



## American Board of Psychiatry and Neurology, Inc.

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

### Performance in 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.***

Name: \_\_\_\_\_ ABPN ID # \_\_\_\_\_

## 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)*
- 360 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): \_\_\_\_\_