American Academy of Psychiatry and the Law

Maintenance of Certification

Performance in Practice (PIP) Assessment Tool: Patient/Evaluee Feedback

THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY HAS REVIEWED THE PERFORMANCE IN PRACTICE (PIP) ASSESSMENT TOOL: PATIENT/EVALUEE FEEDBACK AND HAS APPROVED THIS PROGRAM AS A PART OF A COMPREHENSIVE PERFORMANCE IN PRACTICE PROGRAM PATIENT FEEDBACK MODULE, WHICH IS MANDATED BY THE ABMS AS A NECESSARY COMPONENT OF MAINTENANCE OF CERTIFICATION.

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Patient/Evaluee Feedback Form

In keeping with the standards of professional practice, I seek opportunities to improve my practice, including regularly asking for feedback from persons I evaluate. I would appreciate your responses to the following questions. These responses are completely anonymous and cannot be linked to you or your records in any way. They also have no bearing on my opinion in your case.

Dr.				Date:					
Fc	or each of the following	g questions, please rat	e the doctor who did your	evalua	ition u	sing th	e follo	wing	scale.
1 Strongly Disagree		2 Disagree	3 Neutral	4 Agree		5 Strongly Agree			
				1	2	3	4	5	N/A
1.	. The doctor informed me of the purpose of the evaluation.								
2.	2. The doctor informed me who he/she was working for.								
3.	3. The doctor informed me who would get the results of this evaluation.								
4. The doctor treated me in a respectful manner.									
5.	. The doctor asked questions in a way that I could understand.								
6.	The doctor listened to my responses carefully.								
7.	. The doctor acted in a professional manner.								
8.	The doctor had good o	communication skills.							

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