REQUIREMENT 3
Adherence to Ethical and Professional Standards: Referee Checklist

REFEREE INSTRUCTIONS

Dear Physician-Referee:

The Applicant,_____, has chosen you to provide
Insert Applicant's name
a referral in support of his/her application for recertification by the American Board of Pain Medicine. Please carefully complete this form. This form must be completed personally by you, the physician-referee. All items must be filled out in order for this form to be considered complete.

I. YOUR KNOWLEDGE OF APPLICANT AND THEIR PRACTICE

a. How long have you known the applicant? _____

b. Describe the **CURRENT** circumstances that provide your knowledge of the applicant's clinical practice of pain medicine.

_____

c. In what settings do you have ***direct*** knowledge of the applicant's practice in the field of Pain Medicine? (Check all that apply)

☐ Post-Graduate Education Setting
☐ Partners in Current Shared Practice
☐ Past Shared Practice
☐ Refer Patients to Applicant for Pain Consults
☐ Refer Patients to Applicant for Ongoing Pain Care
☐ Other (specify) _____

d. To the best of your knowledge, has this practitioner ever been subject to any disciplinary action from a public or private entity, such as denial, suspension, revocation, restriction, or limitation of privileges, or termination?

Yes ☐ No ☐

e. To the best of your knowledge, does the practitioner suffer from any physical, mental, substance use or emotional problems that affect his/her ability to perform in a professional capacity?

Yes ☐ No ☐ If the answer to "d" or "e" is yes, please provide detailed information below, or on a separate sheet of paper.

II. PERFORMANCE EVALUATION

	Unsatisfactory	Satisfactory	Cannot Assess
Clinical knowledge of pain medicine	☐	☐	☐
Clinical judgment	☐	☐	☐
Technical proficiency	☐	☐	☐
Professional relations with patients	☐	☐	☐
Ethical conduct	☐	☐	☐
Sense of professional responsibility	☐	☐	☐
Timely and complete recordkeeping	☐	☐	☐

It is MANDATORY that you provide specific comments and recommendations below. Please be as specific as possible, including reports of critical incidents and/or outstanding performance. The information must be relevant to the practice of Pain Medicine (Algiatry), as defined below. This form must be completed by you, the physician-referee, in your own unique words.

III. DEFINITION OF PAIN MEDICINE

The specialty of Pain Medicine, or Algiatry, is a discipline within the field of medicine that is concerned with the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. Some conditions may have pain and associated symptoms arising from a discrete cause, such as postoperative pain or pain associated with a malignancy, or may be conditions in which pain constitutes the primary problem, such as neuropathic pains or headaches.

Pain Medicine specialists use a broad-based approach to treat all pain disorders, ranging from pain as a symptom of disease to pain as the primary disease. The pain physician serves as a consultant to other physicians but is often the principal treating physician (as distinguished from the primary care physician) and may provide care at various levels, such as treating the patient directly, prescribing medication, prescribing rehabilitative services, performing pain-relieving procedures, counseling patients and families, directing a multidisciplinary team, coordinating care with other health care professionals and providing consultative services to public and private agencies pursuant to optimal health care delivery to the patient suffering with pain. The objective of the pain physician is to provide quality care to the patient suffering with pain. The pain physician may work in a variety of settings and is competent to treat the entire range of pain encountered in delivery of quality health care.

Pain Medicine specialists typically formulate comprehensive treatment plans, which consider the patients' cultural contexts, as well as the special needs of the pediatric and geriatric populations. Evaluation techniques include interpretation of historical data; review of previous laboratory, imaging, and electrodiagnostic studies; assessment of behavioral, social, occupational, and avocational issues; and interview and examination of the patient by the pain specialist.

SIGNATURE

_____ _____

Name (Please Type or Print Legibly) Signature

_____ _____

Title/Institution Date

_____

Address

_____

Phone Number

This form should be returned by the referring physician to the applicant to upload to the application portal