



## American College of Preventive Medicine

The American College of Preventive Medicine Program for  
MAINTENANCE OF CERTIFICATION® Part IV: Practice Performance Assessment

### Diplomate Practice Assessment Plan (DPAP)

For use by diplomates undergoing the board certification process through the American Board of Preventive Medicine

2011

This practice performance module is to be completed for purposes of fulfilling the Part IV component of the **MAINTENANCE OF CERTIFICATION** only and does not apply to the other component parts as administered by the American Board of Preventive Medicine (ABPM).

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**Disclaimer:**

Since ACPM is validating for the American Board of Preventive Medicine (ABPM)/American Board of Medical Specialties (ABMS) MAINTENANCE OF CERTIFICATION (MOC) purposes that you have successfully completed the MOC Part IV requirements, the American College of Preventive Medicine (ACPM) reserves the right to ask that you provide additional information and/or complete the process again if there is not sufficient evidence that you have participated in this program correctly. Please be advised that MOC applicants are strongly encouraged to submit their MOC Part IV materials well in advance of any applicable deadlines because the request by ACPM for additional information and/or repeat of the Part IV process will not entitle the MOC applicant to an extension of his or her timeframe/deadline for MAINTENANCE OF CERTIFICATION. In the event of fraudulent activities, ACPM reserves the right to request that you withdraw from this program. In addition, please be advised that any fraudulent activities by an applicant in the MAINTENANCE OF CERTIFICATION process may be reported to ABPM and ABMS. In turn, any physician found guilty of such fraudulent activities after proper adjudication may be reported to the National Practitioner Databank.

ACPM representatives will verify that the process was successfully completed by reviewing this finished booklet. In addition, ACPM may seek further clarification or validation by telephone interview or other appropriate means. ABPM will verify with ACPM that you have completed this process.

## INTRODUCTION

The American Board of Medical Specialties (ABMS) requires that diplomates of all specialties complete four components designated as the MAINTENANCE OF CERTIFICATION (MOC) when the diplomate undergoes board certification. At the request of the American Board of Preventive Medicine (ABPM), the American College of Preventive Medicine (ACPM) has developed the program outlined within this booklet and the accompanying instruction manual. The purpose of this booklet is to document the progress and completion of the Diplomate Practice Assessment Plan (DPAP) for Maintenance of Certification (MOC) Part IV in the specialty of **General Preventive Medicine/Public Health**. The process must be completed once per ten-year cycle of being boarded in preventive medicine. **Detailed instructions for this booklet and the DPAP process are in the DPAP instruction manual. Note: ABPM diplomates due to recertify in 2022 and later are required to complete two Improvement in Medical Practice Projects, one during the first five years of their certification cycle and another during the last five years of their certification cycle. For more information, please go to [http://www.theabpm.org/moc/moc\\_requirements.cfm](http://www.theabpm.org/moc/moc_requirements.cfm)**

While completion of the performance assessment is required, the actual achievement of the project will be under your own control, i.e., there are no "correct" answers as to the content of your booklet. The primary goal is that you improve the quality of your practice of preventive medicine as a result of this informative process.

A more interactive review of self-assessment activities will be randomly completed with individual diplomates. Therefore, please maintain information in such a manner that, if you are contacted by ACPM, you will readily be able to provide the requested information.

We expect that those completing this process strive to excel in their practice of preventive medicine/public health. To assist you in maintaining a high level of competency within your scope of practice, a list of reference materials is available on the ACPM website.

**DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Best time of day for contact (EST):  Morning  Afternoon  Evening

Preferred means of contact:  Email  Home Phone  Work Phone

**PRACTICE INFORMATION**

1. Practice Setting:

- Academic setting
- Clinical Practice
- Corporation
- Government
  - Federal Agency
  - State Health Department
  - Local Health Department
- Non-academic Research Institution
- Other (Please specify): \_\_\_\_\_

2. Time Distribution:

- \_\_\_\_\_ % Biostatistics/Epidemiology
- \_\_\_\_\_ % Management and Administration
- \_\_\_\_\_ % Medical Management
- \_\_\_\_\_ % Clinical Preventive Medicine
- \_\_\_\_\_ % Occupational and Environmental Health
- \_\_\_\_\_ % Other activities (Please describe): \_\_\_\_\_

3. If you practice a medical specialty in addition to Preventive Medicine, please specify:

\_\_\_\_\_

If boarded in additional medical specialty, please note the date your certification expires and the percentage of professional time spent practicing the above specialty:

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Percentage of practice time in above specialty: \_\_\_\_\_%

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If you have any questions during the completion of this process, please contact ACPM using the following email address: [moc@acpm.org](mailto:moc@acpm.org)

**PERFORMANCE ASSESSMENT****STEP ONE: SELECTION OF EVALUATION TOOL FOR PERFORMANCE ASSESSMENT**

Please select **one** tool to complete performance assessment:  
(Please see DPAP Instruction Manual for details.)

Clinical Practice Evaluation (*must* select this tool if greater than 10% of professional time is spent providing direct patient care)

360-Degree Feedback Evaluation

Report Card Evaluation

Portfolio Evaluation

**STEP TWO: PREPARING FOR THE EVALUATION****2A. Clinical Practice Evaluation (CPE) I & II**

(If you have chosen the 360-Degree Feedback, Report Card or Portfolio evaluation tools, please skip to **STEP 2B**)

**1. CPE I –Medical Record Review**

a. Adult Patient Population: If your practice is predominantly or exclusively adults complete 10 copies of "Clinical Practice Evaluation I: Medical Record Review (**Adult** Patient Population)," according to instruction manual accompanying that document.

b. Pediatric Patient Population – If your practice is predominantly or exclusively children, complete 10 copies of "Clinical Practice Evaluation I: Medical Record Review (**Pediatric** Patient Population)," according to instruction manual accompanying that document.

Date CPE I completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2. CPE II – Clinical Systems Review**

Complete the "Clinical Practice Evaluation II: Clinical Systems Review" according to instruction manual accompanying that document. This evaluation need be completed only **once**.

Date CPE II completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2B. 360-Degree Feedback/Report Card/Portfolio**

(If you have chosen the Clinical Practice Evaluation, please proceed to **STEP 3**)

Please select a **total of ten competencies** which you will use to perform your practice evaluation – **four** from the "Competencies that are Common to all Content Areas," **four** from the "Content Area-Specific Competencies," and **two** from the "ACGME General Physician Competencies." The complete list of competencies is located in **Appendix A** at the end of this document. Please see DPAP Instruction Manual for details.

1. **Core:** 1 2 3 4 5 6 7

2. **Content Area-Specific:** 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

3. **General:** 28 29 30 31 32 33

### STEP THREE: COMPLETION OF SELECTED EVALUATION TOOL

Perform your practice evaluation using the tool selected in **Step 1**. Each tool is a separate document with an accompanying instruction manual. After completion of this step using the appropriate tool and instructions, please collect and review completed evaluations in order to identify target areas for improvement. You will submit **all** of these evaluations with the completed Diplomate Practice Assessment Plan (DPAP).

### STEP FOUR: IDENTIFY TARGET AREAS FOR IMPROVEMENT

#### 4A. Clinical Practice Evaluation (CPE) I & II

(If you have chosen the 360-Degree Feedback, Report Card or Portfolio evaluation tools, please skip to **STEP 4B**)

1. Select at least one aspect of your practice in which to seek clinical improvement or professional development. Please see DPAP Instruction Manual for details. Clinical practice measure(s) selected for practice improvement or professional development:

\_\_\_\_\_

2. Rationale for selected clinical practice measure(s):

\_\_\_\_\_

#### 4B. 360-Degree Feedback/Report Card/Portfolio

(If you have chosen the Clinical Practice Evaluation, please proceed to **STEP 5**)

1. Select at least **one** of the **ten** competencies from the complete list of competencies in **Appendix A** in which to seek improvement or professional development. Please see DPAP Instruction Manual for details. Competency selected for practice improvement or professional development:

\_\_\_\_\_

2. Rationale for selected competency or competencies:

\_\_\_\_\_

### STEP FIVE: QUALITY IMPROVEMENT PLAN DEVELOPMENT

Please select **one** of the following quality improvement/performance assessment programs. Refer to DPAP Instruction Manual for details.

