

CPD handbook appendix 1.1A

Perioperative period patient experience (anaesthesia practice) - survey summary form

This form is designed to be used by the facilitator acting for the Continuing Professional Development (CPD) participant undertaking the collation of all patient experience survey feedback responses. The facilitator collates the feedback of the individual forms on to this summary sheet and provides this de-identified feedback to the anaesthetist.

As the facilitator, you should confidentially destroy the responses after you have collated this summary document and then provide this document to the CPD anaesthetist.

Administrator: _____
Date of form completion: _____
Name of anaesthetist: _____
Your role: _____
Number of patient experience surveys:

For the questions below, record the number of patient responses in the allocated boxes , please answer yes or no and where indicated choose a rating from 1 to 5, where:



1 is poor



5 is excellent

Summary of patient genders							
Age	18-24	25-34	35-44	45-54	55-64	65-74	75 or older
Responses							
1. Did you have pain before surgery?			Yes		No		
2. Was your anaesthetist involved in managing your pain before surgery?			Yes		No		
If yes, how well do you think we managed your pain?			1	2	3	4	5
Responses							
Comments							



3. Did you feel like you had time to ask your anaesthetist questions before your surgery?	Yes		No		
If yes, how well were those questions answered?	1	2	3	4	5
Responses					
Comments					
4. Did you understand the information about your anaesthetic that was given to you before your surgery?	Yes		No		
If yes, how useful did you find the information?	1	2	3	4	5
Responses					
Comments					
5. Did you feel like your anaesthetist listened to you?	Yes		No		
Comments					
6. Did you feel rushed?	Yes		No		
Comments					



7. Did you feel scared or anxious before your surgery?	Yes		No		
If yes, how well did your anaesthetist manage your fear and anxiety?	1	2	3	4	5
Responses					
Comments					
8. Did your anaesthetist explain to you how you might feel after the surgery?	Yes		No		
Comments					
9. Did you feel nauseated and/or vomit immediately after the surgery?	Yes		No		
If yes, how well was it treated?	1	2	3	4	5
Responses					
Comments					
10. Were you in pain after the operation?	Yes		No		
If yes, how effective was your pain treatment?	1	2	3	4	5
Responses					
Comments					

11. Were you cold or shivering after the surgery?	Yes		No		
If yes, how well was it managed?	1	2	3	4	5
Responses					
Comments					
12. If you had a positive experience, please tell us about it.					
Comments					
13. If you had a negative experience, please tell us about it.					
Comments					
14. Do you have any suggestions about how your care could have been improved?					
Comments					