

CPD handbook appendix 1AP

Paediatric patient/parent satisfaction (anaesthesia practice) - survey

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 paediatric patient/parent satisfaction survey is to help the anaesthetist improve their service and we would like to invite you to complete this survey on behalf of your child.



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 and your child 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:										
Gender of Child:										
Child's Age	<input type="checkbox"/> 0-2	<input type="checkbox"/> 2-4	<input type="checkbox"/> 4-6	<input type="checkbox"/> 6-8	<input type="checkbox"/> 8-10	<input type="checkbox"/> 10-12	<input type="checkbox"/> 12 or older			
<p><i>For the questions below, please answer yes or no, where:</i></p> <p> </p> <p><i>1 is poor 5 is excellent</i></p> <p><i>Please tick the appropriate box for each question</i></p>										
Please rate your anaesthetist for the following behaviours:										
1. Communication between anaesthetist and parents										
The anaesthetist listened carefully to you as the parent.					1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
The anaesthetist explained things to you in a way that was easy to understand.					1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
The anaesthetist treated you with courtesy and respect.					1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
2. Communication between anaesthetist and child										
The anaesthetist listened carefully to your child.					1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

The anaesthetist talked and acted in a way that was appropriate for your child's age.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
The anaesthetist explained things to your child in a way that was easy for him/her to understand.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
The anaesthetist encouraged your child to ask questions.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
3. Involving teens in their care	
The anaesthetist involved your teenager in discussion of his care.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
4. Privacy	
The anaesthetist took effort to ensure privacy when talking with parent/s and child.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
5. Anxiety	
Was your child anxious before surgery?	Yes / No (circle)
The anaesthetist's effort to minimise your child's anxiety or fear.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
6. Pain	
Did your child have pain after surgery?	Yes / No (circle)
Management of your child's pain after surgery.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
7. Nausea and vomiting	
Did your child have nausea or vomiting after surgery?	Yes / No (circle)
Management of your child's nausea and vomiting after surgery.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
8. After care	
The anaesthetist informed you personally if there was a problem during anaesthesia?	Yes / No / N/A (circle)
Information from the anaesthetist about what to expect and how to care for your child after surgery.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A <input type="checkbox"/>
9. Comments	
Please tell us if you had any positive or negative experience:	

10. Suggestions for improvements

Please tell us how the care of your 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 (circle)