



CPD handbook appendix 3

Patient experience survey - Confidentiality and CPD verification form

Confidentiality

Participant: _____
Name of hospital: _____
Administrator: _____
Feedback provider: _____

Administrator – prior to commencement

I will undertake the role of administrator of the patient experience survey, paediatric patient/parent satisfaction survey, hyperbaric consultation patient experience survey or patient experience survey (procedures in pain medicine) for the purposes of the ANZCA and FPM CPD Program. After collating the results and completing the survey summary form, I will provide the original patient/parent survey forms and the only copy of the summary form to the feedback provider.

I will maintain as confidential:

1. Individual feedback from patients/parents.
2. All information regarding the performance of the participant on this practice evaluation activity.

I confirm that I have read, understood and agree to the above conditions to maintain the strictest confidentiality of the information collected in this practice evaluation activity.

Signed: _____

Date: ___/___/___

Feedback provider – prior to commencement

I will undertake the role of feedback provider in the patient experience survey, paediatric patient/parent satisfaction survey, hyperbaric consultation patient experience survey or patient experience survey (procedures in pain medicine) for the purposes of the ANZCA and FPM CPD Program. After providing feedback to the participant listed above, I will destroy the original survey forms and provide the participant with the only copy of the survey summary form.

I will maintain as confidential:

1. Individual feedback from responders.
2. All information regarding the performance of the participant on this activity.

I confirm that I have read, understood and agree to the above conditions to maintain the strictest confidentiality of the information collected in this practice evaluation activity.

Signed: _____

Date: ___/___/___

CPD verification

Feedback provider – after completion of activity

I confirm that as part of the patient experience survey process for _____
(Participant's name) a minimum of 15 surveys were included in the summary form provided to the participant and a meeting was convened to discuss the feedback obtained.

Signed: _____

Date: ___/___/___