



51862

NODID:

Assessment feedback evaluation form

Thank you for participating in the Australian and New Zealand Audits of Surgical Mortality (ANZASM). To improve the value of the audit and assess the peer review feedback process please complete this evaluation form.

1. Assessment type.

FLA

SLA

2. The peer review assessment was fair.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

3. The peer review assessment was informative.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

4. The peer review feedback is a good source of information to improve surgical care at my institution.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

5. Please provide any additional comments in response to the feedback letter received that you wish the audit office to record in the database for this case.

We thank you for your participation in this important quality improvement initiative.