

Departmental 360° and family feedback

1. 360° by colleagues

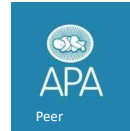
Colleagues are invited to help the departments self assessment by offering 360° feedback. The process is focused on the paediatric anaesthetists **as a department** and their organization and practice. It is hoped that colleague appraisal will highlight areas of good practice and make the department more aware of problems which can be addressed. If colleagues have concerns about the judgement, clinical skills, working habits or probity of any member of the department, they should report them formally through the normal channels.

People to contact could include

- Anaesthetic Lead Clinician or head of department
- Surgeons with paediatric practice
- Consultant paediatricians
- Chief Executive
- Medical Director
- Theatre manager
- Directorate business manager
- Anaesthetic secretary or administration staff
- Senior ODP or anaesthetic nurse
- Senior recovery nurse
- Senior ward nurses from surgical inpatient wards and day surgery ward
- Play specialist
- Pain team
- Anaesthetic trainees
- PICU Consultant
- ED Consultant
- Local retrieval team

2. Child/family feedback

Children and their families are also invited to help in the departments self assessment by completing feedback. The questionnaire is given to the family of every child under the care of paediatric anaesthetists in the hospital for 1-2 weeks depending on the throughput of cases and the rate of return of the questionnaires.



APA Peer Review. Colleague Feedback

The anaesthetic department is currently preparing for a Peer Review by the Association of Paediatric Anaesthetists. This is a voluntary process to recognize and improve the quality of our paediatric anaesthetic service. Part of the departmental self assessment includes feedback from fellow professionals. We would therefore be grateful if you could answer some, or all, of the questions. Some will not be applicable to everyone.

Unlike 360° appraisal of an individual, this is an open assessment of the paediatric anaesthetists **as a department**. Please identify yourself, and talk about your working relationships with the paediatric anaesthetists as a group, their organization and working practices.

Any concerns about an individual member of the department should be dealt with separately in the normal way.

We appreciate any comments and will use them constructively to improve our service.

1. How is the paediatric anaesthetic department perceived? What are the strengths and weaknesses?

2. Is the clinical service delivered by the group of high quality? Do you have any concerns about the delivery of the anaesthetic service?
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3. Do the anaesthetists work as a team with each other and with colleague? Do consultant anaesthetists help each other with difficult cases?

4. What are the formal relationships with other colleagues, multidisciplinary groups and clinical teams? Do these working relationships function effectively?

5. What are the informal working relationships with colleagues? Does collaboration on management of lists, theatre workload and care for individual patients function effectively?

6. Is there a system for dealing sensitively with colleagues whose clinical or professional standards fall below an acceptable level?

7. Are there flexible arrangements to cover for absent colleagues? Do they work?

8. Are anaesthetists effective in utilization of theatre time and provision of emergency support in and out of hours?

9. Are staffing levels sufficient? Are there problems with recruitment and retention?

10. Is there effective planning for equipment, staffing and budget management?

Any other comments?

Many thanks. Please return your questionnaire to