



## **ANZCA and FPM CPD Program**

### **Patient experience survey (pain medicine) - form**

#### **A voluntary, quality improvement activity**

Thank you for agreeing to complete this survey. The purpose of this survey is to understand your experiences to help your specialist pain medicine physician improve their services to their patients.

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

**Administrator's name:** \_\_\_\_\_

If you are completing this form on behalf of the patient, please indicate the reason:

- I am a parent/caregiver of a child younger than 18 years
- I am a caregiver of an adult patient who cannot fill this form on their own
- I am an interpreter
- Other (please specify): \_\_\_\_\_

**Date of assessment:** \_\_\_/\_\_\_/\_\_\_      **Today's date:** \_\_\_/\_\_\_/\_\_\_

**Name of specialist pain medicine physician:**

**Please tell us your gender:**

**Country of birth:**

**Preferred languages:**

<b>Age</b>	<input type="checkbox"/> <18	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75 or older
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For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:



1 is poor



5 is excellent

Please rate your pain medicine specialist for the following behaviours:

1. Introducing themselves to you. 1  2  3  4  5

2. Being polite. 1  2  3  4  5

3. Making you feel at ease (being friendly, not cold or abrupt). 1  2  3  4  5   
Are there any comments you would like to make?

4. Assessing your pain (understanding your condition, asking/knowing details about your situation). 1  2  3  4  5   
Are there any comments you would like to make?

5. Explaining the treatment to you (explaining clearly, giving you enough information, not being vague). 1  2  3  4  5   
Are there any comments you would like to make?

6. Involving you in decisions about your treatment (i.e. talking with you, encouraging rather than 'lecturing you'). 1  2  3  4  5   
Are there any comments you would like to make?

7. Answering all your questions (listening and paying attention to what you were saying, not overlooking or dismissing your concerns). 1  2  3  4  5

Are there any comments you would like to make?

8. The pain medicine specialist was approachable. 1  2  3  4  5

9. I had confidence in the pain medicine specialist. 1  2  3  4  5

10. I would be happy to see the pain medicine specialist again. 1  2  3  4  5

Are there any comments you would like to make?

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

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

13. Do you have any suggestions about how we could improve our service and care?