

Clinical Chart Module Review Form

Name: _____

ABPN ID#: _____

Email Address: _____

Category (check one):

- Diagnosis Tourette syndrome _____
- Treatment setting _____
- Type of treatment _____
- Other (describe) _____

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

Murphy et al, 2013. JAACAP 1341-1359

The Clinical Module must be completed in three steps:

Step A: Initial Assessment: Collect data from at least five of your own patient charts in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from your own personal practice over the previous three-year period.

Step B: Identify and Implement Improvement: Compare data from the five patient charts using a minimum of four quality measures with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), and develop and carry out a plan to improve effectiveness and/or efficiency of individual clinical activities.

Quality measures to be reviewed (minimum of 4):

1. Screen for unusual movements (tic)
2. If #2 affirmed, more thorough assessment
3. Assessment should involve careful history
4. Assessment should involve careful physical exam
5. Education regarding tic disorder should be provided
6. Treatment planning for tic disorder should be discussed
7. Behavioral interventions, such as habit reversal training, should be considered
8. Pharmacotherapy for tic disorder should be considered

Step C: Reassessment: Within 24 months of Step A (Initial Assessment), collect the same data from at least another five of your own patient charts in the same specific category and review that data to see if improvements in practice have occurred. The same or different patients may be assessed in the original and follow-up data.

Diagnosis:

Tourette Syndrome

Quality Measures:

1. Screen for unusual movements (tics, stereotypies, etc...)in patient and family.
2. If #2 affirmed, more thorough assessment for tics should be conducted
3. Assessment should involve careful consideration of secondary tic disorder
4. Assessment should involve careful consideration of psychiatric and cognitive co-morbidities
5. Education regarding tic disorder should be provided regarding expectations for course and prognosis, and treatment planning should consider classroom-based accommodations
6. Treatment planning for tic disorder should address the levels of impairment and distress caused by the tics as well as any comorbid conditions
7. Behavioral interventions, such as CBIT, should be considered and offered, particularly if behavioral responsive comorbidities are present.
8. Pharmacotherapy for tic disorder should be considered for moderate to severe tics causing severe impairments in QO or when medication responsive psychiatric symptoms are present where medication targets both tics and psychiatric symptoms.