

Survey Organizer

Date of Survey: _____

Location: _____

Surveyors: _____

Name of Training Director: _____

Name of Co-Director/Faculty (if applicable) _____

- 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 BLS with External Defibrillator _____
- D. Review case logs of current and past fellows _____
- E. Names and list of past fellows with their short outcome report _____
- F. 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 _____
- G. Manuscripts from current and or past fellows in preparation or from final publication _____
- H. Tour and inspection of facility _____
- I. Chart review – ten or twenty charts requested at random by surveyor. Charts are to have no patient ID attached. _____
- J. Fellow Exit Interview review _____

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. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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 _____ | | | | |

Record Review (20 charts)

- | | Compliance Level | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | SC | PC | NC | NA |
| A. History and prognosis are adequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| B. Diagnoses are appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| C. Diagnostic procedures are appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| D. Treatments are consistent with diagnosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| E. Operative reports are adequate and detailed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| F. Consultations are appropriate and timely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| G. Appropriate follow-up is provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| H. Allergies are clearly recorded in prominent location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/>
Reason for partial/non-compliance _____				
B. Proper disposal of and labeling of medical hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				
C. Fire extinguishers present and signage easily visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Reason for partial/non-compliance _____				
E. Regular fire drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Reason for partial/non-compliance _____				
G. Provisions for handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				
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 _____				

	SC	PC	NC	NA
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. OSHA or non-U.S. equivalent regulations are followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

Surgical Services

Compliance Level

	SC	PC	NC	NA
A. 1. Use of accepted aseptic technique (including easily accessible hand washing stations and/or alcohol-based hand sanitizer)	<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"/>
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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"/>
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Reason for partial/non-compliance _____

B. The Director has a relationship with an admitting physician 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"/>
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Reason for partial/non-compliance _____

C. Emergency lighting is adequate and available in operating area, and an emergency evacuation plan is in place in the event a local catastrophe (fire, flood, etc.) prevents to completion of the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

D. 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"/>
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Reason for partial/non-compliance _____

E. Necessary equipment for resuscitation in the Operating Theater available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reason for partial/non-compliance _____

Teaching and Research Policies Include

Compliance Level

	SC	PC	NC	NA
A. Affirmation that the Program has policies concerning the participating Fellow's salary, benefits, and professional liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for partial/non-compliance _____				
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 and papers.	<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 including: Date, Type of surgery, supervising physician, Fellow's role or tasks in the surgery or procedure.	<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 reconstructive surgery, wound healing, anatomy, pathology of all causes of hair loss in both men and women, and BLS with External Defibrillator Certification	<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 _____				

- | | SC | PC | NC | NA |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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. Timely evaluations of Fellow possibly using a written evaluation should be made to facilitate their educational experience, looking at both positive and negative performance, to encourage proper skill development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for partial/non-compliance _____ | | | | |
| 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 the internet, and medical search engines | <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 the Fellow's experience as a teacher/communicator | <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 the 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. Proficient in surgery and participates in surgery on all cases

SC PC NC NA

Reason for partial/non-compliance _____
