

# American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

### **Directions for Completing an ABPN Feedback Module**

For the PIP Feedback Module, diplomates obtain personal feedback regarding their own clinical performance using questionnaire/surveys. The Feedback Module is satisfied in a three-step process *within* a 24-month period.

### How to complete the Feedback Module Step A: Initial assessment of patient or peer feedback

Collect initial feedback from ONE of the following options:

- Patient\* feedback forms from five patients,
- Peer\*\* feedback forms from five peers,
- Resident evaluation forms from **five residents**,
- Supervisor evaluation form from one supervisor, or
- 360-degree evaluation forms from **five respondents**

Diplomates may choose a feedback module from the Approved CC Activities List, use an ABPN feedback form, or their institution's patient survey or peer evaluation provided they address the same criteria as indicated on the respective ABPN form.

#### Step B: Identify and implement improvement

- Based on results from feedback, identify opportunities for improvement to the effectiveness and/or efficiency in practice as related to the general competencies and take steps to implement improvements as needed.
- If no areas for improvement are determined based on initial assessment, then maintenance of performance in medical practice must still be reassessed in Step C.

### Step C: Reassessment of patient or peer feedback

- <u>Within</u> 24 months of initial assessment, collect data from another set of the same or different patients or peers.
- Use the same feedback option for the initial assessment and reassessment steps.

#### **General Information**

- Please allow ample time to complete the PIP activity (Steps A, B and C).
- Use the same feedback option for the initial assessment and reassessment steps.
- One PIP activity is required every 3 years for the CC Program.
- ABPN does not collect patient or peer data. If audited, ABPN will require that diplomates explain how they
  carried out the Improvement in Medical Practice activity and submit information about their process and
  improvement plan. The ABPN CC Audit Guideline lists the documentation needed in the event of an audit.

<sup>\*</sup> Patients may include those for which the diplomate supervises the care of another provider (e.g., resident).

<sup>\*\*</sup>Peers may include other professional healthcare staff such as counselors, nurses, physicians, psychologists, and social workers.

# **Patient Feedback Form**

Date of evaluation (mm/dd/yyyy):			
Name of physician diplomate being reviewed			
Name of institution (hospital, clinic):			
Performance Ratings			
Please select a performance rating for your d	octor for each of	the following que	estions:
	Yes, definitely	Yes, somewhat	No
Did this doctor explain things in a way that was easy to understand?			
Did this doctor listen carefully to you?			
Did you talk with this doctor about any health problems or concerns?			
Did this doctor give you easy to understand instructions about taking care of those health problems or concerns?			
Did this doctor seem to know the important information about your medical history?			
Did this doctor show respect for what you had to say?			
Did this doctor spend enough time with you?			

Parents/caregivers can fill out this form on behalf of a child patient.

Please return completed form to physician for his/her confidential records. Do not send to the ABPN.