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| Peer Assessment Committee Evaluation of Onsite Peer Review |
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1. Was the information provided with your original notification adequate to ensure that you understood the process and expectations of peer review? Yes No
Comments

2. Was the visit conducted in an acceptable manner? Yes No
Why?

3. Do you believe the assessment visit was of value to you? Yes No
Why?

4. What, if any, changes will you make as a result of this assessment visit?

5. Do you believe the assessment report(s) adequately reflect the care you provide to your patients? Yes: No:
Comments:

6. Please rate the educational value of the assessment process: *(1 very poor to 5 very good)*
1 2 3 4 5
Comments:

7. Would you be willing to act as an assessor if invited? Yes No

8. Can you offer any suggestions which might improve the office visit process?

Thank You!