

CPD handbook appendix 1PPM

Patient experience (procedures in 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: _____

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 procedure: ___/___/___ Today's date: ___/___/___

Name of specialist pain medicine physician:

Is this specialist your usual pain doctor? Yes No

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
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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. Being approachable and polite. 1 2 3 4 5

Are there any comments you would like to make?

<p>2. Assessing your pain (understanding your condition, asking details about your pain).</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>Are there any comments you would like to make?</p>	
<p>3. Clearly explaining the procedure to you, including how to prepare, what to expect during and after the procedure, potential risks and benefits, and any costs.</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>Are there any comments you would like to make?</p>	
<p>4. Answering all your questions regarding the procedure (listening and paying attention to what you were saying, not overlooking or dismissing your concerns).</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>Are there any comments you would like to make?</p>	
<p>5. Ensuring adequate staff providing appropriate care to you throughout the process of the procedure (including anaesthetist, nursing staff and radiographer)</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>Are there any comments you would like to make?</p>	
<p>6. Making you feel safe with the care provided by the staff and the facility where the procedure took place.</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>Are there any comments you would like to make?</p>	
<p>7. Assessing you after the procedure and explaining whether any difficulties or complications were encountered.</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>Are there any comments you would like to make?</p>	

8. Providing you with instructions on discharge and follow up arrangement.	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?	
9. If you had a positive or negative experience please tell us about it.	
10. Do you have any suggestions about how we could improve our service and care?	