



ANZCA and FPM CPD Program

Patient experience survey (procedures in pain medicine) - form

A voluntary, quality improvement activity

Thank you for agreeing to complete this survey. The purpose of this survey is to understand your experiences to help your specialist pain medicine physician improve their services to their patients.

The administrator who has given you this form is doing so on behalf of your specialist who 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.

Your feedback is confidential

Please give the completed form back to the administrator (named below) so they can summarise the results from all the individual patient forms onto a summary sheet. Please be assured that you will not be identified, as your specialist will only receive the summarised results and the administrator will confidentially dispose of your individual form.

Administrator's name: _____

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	<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
------------	---------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	--

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?

2. Assessing your pain (understanding your condition, asking details about your pain).

1 2 3 4 5

Are there any comments you would like to make?

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.

1 2 3 4 5

Are there any comments you would like to make?

4. Answering all your questions regarding the procedure (listening and paying attention to what you were saying, not overlooking or dismissing your concerns).

1 2 3 4 5

Are there any comments you would like to make?

<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>	
<p>8. Providing you with instructions on discharge and follow up arrangement.</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>9. If you had a positive experience, please tell us about it.</p>	

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

11. Do you have any suggestions about how we could improve our service and care?