



## CPD handbook appendix 2PPM

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### Patient experience survey (procedures in pain medicine) - guidelines

#### Purpose

The purpose of the patient experience survey is to obtain feedback from patients on the care they received from their specialist pain medicine physician (SPMP).

This activity contributes to the completion of one practice evaluation activity, directly relevant to the participant's practice of procedures in pain medicine.

Completion of the activity requires an administrator to distribute the survey and collate results. It is recommended, but not mandated, that a feedback provider is selected to discuss the results with the participant undertaking the activity. Participant can choose to complete the patient experience surveys as a group over a 2-6 week period (dependent on case load).

#### RELATED DOCUMENTATION

- Patient experience survey (procedures in pain medicine)
- Patient experience survey (procedures in pain medicine) summary form
- Patient experience survey confidentiality and CPD verification form

#### PRIOR TO CONDUCTING THE SURVEY

1. A co-worker or assistant is invited to be the administrator of the survey. For example, this could be an administrative staff member or nurse.

The role of the administrator is to:

- select a broad cross section of patients to be involved;
  - distribute the survey;
  - ensure patients do not feel under pressure to respond positively;
  - follow up on completed surveys; and
  - collate results when the minimum number of surveys have been returned and/or completed.
2. It is recommended, but not mandated, that a feedback provider is utilised. It is expected that the feedback provider will be a trusted colleague, who ideally has some experience in providing feedback.
  3. The administrator and feedback provider (if applicable) sign the confidentiality section of the Patient experience survey confidentiality and CPD verification form.

#### CONDUCTING THE SURVEY

4. Determine method of administration. To obtain the most meaningful result, the survey should be administered within two weeks of the procedure to reduce recall bias.

Specifically:

For inpatients: ideally on the day of the procedure, or the following day.

For outpatients: ideally on the day of the procedure, or complete after discharge with a return addressed envelope.

Please note: response rates differ depending on timing and method of administration. It is recommended that the same timing and method be used for each patient experience survey activity. If the survey is to be administered via a telephone after discharge, the same survey administrator should be used to contact all patients selected to participate in the survey.

5. The administrator should pre-determine a system to select patients to minimise bias. As a whole, the patient group used for the survey should reflect the general practice of the specialist(s) who is/are the subject of the survey.
6. It is suggested that administrators distribute approximately 20-30 surveys per specialist. Responses from a minimum of 15 surveys per specialist must be included on the survey summary form.
7. The administrator should provide the following information to patients:

Patients should be informed in advance that they might be asked to complete a patient experience survey regarding the care provided by the SPMP.

Should a patient be unable to complete the survey independently, the administrator could read the questions and record the patient's response for them. It is preferable for the administrator to provide help rather than family members, as they may influence the response of the patient.

The following is an **example** of a statement that could be used to facilitate discussion:

*"After your procedure, you may be asked to complete a patient experience survey about your pain medicine specialist.*

*<Select administration method and advise patient accordingly>*

*The survey will be given to you when you are in the hospital or procedure clinic*

*The survey will be given to you before you go home*

*<Insert name of administrator> will contact you by phone the day after you get back home.*

*The survey will be given to you before you leave the hospital or procedure clinic and should be returned in the postage paid envelope provided.*

*It should only take 10 mins to complete and the purpose of the survey is to identify areas of improvement and focus on professional development. We would appreciate your time to participate. Your feedback will remain anonymous"*

8. Collecting surveys administered in hard copy.  
Patients are more likely to provide honest, valid and reliable responses if they are assured that their responses will remain confidential. Along with the survey, patients should be provided with an envelope in which they can seal the completed survey.

A survey deposit box would be the ideal mechanism for patients to submit their response. If a survey deposit box were used, it would be helpful to have the name of the participant and the administrator on the envelope. The sealed envelopes can then be forwarded to the administrator. This is especially helpful if the department is conducting the survey as a group activity.

## **RESULTS AND FEEDBACK**

9. The administrator collates the results on the Patient experience survey (procedures in pain medicine) summary form.
10. After a minimum of 15 surveys has been entered on the survey summary form, the administrator sends the completed summary to the participant and the feedback provider (if applicable) so they can review the results.
11. After receiving the results, the feedback provider organises a feedback meeting as soon as possible after the summary has been received.
12. The participant and the feedback provider should meet for approximately 20-30 minutes to talk about the results of the survey. It is suggested that the participant be asked about any particular items on the survey that they may be concerned about and aspects of their practice they could improve upon.

13. The feedback provider then talks through the summary results for each item, discussing any issues that may arise from the results. The feedback provider may ask the participant to consider why they may have received negative results (if any) and discuss examples of how they approach those aspects of practice. The feedback provider should also help to prompt the participant to consider how they could improve the results (if needed) and possibilities for professional development.
14. The participant asks the administrator and feedback provider to sign the verification section of the patient experience survey confidentiality and CPD verification form.

### **RECORDING THIS CPD ACTIVITY**

Completion of this activity can be recorded on the CPD portfolio system.

Participant will be asked to provide the following information:

- Number of forms collected.
- Start and end date.
- Total hours.
- A copy of the survey used.
- A completed patient experience survey confidentiality and CPD verification form.

If a participant is selected to be involved in the random audit of CPD activities, the participant must provide evidence of the review. A copy of the survey used and the Survey Confidentiality and CPD Verification Form is acceptable. This form can then be uploaded to the CPD portfolio system.

The feedback provider may be contacted by the college to verify that the activity took place.