Improvement in Medical Practice (PIP) Audit Form

Name: ______________________________________________________ ABPN ID #__________________________

For the PIP, clinically active diplomates must complete either an ABPN-approved Clinical Module or Feedback Module.

Indicate which PIP module you completed:

☐ Clinical Module – Please fill out pages 1 – 2, and submit requested documentation.

☐ Feedback Module – Please fill out pages 1 and 3, and submit requested documentation.

*Do Not submit confidential patient information or feedback data to ABPN.

Clinical Module

If you completed the Clinical Module, please indicate which ABPN-approved activity you completed:

☐ Joint Commission-accredited primary or comprehensive stroke center.
  *Submit a dated & signed letter verifying your participation in the stroke center.*

☐ Joint Commission-accredited, specialty-specific Ongoing Professional Practice Evaluation (OPPE) process.
  *Submit two copies of your OPPE documentation/forms.*

☐ ABMS Portfolio Program quality improvement (QI) activity.
  *ABPN should have a verified record of the completed activity.*

☐ Approved QI registry (AAN Axon Registry or APA PsychPRO Registry).
  *ABPN should have a verified record of the completed activity.*

☐ International Certification Organization (e.g. RCPSC) PIP activity.
  *Submit documentation from your completed international QI activity.*

☐ Clinical Module from the ABPN Approved Activities List.
  *Fill out the following Clinical Module section and submit forms or certificate of completion.

☐ Individual Pre-Approved PIP activity.
  *Fill out the following Clinical Module section and submit copies of your forms.

* * * You do not need to fill out the remainder of PIP audit form.
Clinical Module – continued

Fill out the following Clinical Module sections if you completed your own Individual Pre-Approved activity or a Clinical Module from the Approved Activities List.

Indicate Clinical Module topic:

- [ ] Diagnosis: ____________________________________________________________
- [ ] Type of Treatment: ___________________________________________________
- [ ] Treatment Setting: __________________________________________________

List the published practice guidelines, best practices references (i.e. APA, AAN guidelines, etc.):
__________________________________________________________________________________

List the quality measures/ guideline recommendations that were reviewed. Minimum 4 required.
1. ________________________________________________________________________________
2. ________________________________________________________________________________
3. ________________________________________________________________________________
4. ________________________________________________________________________________
5. ________________________________________________________________________________
6. ________________________________________________________________________________

Step A: Indicate Date(s) of the Initial chart reviews: _________________________________

Step B: Plan and Implementation of Improvement: Describe your plan for focused improvement:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Step C: Indicate Date(s) of the follow-up chart reviews: _______________________________

Do Not submit confidential patient information or feedback data to ABPN.
Feedback Module

If you completed the Feedback Module, please indicate which feedback option you completed:

- [ ] Patient Evaluation (at least 5 initial and 5 follow-up evaluations)
- [ ] Peer Evaluation (at least 5 initial and 5 follow-up evaluations)
- [ ] Resident Evaluation (at least 5 initial and 5 follow-up evaluations)
- [ ] 350 Degree Evaluation (at least 5 initial and 5 follow-up evaluations)
- [ ] Supervisor Evaluation (one initial and one follow-up evaluation)

Please submit a copy of the ABPN-approved feedback form to ABPN along with this completed audit form.

Do Not submit confidential patient information or feedback data to ABPN.

The same evaluation form should be used for Steps A and C. If using your institution’s evaluations, the form must address the same criteria as outlined on the respective ABPN-approved feedback form.

Step A: Indicate Date(s) of the Initial evaluation(s):

Step B: Plan and Implementation of Improvement: Describe your plan for focused improvement:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Step C: Indicate Date(s) of the follow-up evaluation(s):