

Facility:
Surveyor:
Pre-Survey Date:

Pre-Survey Training Outline
Governing Body: Medical Staff
Hospital

Directions: Pre-Survey Preparation—Complete Assignments 1 through 3 independently. As part of Assignment 4, review what you have completed with your preceptor. Assignment 5 prompts you to independently document your plan for surveying Governing Body: Medical Staff during an upcoming survey. Review your plan for this survey of the Governing Body: Medical Staff standard with your preceptor in Assignment 6.

Assignment	Answer
Assignment 1:	Answer:
<p>In a short paragraph, document your understanding of this requirement. Do not look at the State Operations Manual (SOM) or other reference material before answering the question.</p> <p><i>Note: This is a benchmark of your current knowledge to review with your preceptor. This is not a recorded grade.</i></p>	

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Assignment 2:	Answer:
<p>Read the Condition of Participation (CoP) and related standards in the SOM. Remember to look for current (dated after the last revision of Appendix A) Survey & Certification (S&C) memos. Refer to the instructions in the “Helpful Links for Surveyors” document for guidance on comparing revision dates of the Tags in the SOM to issue dates of S&C memos.</p> <p>What is your understanding of this requirement now? Has your understanding changed since reading the SOM?</p>	
Assignment 3:	Answer:
<p>Describe what you think compliance with the CoP “looks like” in the facility. In other words, describe what you would find in the facility that is in compliance.</p>	

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Assignment 6:	Preceptor Review:
Meet with your preceptor. Present your plan for survey. Discuss concerns and questions you might have.	(Is the surveyor's plan adequate? What recommendations do you have?)
Final Pre-Survey Preparation:	Preceptor/New Surveyor: Comments/Plan/Other
Date of Survey:	
Survey Logistics (meeting place, time, etc.):	

Facility:
 Surveyor:
 Survey Date:

Post-Survey Training Outline
 Governing Body: Medical Staff
 Hospital

Directions: Post-Survey—Document your actual investigation on the Surveyor’s Notes. After the survey, review your Surveyor’s Notes with the preceptor and compare them to your original plan, then complete the following assignments.

Assignment	Answer
Assignment 7:	Answer:
What did you learn about the Governing Body: Medical Staff standard while at the facility? What questions do you have for your preceptor? Was your plan effective? What did you see as a challenge?	
Assignment 8:	Answer:
Document how you would write the statement of deficiency, if applicable, according to state agency policy.	
Assignment 9:	Answer:
Review the actual Form CMS-2567 from this survey. Do you agree with the findings? Discuss any differences with your preceptor.	
Assignment 10:	Preceptor Review:
Review Assignments 7–10 with your preceptor. Clarify any questions or misunderstandings.	
Date of Survey:	
Location:	
Time:	

Facility:
 Surveyor:
 Survey Date:
 Current Date:

Self-Assessment and Feedback Tool
 Governing Body: Medical Staff
 Hospital

Directions: Self-Assessment—Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek and/or provide additional feedback. Identify any opportunities for further learning regarding the survey of the Governing Body: Medical Staff standard within a hospital through a jointly developed action plan. Identify a timeframe to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

Requirements Being Surveyed (if applicable): Governing Body: Medical Staff

New Surveyor:	Preceptor:
Brief Self-Evaluation of Performance	Brief Evaluation of New Surveyor Performance
Self-Identified Learning Needs	Preceptor-Evaluated Learning Needs

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 Surveyor:
 Survey Date:
 Current Date:

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Action Plan Development and Review

Action Item:	Review Comments:	Follow-Up Comments (if needed):
Developed Jointly by:	Date for Review:	Follow-Up Date (if needed):
Date Started:	Date Review Complete:	Date Action Plan Complete: