



## FACULTY OF PAIN MEDICINE

### AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

#### TRAINING TOWARDS FELLOWSHIP OF THE FACULTY OF PAIN MEDICINE

## EXIT QUESTIONNAIRE

This questionnaire has been developed to gather feedback from candidates who have completed, or are about to complete, the training requirements for Fellowship of the Faculty of Pain Medicine. It would be appreciated if all candidates could complete and return the questionnaire. Your responses can influence the future development of training.

The Faculty values frank evaluations and comments. In order to encourage honest and complete disclosure, the Faculty Board has agreed that:

- 1) No training time will be retrospectively unaccredited as a result of information provided on the Exit Questionnaire, even if that information implies that the training does not meet all requirements; and
- 2) Your confidentiality will be protected by the following formal process:
  - a) Initially you should complete the questionnaire by giving only responses that you are happy for your Supervisor of Training (SOT) to read. Take this version with you to your final meeting (exit interview) with your SOT for discussion. This is the only direct feedback your SOT will receive regarding your training experience. The SOT will make a copy for their records and advise the Faculty of their action plan for remedying any deficiencies you have identified in the local training program.
  - b) Then, if there are changes or additional comments you wish to make *in confidence* to the Faculty, complete the section at the bottom of the questionnaire before dispatching it directly to the Faculty.
  - c) A sub-committee of 4 persons will have access to the raw data and respect its confidentiality – the Chairman of the Hospital Accreditation Committee, the Chairman of the Education and Training Committee, the Supervisor of Supervisors of Training and the Dean ex officio (if your SOT is one of these people they will be excused from the committee so that your confidentiality will be protected. This sub-committee will de-identify data for further analysis and presentation to the Education & Training Committee.
  - d) A general summary will be prepared for feedback to Trainees, Supervisors of Training and Directors of Training Units.

In the past, Trainees' comments or explanations of answers have been most helpful in directing changes and improvements in the training program. Please comment in the space provided after each question and use additional space as needed.

1. In your opinion, was the level of training appropriate? Yes  No

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2. During your training in a Faculty Accredited Pain Medicine Unit, were your out-of-hours rostered duties predominantly in Pain Management? Please give an approximate percentage. Yes  No

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Please give an approximate percentage of out-of-hours rostered duties spent in your primary specialty

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3. Did you maintain a log book? Yes  No

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4. Did you complete your Case Report? Yes  No

How could the Faculty improve your capacity to present your Case Report?

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5. During your training, how adequate was your exposure to the following disciplines:

	None	Modest	Adequate	Excellent	Too much
Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology and Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6. During your training, how adequate was your exposure to the following paramedical disciplines?

	None	Modest	Adequate	Excellent	Too much
Clinical Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. Were you involved in interdisciplinary meetings? **Yes**  **No**

	Weekly	Fortnightly	Monthly	other
How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you present cases at these meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. Did you participate in acute pain management rounds? **Yes**  **No**

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Did you have consultant supervision on these rounds? **Yes**  **No**

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9. Were you offered access to regular tutorials? **Yes**  **No**

	Weekly	Fortnightly	Monthly	other
How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how do you rate your tutorial program?	poor	moderately helpful	good	excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Were you involved in the teaching of undergraduate and graduate medical, nursing and paramedical personnel? **Yes**  **No**

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11. Were you involved in regularly scheduled quality improvement/ peer review activities? **Yes**  **No**

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12. Do you feel you had appropriate access to research activities? **Yes**  **No**

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13. During your training, how much support did you receive in the following areas of your professional development?

	None	Modest	Adequate	Excellent	Too much
Review of prior medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for external medical consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection of appropriate investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multidimensional diagnostic formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical / Pharmacological pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selecting and preparing patients for cognitive behavioural programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selecting and preparing patients for relaxation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational counselling including work hardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selecting and preparing patients for invasive pain management procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing invasive pain management procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing to referring practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing medicolegal reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Did you have access to appropriate physical facilities, such as:

- Consulting and examination rooms **Yes**  **No**
- Procedure rooms with adequate equipment and staffing **Yes**  **No**
- Personal office space **Yes**  **No**
- Access to in-patient beds **Yes**  **No**
- Adequate library with all recommended major texts, journal articles and reviews **Yes**  **No**
- Internet / email access **Yes**  **No**

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15. During your training, how adequate was your exposure to the following patient groups?

- |                                       | None                     | Modest                   | Adequate                 | Excellent                | Too much                 |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Patients with acute pain              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients with chronic non-cancer pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients with cancer-related pain     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elderly patients                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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16. How much 1:1 teaching did you receive during your training?

- None**
- Modest**
- Adequate**
- Excellent**
- Too much**

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17. During your orientation to the unit, were you provided with appropriate stress management techniques and advice to prepare you for dealing with pain patients?

- Yes**  **No**

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18. Did you experience significant personal psychological stress whilst working with pain patients?

- Yes**  **No**

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19. Were you able to easily ask members of the multidisciplinary team for guidance and assistance to manage this personal stress? Yes  No

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20. Did you have a safe working environment at all times? Yes  No

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21. Please rate your year of experience *overall*, where a rating of 1 is entirely unsatisfactory for professional training and a rating of 10 is one which would be awarded to a Centre which provided more than adequately for all your needs as a trainee in pain management.

1  2  3  4  5  6  7  8  9  10

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22. Do you have any other comments which may be of assistance in the development of future training programs?

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Training Unit \_\_\_\_\_

Trainee (Print Name) \_\_\_\_\_

Signed \_\_\_\_\_ (Trainee) Date \_\_\_\_\_

Signed \_\_\_\_\_ (Supervisor of Training) Date \_\_\_\_\_

