conferences or educational events

Reasons for partial/non-compliance:  

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67. Documented experience as a teacher

Reasons for partial/non-compliance:  

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<th>Credentials</th>
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68. Duly licensed physician and fellow of ACMMSCO

Reasons for partial/non-compliance:  

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<th>Compliance Level</th>
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69. Academically oriented and upholds the highest standards of the College

Reasons for partial/non-compliance:  

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70. Hospital privileges

Reasons for partial/non-compliance:  

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

Reasons for partial/non-compliance:  

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72. Fellow of the ACMMSCO

Reasons for partial/non-compliance: ____________________________________________________________

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**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:**