

THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

WRITTEN EXAMINATION QUESTIONNAIRE

TO HELP THE BOARD OF CENSORS PLAN FOR FUTURE EXAMINATIONS

DERMATOLOGICAL MEDICINE II

CANDIDATE NUMBER.....
Do NOT put name

Please respond to the following statements by circling the response which applies most closely.

Circle only one answer for each statement.

Thank you very much for your co-operation.

Please return the questionnaire to the Supervisor before you leave the examination.

- | | | | | | |
|----|--|-------|---------------|----------|-------------------|
| 1. | The information provided <u>prior</u> to the Examination about the examination was Adequate. | Agree | Uncertain | Disagree | Strongly disagree |
| 2. | The wording of the questions was clear. | Agree | Uncertain | Disagree | Strongly disagree |
| 3. | The instructions were clear. | Agree | Uncertain | Disagree | Strongly disagree |
| 4. | There was sufficient time. | Agree | Uncertain | Disagree | Strongly disagree |
| | If disagree | | Too much time | | Too little time |
| 5. | The amenities at the venue were satisfactory. | Agree | Uncertain | Disagree | Strongly disagree |

If disagree, state the problem:

.....
.....
.....

COMMENTS:

What features of the examination would you keep?

.....
.....
.....

What features of the examination would you leave out?

.....
.....
.....

Other comments?

.....
.....
.....