



CPD handbook appendix 1PM

Patient experience (pain medicine practice) – survey

A voluntary, quality improvement activity

Thank you for agreeing to be a part of this process. The administrator, on behalf of specialist pain medicine physician (SPMP), 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 patient experience survey is to help the SPMP improve their service and we would like to invite you to complete this survey.



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 SPMP based on this summary. Please be assured that you will not be identified.

The SPMP does not view individual forms. The administrator will destroy them after responses are included in a summary document.

Administrator: _____

Date of assessment: ___/___/___		Today's date: ___/___/___					
Name of specialist pain medicine physician:							
Please tell us your gender:		M <input type="checkbox"/>		F <input type="checkbox"/>			
Country of birth							
Preferred languages							
Age	<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
<p>For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:</p> <p style="text-align: center;">   1 is poor 5 is excellent </p>							
Please rate your pain medicine specialist for the following behaviours:							
1. Introducing themselves to you.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
2. Being polite.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
3. Making you feel at ease (being friendly, not cold or abrupt).		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
Are there any comments you would like to make?							

4. Assessing your pain (understanding your condition, asking/knowing details about your situation).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Are there any comments you would like to make?					
8. The pain medicine specialist was approachable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. I had confidence in the pain medicine specialist.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. I would be happy to see the pain medicine specialist again.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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?