

CPD handbook appendix 1DHM

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

A voluntary, quality improvement activity

Thank you for agreeing to be a part of this process. The administrator, on behalf of hyperbaric physician, 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 diving and hyperbaric medicine (DHM) patient experience survey is to help the hyperbaric physician 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 hyperbaric physician based on this summary. Please be assured that you will not be identified.

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

Administrator: _____

| | | | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|--------------------------------------|
| Date of consult: ___/___/___ | | Today's date: ___/___/___ | | | | | |
| Name of hyperbaric physician: | | | | | | | |
| Please tell us your gender: | | | | | | | |
| 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 hyperbaric physician for the following behaviours: | | | | | | | |
| 1. Did you feel you had a thorough consultation? | | | | | | Yes / No (circle) | |
| 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 <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? | | | | | | | |

3. Did you understand the information about your hyperbaric treatment that was given to you before your consultation? Yes / No (circle)

If yes, how useful did you find the information?

1 2 3 4 5

Are there any comments you would like to make?

4. Did you feel like your hyperbaric physician listened to you? Yes / No (circle)

Are there any comments you would like to make?

5. Did you feel rushed? Yes / No (circle)

Are there any comments you would like to make?

6. Did you feel scared or anxious before your appointment? Yes / No (circle)

If yes, how well did your hyperbaric physician manage your fear and anxiety? 1 2 3 4 5

Comments

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

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

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