#### 5A. Quality Improvement or Performance Assessment Program of Choice:

- PDSA (Plan-Do-Study-Act)
- PDCA (Plan-Do-Check-Act)
- Rapid Cycle Improvement
- Rational-Iterative Decision Making

- Six Sigma/DMAIC (Define-Measure-Analyze-Improve-Control)
- Other: \_\_\_\_\_

5B. Target goal(s) for QI plan:

\_\_\_\_\_

5C. Projected date by which you will complete your second (targeted) assessment to evaluate goal achievement (results of QI plan): \_\_\_\_/\_\_\_\_/\_\_\_\_

**STEP SIX: MEASUREMENT OF IMPROVEMENT**

6A. Complete a re-evaluation of your performance on the clinical practice measure(s) or competency/competencies. Please indicate the tool utilized, the specific competency or clinical goal/s to be re-evaluated, and the date upon which repeat assessment was completed:

- Clinical Practice Evaluation
- 360-Degree Feedback Degree Feedback
- Report Card Assessment
- Portfolio

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinical Improvement Goal: \_\_\_\_\_

OR

Competency (C#): \_\_\_\_\_

6B. What is the outcome of your QI plan? Did you meet your target goal?

\_\_\_\_\_

6C. Please describe the most successful element of your plan:

\_\_\_\_\_

6D. If your QI plan did not result in practice improvement, what element(s) of your QI plan did not go as expected, and why not?

\_\_\_\_\_

6E. What is your plan to achieve practice improvement in this area/these areas?

\_\_\_\_\_

6F. How do you intend to maintain ongoing practice improvement and professional development?

\_\_\_\_\_

**CONGRATULATIONS. YOU HAVE COMPLETED THE DIPLOMATE PRACTICE ASSESSMENT PLAN. PLEASE RETURN THIS BOOKLET AND ALL SUPPORTING DOCUMENTS TO ACPM. PLEASE USE THE CHECKLIST IN APPENDIX B TO ASSIST YOU IN COMPILING DOCUMENTATION FOR SUBMISSION.**

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I certify that the information that I have provided in this booklet is correct and that I have completed the process to the best of my ability. I understand that ACPM will make use of the provided information to provide verification to ABPM that I have successfully completed Part IV of the MAINTENANCE OF CERTIFICATION requirements.

\_\_\_\_\_  
Electronic Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Appendix A: Competencies to be utilized in (non-clinical) Performance Assessment****A. COMPETENCIES THAT ARE COMMON TO ALL CONTENT AREAS:**

- 1. Communicate to target groups, including health professionals, the public, and the media, in a clear and effective manner, orally and in writing, the levels of risk from real or potential hazards and the rationale for selected interventions.
- 2. Demonstrate the ability to prioritize new or ongoing projects or programs according to their potential impact, as defined by objective, measurable criteria.
- 3. Use information technology for specific applications relevant to preventive medicine and public health.
- 4. Interpret relevant laws and regulations relating to protection and promotion of the public's health.
- 5. Identify ethical, social and cultural issues relating to policies, risk, research, and interventions in public health and preventive medicine contexts.
- 6. Identify the processes by which decisions are made within an organization or agency and their points of influence.
- 7. Identify and coordinate the integrated use of available resources to improve the community's health.

**B. CONTENT AREA-SPECIFIC COMPETENCIES:****BIOSTATISTICS/EPIDEMIOLOGY**

- 8. Characterize the health of a community.
- 9. Design and conduct an epidemiologic study.
- 10. Design and operate a surveillance system.
- 11. Select and describe limitations of appropriate statistical analyses as applied to a particular data set.
- 12. Translate epidemiologic findings into a recommendation for a specific intervention to control a public health problem.
- 13. Design and/or conduct an outbreak and/or cluster investigation.

