



CPD handbook appendix 1.1DHM

Hyperbaric consultation patient experience (diving and hyperbaric medicine practice) - survey summary form

This form is designed to be used by the administrator acting for the CPD participant undertaking the collation of all patient experience survey feedback responses. The administrator collates the feedback of the individual forms on to this summary sheet and provides this de-identified feedback to the hyperbaric physician.

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

Administrator: _____

Date of form completion: _____

Name of hyperbaric physician: _____

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 feel you had a thorough consultation?			Yes		No		
2. Did you feel like you had time to ask your hyperbaric physician questions before your treatment?			Yes		No		
If yes, how well were those questions answered?			1	2	3	4	5
Responses							
Comments							

3. Did you understand the information about your hyperbaric treatment that was given to you before your consultation?	Yes		No		
If yes, how useful did you find the information?	1	2	3	4	5
Responses					
Comments					
4. Did you feel like your hyperbaric physician listened to you?	Yes		No		
Comments					
5. Did you feel rushed?	Yes		No		
Comments					
6. Did you feel scared or anxious before your treatment?	Yes		No		
If yes, how well did your hyperbaric physician manage your fear and anxiety?	1	2	3	4	5
Responses					
Comments					

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

Comments

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

Comments

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

Comments