



Date:
Return Address:
Subject:

Dear Dr.:

You have been identified as being able to provide information regarding, DPM's clinical competence. Attached is a questionnaire that we request that you complete to assess this provider's current clinical practice and provide your opinion of this practitioner's expertise (copy included with this letter).

Enclosed is the Reference/Peer Review questionnaire, the applicant's consent for release of information and a return envelope. The information you provide will be utilized in our evaluation of the skills and competence in Podiatric Medicine of this provider. Release of this information is protected under the Privacy Act.

Your cooperation in this matter is greatly appreciated. If you have any questions, please contact the Exams Department at the American Board of Podiatric Medicine at (310) 375-0700.

Sincerely,

Sarah Huante-Bimat
sarah@abpmed.org

Karli Dreizler
karli@abpmed.org

Enclosure

1. *Reference/Peer Review Form*
2. *Provider's Release of Information Consent*



I. RELATIONSHIP OF REFERENCE SOURCE TO APPLICANT

1. Do you personally know the application? Yes No
If so, how long have you known the applicant? months/years (circle one)
2. What type of affiliation have you experienced with the applicant? Personal Hospital
Practice Program Director
Other _____
3. If *Hospital* affiliation, please provide dates of membership on your staff. Beginning Date
Ending Date
4. Did you have an opportunity to directly observe the applicant practice? Yes No
Daily Weekly Monthly NO INFORMATION
5. How frequently did you observe?
6. Do you have any concerns about the applicant's clinical qualifications and current clinical competency regarding Podiatric Surgery Wound Care/Limb Salvage or Podiatric Surgery (check all that apply) Yes No

II. PROFESSIONAL KNOWLEDGE, SKILLS, AND ATTITUDE

If you do not have adequate knowledge to answer a particular question, please indicate "Unable to Evaluate (UE)"

Please rate the following as excellent (Ex), good, average (avg), below average (BA), or unable to evaluate (UE):

Medical/Clinical knowledge

- Basic medical/clinical knowledge Ex Good Avg BA UE
- Knowledge in specialty Ex Good Avg BA UE
- Technical and clinical skills Ex Good Avg BA UE

Other Comments:

Clinical judgment

- Basic clinical judgment Ex Good Avg BA UE
- Availability and thoroughness of patient care Ex Good Avg BA UE
- Appropriate and timely use of consultants Ex Good Avg BA UE



- Quality/appropriateness of patient care outcomes Ex Good Avg BA UE
- Appropriateness of resource (e.g. admissions, procedures, length of stay, tests) Ex Good Avg BA UE
- Clinical pertinence and completeness of medical record documentation Ex Good Avg BA UE

Other Comments:

Communication skills

- Overall communication skills with patients Ex Good Avg BA UE
- Verbal and written fluency in English Ex Good Avg BA UE
- Clarity/legibility of records Ex Good Avg BA UE
- Responsiveness to patient needs Ex Good Avg BA UE
- Overall communication skills with staff Ex Good Avg BA UE

Other Comments:

Interpersonal skills

- Ability to work with members of healthcare team Ex Good Avg BA UE
- Rapport with patients Ex Good Avg BA UE
- Rapport with families Ex Good Avg BA UE
- Rapport with hospital staff Ex Good Avg BA UE

Other Comments:

Professionalism

Timely documentation of medical record

- Participation in medical staff organization activities (e.g. committees, leadership positions) Ex Good Avg BA UE
- Participation in continuing medical education Ex Good Avg BA UE
- Demonstration of ethical standards in treatment Ex Good Avg BA UE
- Maintenance of patient confidentiality Ex Good Avg BA UE
- Fulfillment of clinical call responsibility Ex Good Avg BA UE



III. Additional information

YES NO NO
INFORMATION

1. To the best of your knowledge, has the applicant been involved in any administrative, professional, or judicial proceedings in which professional malpractice on his/her part was alleged (including cases brought, pending, settled, or decided)?

Comments:

2. To the best of your knowledge, has the applicant ever been convicted of a crime other than a misdemeanor traffic violation?

Comments:

3. To the best of your knowledge, has the applicant's *professional liability insurance* ever been voluntarily or involuntarily terminated?

Comments:

4. To the best of your knowledge, has the applicant ever provided care or attempted to provide care to patients while under the influence of drugs, alcohol, or controlled substances?

Comments:

5. To the best of your knowledge, have any of the following ever been denied, challenged, investigated, terminated, reduced, not renewed, limited, withdrawn from or resignation submitted, suspended, revoked, modified, placed on probation, relinquished, or voluntarily surrendered, or do you have knowledge of any such actions that are pending?

YES NO NO
INFORMATION

- License, registration, or certification
- Clinical privileges
- Hospital appointment
- Affiliation with any healthcare organization
- Professional status/society membership
- Employment or contract arrangement with any healthcare facility
- Employment or contract arrangement with a physician group
- Prerogative/rights on a medical staff
- Any other type of professional sanction

If you responded YES to any of the previous items, please explain:



IV. SUMMARY

1. Please use this space to provide any additional miscellaneous comments you feel may be relevant to this applicant's clinical competency, professionalism, and expertise in either wound care and limb salvage, podiatric surgery, or podiatric sports medicine.

2. My general recommendation concerning this applicant is:

RECOMMEND WITHOUT RESERVATION RECOMMENDED NOT RECOMMENDED

Comments:

3. Please use this section for any additional comments, information, or recommendations which you believe would be relevant to our evaluation of this provider's clinical skills and professionalism.

Comments:

Signature

Date (mmddyyyy)

Printed Name

Title

Phone Number

Specialty