**MANAGEMENT AND ADMINISTRATION**



- 14. Assess data and formulate policy for a given health issue.
- 15. Develop and implement a plan to address a specific health issue or problem.
- 16. Conduct an evaluation or quality assessment based on process and outcome performance measures.
- 17. Manage the operation of a program or project, including human and fiscal resources.

#### MEDICAL MANAGEMENT

- 18. Design, manage and evaluate health service delivery programs to improve the health of a defined population.
- 19. Apply appropriate financial and business management techniques to assure efficient delivery of cost-effective health services.
- 20. Apply organizational principles to manage a health care organization or unit.
- 21. Assure that health service activities reflect ethical standards, comply with all pertinent legal and regulatory requirements, and incorporate risk management principles and practice.

#### CLINICAL PREVENTIVE MEDICINE

- 22. Develop, implement, and refine screening programs for groups to identify risks for disease or injury and opportunities to promote wellness.
- 23. Design and implement clinical preventive services for individuals.
- 24. Implement community-based interventions to modify or eliminate identified risks for disease or injury and to promote wellness.
- 25. Diagnose and manage diseases/injuries/conditions in which prevention plays a key role.

#### OCCUPATIONAL AND ENVIRONMENTAL HEALTH

- 26. Assess individual risk for occupational/environmental disorders using an occupational and environmental history.
- 27. Identify occupational and environmental hazards, illnesses and injuries in defined populations and assess and respond to identified risks.

#### C. ACGME GENERAL PHYSICIAN COMPETENCIES:

##### PATIENT OR COMMUNITY-ORIENTED CARE

- 28. Provide patient care and/or community-based interventions that are compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

#### MEDICAL KNOWLEDGE

- 29. Demonstrate knowledge about established and evolving biomedical, clinical, and public health sciences and the application of this knowledge to patient care, preventive services and/or population medicine.

#### PRACTICE-BASED LEARNING AND IMPROVEMENT

- 30. Investigate and evaluate one's practices, appraise and assimilate scientific evidence, and improve one's ability to provide patient care, preventive services and/or community-based interventions.

#### INTERPERSONAL AND COMMUNICATION SKILLS

- 31. Demonstrate interpersonal and communication skills that result in effective information exchange and learning with patients, patients' families, professional associates and communities.

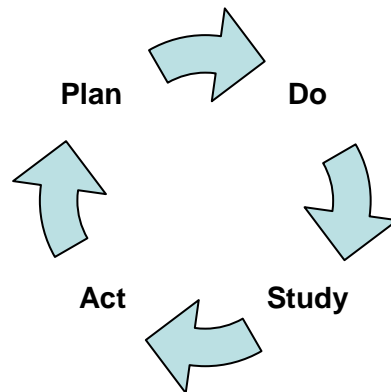
#### PROFESSIONALISM

- 32. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

#### SYSTEMS-BASED PRACTICE

- 33. Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care, preventive services and community-based interventions that are of optimal value.

## Appendix B: Plan-Do-Study-Act Process



### I. Plan or define the problem or target for improvement

#### A. Identify the problem:

- Select the problem to be analyzed
- Clearly define the problem
- Establish process for coordinating with and gaining approval of leadership
  - Identify key stakeholders and decision makers

#### B. Analyze the problem – assess your current practice

- Collect and analyze data related to the problem
  - List the steps in the process as it currently exists
  - Map the process
- Identify potential causes of the problem
  - Identify the root cause of the problem
- Verify or revise the original problem statement, aim or objective
- Collect additional data if needed to verify the root causes

#### C. Set aims or objectives

- Improvement requires setting aims. The aim should be time-specific and measurable
- Set measurable goal for the quality improvement process

#### D. Establishing measurement method

- Establish metric and measurement plan

### II. Do – carry out improvement plan or cycle

#### A. Develop solutions

- Generate potential solutions that will address the root cause of the problem
  - Develop as wide a range of alternatives as possible
- Select a solution or immediate objective
  - Choose and plan a change
- Plan the solution

#### B. Implement the solution

- Teams use quantitative measures to determine if a specific change actually leads to an improvement
  - Implement the chosen solution on a trial or pilot basis

