

# BLM – Disease Detecting: Nuclear Diagnostics

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Class: \_\_\_\_\_

## *Patient Information Peer Assessment*

Group members: \_\_\_\_\_

Name of procedure: \_\_\_\_\_ Purpose of procedure: \_\_\_\_\_

Radioisotope used: \_\_\_\_\_ Imaging device: \_\_\_\_\_

### **How understandable was the information about the procedure?**

Very understandable     Understandable     Somewhat understandable     Not understandable

Reason for rating: \_\_\_\_\_

### **How effectively did the presentation explain the benefits and risks of the procedure?**

Very effectively     Effectively     Somewhat effectively     Not effectively

Reason for rating: \_\_\_\_\_

### **How effective was the presentation of the information about the procedure?**

Very effective     Effective     Somewhat effective     Not effective

Reason for rating: \_\_\_\_\_

**Suggestions for improvement:** \_\_\_\_\_

**Additional comments:** \_\_\_\_\_