

Post Assessment Tool

Member Name: _____

Registration #: _____

A – Strongly Agree

B – Agree

C – Neither Agree or Disagree

D – Disagree

E – Strongly Disagree

	A	B	C	D	E
1. I was given all the information necessary to prepare myself, my staff and my practice for the Peer Review process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Assessor was a good communicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Assessor completed the assessment efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The charts selected were representative of my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The assessment effectively evaluated the quality of care that my patients receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The assessment was valuable as an educational experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have found some new approaches to patient care or practice management as a result of this assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please comment on any changes that you plan to implement in your practice.

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PRACTICE ASSESSMENT PROGRAM

9. Please provide any suggestions that you may have to improve the Practice Assessment process.

10. Would you be willing to serve as an Assessor for your Area? **YES** **NO**

11. If YES, what is the best asset that you can bring to the process as an Assessor?