### **III. Study – measure impact of your plan or change**

#### **A. What did you learn?**

- Evaluate the results of the change
  - Gather and analyze data on the solution

#### **B. Did you achieve the desired goal?**

- Document problems and unexpected results

### **IV. Act – Determine what changes will be made to your practice as a result of the Performance Improvement Assessment**

#### **A. Adopt the solution**

- Standardize the solution and capitalize on new opportunities
- Continue to look for incremental improvements to refine the solution
- Look for another improvement opportunity

#### **B. How will the solution improve outcomes in your practice?**

#### **C. How will you communicate the results?**

**Appendix C: Checklist of Documents to be Completed and Emailed to ACPM**

Date Completed:

**Clinical Practice Evaluation I & II**

- I. Patient Medical Record Reviews (10) / /
- II. Systems Review / /
- Focused Repeat Record Reviews or Systems Review / /

**OR**

**360-Degree Evaluation**

- Self-evaluation / /
- Supervisor Evaluation / /
- Peer Evaluations (2) / /
- Reportee Evaluation / /
- Focused Repeat Self-evaluation / /
- Focused Supervisor Re-evaluation / /
- Focused Peer Re-evaluations (2) / /
- Focused Reportee Evaluation / /

**OR**

**Report Card Evaluation**

- Initial Report Card Evaluation / /
- Focused Report Card Re-evaluation / /

**OR**

**Portfolio Evaluation**

- CV/professional data / /
- Initial Portfolio Evaluation / /
- Copy of all products supporting competencies / /
- Updated CV (following re-evaluation) / /
- Focused Portfolio Re-evaluation document / /
- Copy of products supporting re-evaluation / /

**AND** (regardless of assessment tool)

- Diplomate Practice Assessment Plan / /

**AND** (regardless of assessment tool)

- MOC Feedback Survey / /

**AND** (regardless of assessment tool)

- Checklist / /

**Please note:** You do not need to return any of the instruction manuals or unutilized assessment tools.

### Appendix D: MOC Feedback Survey

As you are aware, the MAINTENANCE OF CERTIFICATION self-assessment process is for all board certified physicians undergoing the certification process. ACPM would like to make this process an effective and useful tool for the diplomates as well as for the American Board of Preventive Medicine. Please take a few moments to provide feedback so that this program can be enhanced for future use.

1. What did you like about this process? \_\_\_\_\_
2. What did you dislike about this process? \_\_\_\_\_
3. What recommendations do you have for improving the process? \_\_\_\_\_
4. If you completed the Clinical Practice Evaluation, please estimate the amount of time it took to complete:
  - a. review of your practice information: \_\_\_\_\_
  - b. development of the quality improvement plan: \_\_\_\_\_
  - c. review of practice information after implementation of the improvement plan: \_\_\_\_\_
  - d. how much of your staff's time was involved: \_\_\_\_\_
5. If you completed the Clinical Practice Evaluation, please rate, by circling your response, the usefulness of the:
  - a. Medical Record Review tool:
  - b. Systems Review evaluation tool:
6. If you completed the 360-Degree Feedback, Report Card or Portfolio evaluation tool, why did you choose that evaluation format (specific tool)? \_\_\_\_\_
7. If you completed the 360-Degree Feedback evaluation tool, please estimate the amount of time it took to complete your initial self-assessment: \_\_\_\_\_
8. If you completed the 360-Degree Feedback, Report Card or Portfolio evaluation tool, Please rate the usefulness of the tool you selected:
  - a. 360-Degree Feedback:
  - b. Report Card:
  - c. Portfolio:
9. Would you like to speak with an ACPM representative so that you can expand on your suggestions?

Yes  No

- If yes, indicate how you would like to be contacted:  Email  Work Phone  Home phone
- You may also contact ACPM with your comments using the following email address: [moc@acpm.org](mailto:moc@acpm.org).

THANK YOU for completing the Diplomat Practice Assessment Plan.  
Your feedback is appreciated as we continue to refine the assessment tools and process.