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 Products List, or use an ABPN feedback form, or submit their institution’s patient survey or peer evaluation for individual preapproval.

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 should be reassessed in Step C.

Step C: Reassessment of patient or peer feedback
• Within 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.

* Patients may include those for which the diplomate supervises the care of another provider (e.g., resident).
** Peers may include other professional healthcare staff such as counselors, nurses, physicians, psychologists, and social workers.

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 Continuing Certification 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 Audit Guidelines for Diplomates document lists the documentation needed in the event of an audit.
**ABPN Evaluation Form**

Date of evaluation (mm/dd/yyyy): ______________________________

Relation to Physician: ☐ Peer ☐ Supervisor ☐ Resident ☐ 360 Evaluation

Name of physician being reviewed: ________________________________________________

Name of institution (hospital, clinic): _______________________________________________

Name of evaluator: ________________________________________________

**Performance Ratings**

Please rate the above-named physician on the 6 general competencies as identified by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS).

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Medical Knowledge</th>
<th>Interpersonal and Communication Skills</th>
<th>Practice-based Learning and Improvement</th>
<th>Professionalism</th>
<th>Systems-based Practice</th>
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</thead>
<tbody>
<tr>
<td>Implements the highest standards of practice in the effective and timely treatment of all patients regardless of gender, ethnicity, location or socioeconomic status.</td>
<td>Keeps current with research and medical knowledge in order to provide evidence-based care.</td>
<td>Communicates effectively and works vigorously and efficiently with all involved parties as patient advocate and/or consultant.</td>
<td>Assesses medical knowledge and new technology and implements best practices in clinical settings.</td>
<td>Displays personal characteristics consistent with high moral and ethical behavior.</td>
<td>Efficiently utilizes health-care resources and community systems of care in the treatment of patients.</td>
</tr>
<tr>
<td>1 Never</td>
<td>2 Rarely</td>
<td>3 Occasionally</td>
<td>4 Frequently</td>
<td>5 Always</td>
<td>6 Not Applicable</td>
</tr>
</tbody>
</table>

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