

Survey Organizer

Date of Survey: _____

Location: _____

Surveyors: _____

Name of Training Director: _____

- A. Meeting with Program Director (approximately 1 hour) _____
- B. Director's curriculum vitae (CV) including prior training, experience, publications, lectures, participation in scientific meetings and academic pursuits _____
- C. Proof of Director's CPR Certification and ACLS _____
- D. Case logs documenting number of teaching hair replacement surgeries performed over the course of the Programs (number and types of cases verified) _____
- E. Case logs of current and past fellows _____
- F. Observations by surveyor of at least two hair replacement surgeries _____
- G. Written narrative of the training Program including:
 - 1. Volume of hair replacement surgeries, complexity and volume of reconstructive procedures _____
 - 2. Teaching plan and outline of daily, weekly and monthly activities of the fellow along with any other information to substantiate the survey process _____
- H. Manuscripts from current and or past fellows in preparation or from final publication _____
- I. Tour and inspection of facility _____
- J. Interviews with current or former fellows, office staff, and/or faculty at surveyor's request _____
- K. Chart review – ten or twenty charts requested at random by surveyor. Charts are to have no patient ID attached. _____
- L. Document review:
 - 1. Infection control data _____
 - 2. Quality assurance data _____
 - 3. OSHA/CLIA books _____
 - 4. Hazardous material booklets _____

Standards of Program

Instructions

1. Site surveyor is to 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 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.

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

Date of Survey: _____

Location: _____

Surveyors: _____

Name of Training Director: _____

Patient Rights & Quality of Care

Compliance Level

	SC	PC	NC	NA
A. Patients treated with respect, consideration and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				
B. Patient records are treated confidentially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				
C. Information is available to patients and staff concerning:				
1. Services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				
2. Provisions for after hours and emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				

	SC	PC	NC	NA
D. Marketing or advertising is not misleading to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
E. All health care practices have necessary and appropriate training and skills to deliver services promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
F. All health care practitioners practice their profession in an ethical and legal manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
G. All personnel who assist in provision of health care services are trained/qualified and supervised and are available in sufficient numbers for the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
H. High quality health care is demonstrated by at least the following:				
1. Appropriate treatment plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
2. Absence of unnecessary procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
3. Appropriate and timely follow-up of findings and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
4. Continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
5. Provisions for services when the facilities are not open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				
6. Appropriate, accurate and complete clinical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____ _____				

	SC	PC	NC	NA
7. Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
8. Documented health care outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
9. Health services are consistent with current professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
10. Adequate specialty consultation services are available by prior arrangement and emergency consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				

Record Review (20 charts)

	Compliance Level			
	SC	PC	NC	NA
A. Records are readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
B. Records are legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
C. History and prognosis are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
D. Diagnosis are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
E. Diagnosis procedures are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				

	SC	PC	NC	NA
F. Treatments are consistent with diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
G. Operative reports are adequate and detailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
H. Consultations are appropriate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
I. Appropriate follow-up is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
J. Allergies are clearly recorded in prominent location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				

Quality Assurance (TQI, TQM, QI)

	Compliance Level			
	SC	PC	NC	NA
A. Important problems are identified and may include but not limited to:				
1. Unacceptable results such as complications malpractice cases, follow-up of abnormal test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
2. Infection rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
3. Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
4. Medical record review for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				

	SC	PC	NC	NA
5. Medical/legal issues (risk management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for partial/non-compliance _____

B. Measures are implemented to correct or resolve problems identified in Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

Facilities and Environment

Compliance Level
SC PC NC NA

A. Procedures used to minimize source and transmission of infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

B. Proper disposal of medical hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

C. Fire extinguishers present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

D. Emergency lighting and power to complete surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

E. Regular fire drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

F. Hazards are eliminated that might lead to slipping, falling, electrical shock, burns, poisoning or trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

G. Provisions for handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

- | | SC | PC | NC | NA |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| H. Adequate lighting and ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| I. Appropriate emergency equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| J. 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| K. Adequate space is provided for the fellow for reading, writing and storing personal items | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| L. An onsite library is accessible with appropriate reference materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| M. A major medical library is accessible nearby or on site with access to electronic retrieval of information from medical databases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| N. OSHA or non-U.S. equivalent regulations are followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |

Surgical Services

Compliance Level

- | | SC | PC | NC | NA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Operative Reports are accurate and recorded immediately after the procedure by the health care provider who performed the operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |

- | | SC | PC | NC | NA |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| B. 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"/> |
| Reason for partial/non-compliance _____ | | | | |
| 1. Use of accepted aseptic technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| 2. Suitable equipment to assure operating room materials are sterile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| 3. Sterilized materials are packaged and labeled in a consistent manner to maintain sterility and identify sterility dates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| C. The Director has admitting privileges at a nearby hospital for patients who require transfer due to emergency or unplanned outcome | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| D. Emergency power is adequate and available in operating area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| E. Protocols have been established to instruct patients in self care after surgery including written instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |

Teaching and Research Policies Include

- | | Compliance Level | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | SC | PC | NC | NA |
| A. Affirmation that the Program's policies concerning the participating trainees salary, benefits, and professional liability insurance are commensurate with corresponding PGY 5 levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |

	SC	PC	NC	NA
B. A substantial portion of each fellow's training should be in activities relating to hair restoration surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
C. Provisions for close and adequate supervision of the trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
D. Research requirements including deadlines for completion of research reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
E. A log is kept documenting all trainee's cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
F. Fellow must participate in medical and surgical evaluation and treatment planning in all cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
G. Training is provided in reconstruction surgery, wound healing, anatomy, pathology and ACLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
H. Active participation in clinical rounds and conferences in a manner that promotes a spirit of inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
I. Participation in journal clubs and research conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
J. Active participation in regional or national scientific societies and other CME activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				
K. Quarterly evaluation of fellow using written evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance_____				

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | SC | PC | NC | NA |
| L. There is a defined core curriculum including but not limited to the core curriculum of the ISHRS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for partial/non-compliance _____

Standards of the Director & Professional Improvement

Compliance Level

- | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | SC | PC | NC | NA |
| A. Access to a library | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for partial/non-compliance _____

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| B. Documented attendance at seminars, conferences or education events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

Reason for partial/non-compliance _____

- | | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| C. Documented experience as a teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Reason for partial/non-compliance _____

Credentials

Compliance Level

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | SC | PC | NC | NA |
| A. Duly licensed physician and a member of ISHRS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for partial/non-compliance _____

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| B. Academically oriented and upholds the highest standards and Code of Ethics of the ISHRS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

Reason for partial/non-compliance _____

- | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| C. Hospital privileges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Reason for partial/non-compliance _____

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| D. Proficient in surgery and participates in surgery on all cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

Reason for partial/non-compliance _____
