

CPD handbook appendix 1.1AP

Paediatric patient/parent satisfaction (anaesthesia practice) - summary form

This form is designed to be used by the administrator acting for the CPD participant undertaking the collation of all patient/parent satisfaction survey feedback responses. The administrator collates the feedback of the individual forms on to this summary sheet and provides this de-identified feedback to the anaesthetist.

As the administrator, you should confidentially destroy the responses after you have collated this summary document and then provide this document to the CPD anaesthetist.

Administrator: _____

Date of form completion: _____

Name of anaesthetist: _____

Your role: _____

Number of patient/parent satisfaction surveys:

For the questions below, record the number of patient responses in the allocated boxes
please answer yes or no and where indicated choose a rating from 1 to 5, where:



1 is poor



5 is excellent

Summary of children's genders							
Summary of children's age	0-2	2-4	4-6	6-8	8-10	10-12	12 or older
Responses							
1. Communication between anaesthetist and parents							
The anaesthetist listened carefully to you as the parent.	1	2	3	4	5	N/A	
Responses							
The anaesthetist explained things to you in a way that was easy to understand.	1	2	3	4	5	N/A	
Responses							
The anaesthetist treated you with courtesy and respect.	1	2	3	4	5	N/A	
Responses							

2. Communication between anaesthetist and child						
The anaesthetist listened carefully to your child.	1	2	3	4	5	N/A
Responses						
The anaesthetist talked and acted in a way that was appropriate for your child's age.	1	2	3	4	5	N/A
Responses						
The anaesthetist explained things to your child in a way that was easy for him/her to understand.	1	2	3	4	5	N/A
Responses						
The anaesthetist encouraged your child to ask questions.	1	2	3	4	5	N/A
Responses						
3. Involving teens in their care						
The anaesthetist involved your teenager in discussion of his care.	1	2	3	4	5	N/A
Responses						
4. Privacy						
The anaesthetist took effort to ensure privacy when talking with parent/s and child.	1	2	3	4	5	N/A
Responses						
5. Anxiety						
Was your child anxious before surgery?	Yes			No		
The anaesthetist's effort to minimise your child's anxiety or fear.	1	2	3	4	5	N/A
Responses						
6. Pain						
Did your child have pain after surgery?	Yes			No		

Management of your child's pain after surgery.	1	2	3	4	5	N/A
Responses						
7. Nausea and vomiting						
Did your child have nausea or vomiting after surgery?	Yes			No		
Management of your child's nausea and vomiting after surgery.	1	2	3	4	5	N/A
Responses						
8. After care						
The anaesthetist informed you personally if there was a problem during anaesthesia?	Yes			No		
Information from the anaesthetist about what to expect and how to care for your child after surgery.	1	2	3	4	5	N/A
Responses						
9. Comments						
Summary of positive or negative experiences:						
10. Suggestions for improvements						
Summary of suggestions for how the care of the child can be improved:						
11. Willingness to have the same anaesthetist						
If your child were to have another anaesthetic, would you be happy to have the same anaesthetist?	Yes			No		