

**Peer Assessment Committee**  
**College of Physicians and Surgeons of New Brunswick**



**Physicians Evaluation of Virtual Peer Review**

**Note: Please rate as: 1 - very favourable to 5 - very poor**

- 1. Did the information provided to you in advance of the virtual review provide you with a clear understanding of your role and that of the assessor(s)?** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Do you believe the assessment report(s) adequately reflect the care you provide to your patients?** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Please rate the educational value of the virtual review process: 1 2 3 4 5**  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. If you have been previously assessed, how would you compare the virtual review process to either offsite or onsite assessment: 1 2 3 4 5**  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Would you be willing to act as an assessor if invited? Yes \_\_\_\_\_ No \_\_\_\_\_**
- 6. Do you have any additional comments or suggestions to improve the virtual review +-process?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank You!**