



ANZCA and FPM CPD Program

Patient experience survey (pain medicine) - guideline

Individual activity

Category 1
Practice evaluation
Reviewing
performance

Purpose

This guideline assists specialist pain medicine physicians, administrators and feedback providers completing the patient experience survey activity.

Activity description

The patient experience survey activity obtains feedback on the care patients receive from their specialist pain medicine physician, in order to promote critical reflection and improvements in patient care.

Completion of the activity requires an administrator to distribute the survey and collate results. It is recommended, but not mandated, that a feedback provider is selected to discuss the results with the pain physician undertaking the activity.

A group of pain medicine physicians may choose to complete patient experience surveys for all unit/practice members over a 2- to 6-week period (depending on caseload, as each participant requires a minimum of 15 completed forms). Some groups/departments may choose to survey all their patients.

Related documents

1. [Patient experience survey \(pain medicine\) - form](#)
2. [Patient experience survey \(pain medicine\) - summary form](#)
3. [Patient experience survey confidentiality and CPD verification form](#)

How to complete this activity

Steps

Time period	Steps	Complete
Prior to the survey	Identify and invite a suitable administrator (e.g. administrative staff member, practice manager or nurse).	
	Discuss with the administrator that they are responsible for: <ul style="list-style-type: none"> • Selecting patients to be surveyed • Distributing the survey • Ensuring patients do not feel under pressure to respond positively • Following-up on outstanding surveys • Collating results, once a minimum number of surveys is received. 	
	Ask the administrator to sign the confidentiality section of the <i>Patient experience survey confidentiality and CPD verification form</i> .	
	It is highly recommended, but not mandatory, to invite a trusted colleague (feedback provider) to discuss your collated results with you in a confidential setting. This colleague ideally has some experience in providing feedback.	

Time period	Steps	Complete
	<p>Ask your feedback provider to sign the confidentiality section of the <i>Patient experience survey confidentiality and CPD verification form</i>.</p> <p>Work with the administrator to determine administration methodology with the same timing and method to be used for each patient. To prevent recall bias and obtain the most meaningful result, the survey should be administered within 2 weeks of the consultation. Suggested timings are:</p> <ul style="list-style-type: none"> • <u>Inpatients</u>: ideally on the day of the consultation or the following day • <u>Outpatients</u>: at the time of their appointment, via electronic system, post or phone call. <p>Response rates differ depending on the timing and method of administration. Using the same approach for each patient is recommended. If the survey is administered via telephone after discharge, the same survey administrator should contact all patients selected to participate in the survey.</p>	
Survey period	<p>Patients should be informed in advance that they might be asked to complete a patient experience survey regarding the care provided by their pain medicine specialist. Sample wording is provided under <u>Patient information example</u> below.</p> <p>To minimise bias, the administrator pre-determines a system that selects a group of patients who, as a whole, are representative of the scope of clinical practice of the specialist who is the subject of the survey.</p> <p>It is suggested that administrators distribute 20-30 surveys per specialist, noting a minimum of 15 completed forms are required for this activity.</p> <p>Should a patient be unable to complete the survey independently, the administrator could read the questions and record the patient's response for them. It is preferable for the administrator to provide help rather than family members, as they may influence the patient's response.</p> <p>If using hard copy surveys, these may be returned via a survey deposit. Patients are more likely to provide honest, valid and reliable responses if they are assured their responses will remain confidential. Along with the survey, patients should be provided with an envelope (with the name of the administrator on the front) in which they can seal the completed survey. The sealed envelopes can then be forwarded to the administrator. This is particularly helpful if the department is conducting the survey as a group activity.</p>	
Results and feedback conversation	<p>The administrator collates the results of the patient experience survey on the <i>Patient experience survey (pain medicine) - summary form</i>.</p> <p>Once a minimum of 15 survey results is collated, the completed summary form is forwarded to the anaesthetist and the feedback provider (as relevant).</p> <p>One of the strengths of this process is that patients provide feedback in a confidential manner. The administrator should confidentially</p>	

Time period	Steps	Complete
	delete both the individual patient response forms and the summary form from their records.	
	If feedback provision is planned, please share a copy of Practical guidance for CPD feedback conversations with your feedback provider.	
	Following the feedback meeting, the feedback provider should confidentially destroy their copy of the summary form.	
	The participant asks the administrator and feedback provider, as relevant, to sign the verification section of the <i>Patient experience survey confidentiality and CPD verification form</i> .	

Patient information example

The following statements could be used to facilitate discussion with patients about the survey:

“After your consultation you may be asked to complete a patient experience survey about your pain medicine specialist.

<Select administration method and advise patient accordingly>

The survey will be given to you when you are in the clinic.

The survey will be given to you before you go home.

<Insert name of administrator> will contact you by phone the day after you get back home.

The survey will be given to you as you leave the clinic and should be returned in the postage paid envelope provided.

It should only take 10 mins to complete. The purpose of the survey is to identify areas where you are satisfied and areas for improvement, for professional development purposes. We would appreciate your time to participate. Your feedback will remain anonymous.

Receiving feedback: for the participant

CPD activities are intended to promote supportive conversations that assist you to reflect and advance your practice. Engaging in a feedback conversation may on occasions challenge you and raise uncomfortable thoughts and feelings. If this occurs consider seeking out a trusted colleague or friend for support. Confidential wellbeing support is freely available through the college, details can be found on the [website](#).

Using a different tool

If you choose to use a different tool for the Patient experience survey activity, ensure it was developed to measure patient experiences and is relevant to your scope of practice.

ANZCA and FPM CPD portfolio recording

Participants record this activity under

Category 1 *Practice evaluation – reviewing performance: Patient experience survey*, with the [Patient experience survey confidentiality and CPD verification form](#) uploaded as evidence.

Feedback providers who are also CPD participants record this activity under

Category 2 *Knowledge and skills: Review of ANZCA/FPM Fellows*, with the [Patient experience survey confidentiality and CPD verification form](#) uploaded as evidence.

Optional related activities

1. Critical reflection

You may choose to undertake a *Category 1 Practice evaluation – reviewing performance Critical reflection* activity on the patient experience survey results and develop a plan for practice change. This facilitates ‘closing the loop’ by reflecting on specific actions that can improve patient care.

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Advancing CPD 2013 Working Group	CPD team	CPD Committee	2013	Created
2		CPD team ANZCA DPA education		2023	<ul style="list-style-type: none"> Updated branding and formatting Incorporated change control register