



Performance in Practice (PIP) activities must be ABPN-approved. Diplomates can choose an already preapproved PIP activity listed on the ABPN website or Approved CC Activities List, or they may submit their own developed PIP clinical module, or a quality improvement (QI) effort used within their institution, for individual preapproval.

The PIP is a quality improvement exercise required of clinically active physicians to identify and implement areas for improvement within their practice. Diplomates satisfy the PIP by completing ONE of the following modules:

Clinical Module – A review of one’s own patient charts on a specific topic (diagnosis or type of treatment).
Pre-approval required.

Feedback Module – Obtain feedback from - either peers or patients - regarding your own clinical performance using evaluations/feedback forms. Evaluations/feedback forms must address the same provider-specific criteria as indicated on the ABPN feedback forms. Pre-approval is not required. ABPN forms are available on the [Approved CC Activities](#) at no cost.

Each module consists of three steps:

Step A: Initial Assessment

Step B: Identify and Implement Improvement

Step C: Reassessment

One PIP activity must be completed within 24 months each 3-year block.

For Individual PIP clinical module preapproval consideration, please complete this form and email it as a PDF to questions@abpn.org.

Please allow 2 weeks for review.

Clinical Chart Module Review Form

Name: _____

ABPN ID#: _____

Email Address: _____

Category (specify one):

___ Diagnosis _____

___ Type of treatment _____

Indicate published best practice, practice guidelines or peer-based standards of care to be used:

Indicate quality measures/practice guideline recommendations to be reviewed (minimum of 4):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

The Clinical Module must be completed in three steps:

Step A: Initial assessment of five patient charts: Collect data from at least five of your own patient charts in a specific category (diagnosis, type of treatment, or treatment setting) obtained from your practice over the previous three-year period. Compare the data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), using a minimum of four quality measures.

Step B: Identify and implement improvement: Based on results from chart reviews, develop and carry out a plan to improve effectiveness and/or efficiency of your medical practice. If no areas for improvement are determined based on initial assessment, then maintenance of performance in medical practice should be reassessed in Step C

Step C: Reassessment of five patient charts: *Within* 24 months of initial assessment, collect data from another five of your own patient charts (may use same or different patients). Use the same category and practice guidelines for the initial assessment and reassessment steps.