



ANZCA and FPM CPD Program

Paediatric patient/parent satisfaction survey (anaesthesia) - form

A voluntary, quality improvement activity

Thank you for agreeing to complete this survey. The purpose of this survey is to understand your child's experiences to help your anaesthetist improve their services to their patients.

The administrator who has given you this form is doing so on behalf of your anaesthetist 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 and your child will not be identified, as the anaesthetist will not view individual forms and will only receive the summarised results. The administrator will confidentially dispose of your individual form.

Administrator's name: _____

Date of surgery: ___/___/___		Today's date: ___/___/___							
Your anaesthetist's name: _____									
Gender of your 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>1 is poor 5 is excellent</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 them 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 their 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 you and your 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 <input type="checkbox"/> / No <input type="checkbox"/>
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 <input type="checkbox"/> / No <input type="checkbox"/>
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 <input type="checkbox"/> / No <input type="checkbox"/>
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 <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
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

If you had a positive experience please tell us about it

If you had a negative experience please tell us about it

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