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# The Atlantic Provinces Medical Peer Review



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## Atlantic Provinces Medical Peer Review Post-Visit Questionnaire for Physicians

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

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