RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

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# Paediatric Carers of Children Feedback Form for Neonatal and Paediatric Intensive Care (PaedCCF ICU)

Doctor's surname

Doctor's initials

Doctor's GMC number

Unique form number 0

Please **use black ink and put a cross** to indicate your choice(s) for each question e.g ☒ or write within the spaces provided. Use N/A (not applicable) if the question is not relevant.



| | Not at all / worst I would expect 1 | Less than I would expect 2 | Same as expected 3 | More than I would expect 4 | Best / most I would expect 5 | N/A |
|---|---|---|---|---|---|---|
| 1. **How much chance** were you given to discuss or do the things you wanted during the meeting(s)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not at all / worst I would expect 1 | Worse/less than I would expect 2 | Same as expected 3 | More/better than I would expect 4 | Completely / most I would expect 5 | N/A |
|---|---|---|---|---|---|---|
| 2. How well do you **understand your baby/child's condition(s)** now you have seen the doctor? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How well do you **understand your baby/child's treatment(s)** now you have seen the doctor? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. How well did the doctor explain the **risks of your baby/child's condition**? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. How well did the doctor explain the **risks of the treatment** of your baby/child's condition? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. **How well do you understand** how you can contribute to your baby/child's care now you have seen the doctor? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Worst / least I would expect 1 | Worse/less than I would expect 2 | Same as expected 3 | More/better than I would expect 4 | Most/best I would expect 5 | N/A |
|---|---|---|---|---|---|---|
| 7. How **good with your baby/child** is this doctor? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. How **good with you** is this doctor? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. How much was the doctor interested in **your point of view** when he/she was asking questions? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. How much was the doctor interested in **your point of view** when he/she was planning and explaining things? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. How much was the doctor interested in **your child's point of view**? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. How well do you feel the doctor **listened** to you? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |


Modified from SHEFFPAT – Crossley et al (2005) Children and their parents assessing the doctor–patient interaction: a rating system for doctors' communication skills. Medical Education 39: 820–828

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| | Worst / least I would expect | Worse/less than I would expect | Same as expected | More/better than I would expect | Most/best I would expect | |
|---|---|---|---|---|---|---|
| | *1* | *2* | *3* | *4* | *5* | *N/A* |
| 13. How well do you think the doctor **understood** you? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. How well did the doctor **explain** things? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. How much information did this **doctor give you on where you can find further information or support** available for you and/or your child? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. How well did the doctor **respect** your baby/child's right to privacy, dignity and confidentiality? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Overall, **how satisfied** are you with the doctor in this meeting(s)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |



Please write in the space below if there is anything else you would like to add about this meeting(s) e.g.was anything especially helpful; was there anything else that would have improved the meeting(s) with your child's doctor. Please print your feedback clearly.

Your Gender ☐ *Male* ☐ *Female*

Your ethnic group

| | | | |
|---|---|---|---|
| ☐ *British* | ☐ *Other White background* | ☐ *African* | ☐ *Chinese* |
| ☐ *White and Caribbean* | ☐ *White and Asian* | ☐ *Other Black background* | ☐ *Middle Eastern* |
| ☐ *Indian* | ☐ *White and African* | ☐ *Bangladeshi* | ☐ *Any other ethnic group* |
| ☐ *Other Asian Background* | ☐ *Caribbean* | ☐ *Pakistani* | ☐ *I do not wish to answer* |

Who is filling out this form? ☐ *Parent/Carer* ☐ *Child/Young Person* ☐ *Interpreter/Helper (e.g. clinic staff/nurse/other)*

How many times have you seen the doctor? ☐ *0* ☐ *1-4* ☐ *5-9* ☐ *10+*

What is the age of the baby/child/young person?

Completed Years: ☐
Completed Weeks: ☐ (enter weeks ***only*** if less than 1 year old)

If your child helped to complete this form, please check the box ☐

It is really important for doctors to receive feedback on the care that they provide so that they can ensure that they are giving the care that families need. We are therefore grateful to you for taking the time to fill in this short form.
The information is entirely confidential and the doctor concerned will not see the form. Your responses are combined with many other people's responses by the Royal College of Paediatrics and Child Health and fed back to the doctor anonymously.
**Thank you again for your help.**


Modified from SHEFFPAT – Crossley et al (2005) Children and their parents assessing the doctor–patient interaction: a rating system for doctors' communication skills. Medical Education 39: 820–828