CPD handbook appendix 1A

Perioperative period patient experience (anaesthesia practice) – survey

A voluntary, quality improvement activity

Thank you for agreeing to be a part of this process. The administrator, on behalf of anaesthetist, who has given you this form 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.

The purpose of the patient experience survey is to help the anaesthetist improve their service and we would like to invite you to complete this survey.

Your feedback is confidential

Please give the completed form to the administrator listed below.

The administrator will collate the results from individual forms on to a summary sheet and provide de-identified feedback to the anaesthetist based on this summary. Please be assured that you will not be identified.

The anaesthetist does not view individual forms. The administrator will destroy them after responses are included in a summary document.

Administrator: ______________________________

Date of surgery: ____/____/____ **Today's date:** ____/____/____

Name of anaesthetist:

Please tell us your gender:

Age	❑ 18-24	❑ 25-34	❑ 35-44	❑ 45-54	❑ 55-64	❑ 65-74	❑ 75 or older

For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:

1 is poor *5 is excellent*

Please rate your anaesthetist for the following behaviours:

1. Did you have pain before surgery? Yes / No (circle)

2. Was your anaesthetist involved in managing your pain before surgery? Yes / No (circle)

If yes, how well do you think we managed your pain? 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Are there any comments you would like to make?

3. Did you feel like you had time to ask your anaesthetist questions before your surgery? Yes / No (circle)

If yes, how well were those questions answered? 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Are there any comments you would like to make?

4. Did you understand the information about your anaesthetic that was given to you before your surgery? Yes / No (circle)

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

Are there any comments you would like to make?

5. Did you feel like your anaesthetist listened to you? Yes / No (circle)

Are there any comments you would like to make?

6. Did you feel rushed? Yes / No (circle)

Are there any comments you would like to make?

7. Did you feel scared or anxious before your surgery? Yes / No (circle)

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

Comments

8. Did your anesthetist explain to you how you might feel after the surgery? Yes / No (circle)

Comments

9. Did you feel nauseated and/or vomit immediately after the surgery? Yes / No (circle)

If yes, how well was it treated? 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Comments

10. Were you in pain after the operation? Yes / No (circle)

If yes, how effective was your pain treatment? 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Comments

11. Were you cold or shivering after the surgery? Yes / No (circle)

If yes, how well was it managed? 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Comments

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

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

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