



ANZCA and FPM CPD Program

Patient experience survey (diving and hyperbaric medicine) - form

A voluntary, quality improvement activity

Thank you for agreeing to complete this survey. The purpose of this survey is to understand your experiences to help your hyperbaric physician improve their services to their patients.

The administrator who has given you this form is doing so on behalf of your specialist who is participating in this voluntary activity as part of the Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FPM) Continuing Professional Development (CPD) program.

Your feedback is confidential

Please give the completed form back to the administrator (named below) so they can summarise the results from all the individual patient forms onto a summary sheet. Please be assured that you will not be identified, as the anaesthetist will only receive the summarised results and the administrator will confidentially dispose of your individual form.

Administrator's name: _____

Date of consult: ___/___/___		Today's date: ___/___/___				
Name of hyperbaric physician:						
Please tell us your gender:						
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18-24	25-34	35-44	45-54	55-64	65-74
<p><i>For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:</i></p> <p style="text-align: center;">   </p> <p><i>1 is poor 5 is excellent</i></p>						
Please rate your hyperbaric physician for the following behaviours:						
1. Did you feel you had a thorough consultation?						Yes <input type="checkbox"/> / No <input type="checkbox"/>
2. Did you feel like you had time to ask your hyperbaric physician questions before your treatment?						Yes <input type="checkbox"/> / No <input type="checkbox"/>
If yes, how well were those questions answered?						1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Are there any comments you would like to make?						

3. Did you understand the information about your hyperbaric treatment that was given to you before your consultation? Yes / No

If yes, how useful did you find the information? 1 2 3 4 5

Are there any comments you would like to make?

4. Did you feel like your hyperbaric physician listened to you? Yes / No

Are there any comments you would like to make?

5. Did you feel rushed? Yes / No

Are there any comments you would like to make?

6. Did you feel scared or anxious before your appointment? Yes / No

If yes, how well did your hyperbaric physician manage your fear and anxiety? 1 2 3 4 5

Comments

7. If you had a positive experience, please tell us about it.

8. If you had a negative experience, please tell us about it.

9. Do you have any suggestions about how your care could have been improved?