Dental ePortfolio





Information Sheet 6 – Using the Patient Satisfaction Questionnaire

Introduction

The Patient Satisfaction Questionnaire (PSQ) within the ePortfolio is a paperless system. It is set up by the trainee and requires the use of an electronic tablet, or similar, to obtain the input from patients. The questionnaires on the tablet are offered to the selected patients by a practice or clinic team member whose login is linked to the trainee's ePortfolio by the trainee. There is a requirement for a minimum of 20 completed questionnaires, at which point a report can be moderated and published by the trainee's Educational Supervisor

Commencing a PSQ

One or more team members create Team Member accounts using the Register Team Member function on the login page of the ePortfolio. The team members can be members of the reception team or members of the DCP team who will be able to liaise with the patients and ask for their participation.

The team member will be asked to use their GDC/GMC number as a username, but if they do not have one, they use an email address (work or practice email suggested).



Linking Team Members

The trainee starts the PSQ by using the 'Commence Patient Satisfaction Questionnaire' button in the ePortfolio. The next task is to link the team member(s) to the ePortfolio by entering their email address and then searching for their account on the system.

When their account has been found, the team member can be linked to the ePortfolio. Several team members can

Email

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Link

be linked and each will then have the ability to log in and to offer questionnaires to patients. Alternatively if one practice email address is linked, different people could log in with that.

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Address:		r	
a@ckanFielD.co			
		Email Address	
Darwin		dora@cranfield.co	Add
d Receptionist/Team Members	ummary R	aport	
Name	Email A	ddress	Actions



Devices for Questionnaires

Ideally a simple Tablet device will be used for the patients to complete the questionnaires. The requirements for the device are not rigorous; just an ability to connect to the internet and a display screen that allows easy reading and writing of the information. Cheap tablet devices can be purchased form many major stores for less than £50.00 (e.g. Amazon Fire). The tablet can be disinfected/cleaned with alcohol wipes between patients.

Using the Questionnaire

When a linked team member logs in to the ePortfolio they will be shown a screen which will contain a panel for each trainee to whom they are linked. In a clinic or practice with several trainees, it will help considerably if a clear photograph of each trainee is visible.

Darwin, Charli	e 🖾 peter@cranfield.co
	Patient Satisfaction Questionnaire - Dental Foundation Training 50 consecutive patients of Charlie Darwin within a 4-week period commencing from 26/10/2020 need be asked to complete a Patient Satisfaction Questionnaire form on a computer/tablet. Please use the button below to make the form available to each patient and when it has been completed and returned to you, please make sure the 'Complete' button on that form has been pressed and the form has become locked. Start Patient Satisfaction Questionnaire for Charlie Darwin 0 Patient Satisfaction Questionnaires completed for Charlie Darwin (minimum 20 completed are required)
10	
Mccormack, J	ared Sigred_mccor_82@gmail.co
	Patient Satisfaction Questionnaire - Dental Foundation Training 50 consecutive patients of Jared Mccormack within a 4-week period commencing from 28/06/2020 need be asked to complete a Patient Satisfaction Questionnaire form on a computer/tablet. Please use the button below to make the form available to each patient and when it has been completed and returned to you, please make sure the 'Complete' button on that form has been presed and the form has become locked.

Clicking on the 'Start Patient Satisfaction Questionnaire' button will open a new questionnaire for the trainee and the tablet can then be passed to the patient (or their carer) for them to complete.

Home									Do	ra Darwin 👻
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						dia di	23.0		
Patient Satisfaction Question	naire fo	or Ch	narlie	e Da	rwin					
Thank you for taking the time to complete this confidential and completely anony so that he/she can improve the way they deliver your care.	mous question	nnaire. It v	will give th	ne dentist	named a	bove val	uable info	rmation a	about hov	v you feel
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot	cate how well y of the form.	ou feel th	ne dentist	has perfo	rmed for	each sta	tement dı	uring your	r appointi	ment
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot Please indicate how well the dentist:	cate how well y of the form.	you feel th	ie dentist	has perfo	rmed for	each sta	tement du	uring your	r appointi	ment
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot Please indicate how well the dentist:	cate how well y of the form. Develo	you feel th	ne dentist Required	has perfo	rmed for atisfacto	each sta ry	tement du O	uring your	r appointi ng	Not observed
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot Please indicate how well the dentist:	cate how well y of the form. Develo	you feel th opment R	e dentist equired 3	has perfo S	atisfacto	each sta ry 6	tement du O 7	uring your uutstandii 8	ng 9	Not observed N/A
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot Please indicate how well the dentist: Greeted you and made you feel welcome	cate how well y of the form. Develo 1	opment R	e dentist	has perfo	atisfacto	each sta ry 6	o 7	utstandin 8	ng 9	Not observed N/A
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot Please indicate how well the dentist: Greeted you and made you feel welcome Helped you feel at ease	Cate how well y of the form.	ppment R	equired 3 0	s s	atisfacto	each sta	rement du	utistandii 8 0	ng 9 0	Not observed N/A
Please use the 9 point scale (1 being very poor and 9 being excellent) to indi today. If you have time, please add comments in the space provided at the foot Please indicate how well the dentist: Greeted you and made you feel welcome Helped you feel at ease Listened to you and to your questions	Develo	ppment R	tequired 3 0	s 4	atisfacto	each sta ry 6 0	7 0 0 0	utstandin 8 0	ng 9 0	Not observed N/A

Once the questionnaire is complete, clicking on the 'save and complete' button will end the process and the tablet can be returned to the team member.

Please add any furthe	comments you may wish	to make below:				
				0- K- K 0 K-		
		Click here to save and	complete the Patient	Satisfaction Question	naire	

PSQ Report

Once a minimum of twenty questionnaires have been completed, the Educational Supervisor will be able to view, moderate and publish the PSQ Report. The scored feedback will be visible as a heat map, whilst the text comments can be moderated and set for 'publish' or 'not publish'. Once the Educational Supervisor has published the report it will be visible to all. The Report can be 'un-published' if more questionnaires are completed, and then published again.

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Patient Satisfaction Questionnaire [Click to toggle additional information]											1000		
The total number for each category are summarised below, with 1 meaning 'very poor'	and 9 m	eaning 'e:	xcellent".								er	Publish	1
At the end of the summary sheet are comments given on the feedback forms. Please	review th	ese and p	place a tic	k by any	comment	s that sho	ould not I	be publisi	ned.		vish to		
At the end of the report please summarise your feedback on the questionnaire results, excellent in all areas except "listening to you" where respondents felt she was only av	. This is terage.)	o help hig	hlight any	rtrends i	n the resp	ionses giv	ven for yo	our FD. (I	Eg My F	D was			
Linked Receptionist/Team Members Summary Report										_			
21 Patients have provided feedback. You have set 18/21 comments to be published and 3/21 comments to NOT be publish	ed.										Select a	ll to publish	
There are still 1/21 comments waiting to be published/not published.												Yes	
									Publis	n Report		○ No	
	143	6	12.00		100 A	1000				-		Yes	
	Develo	pment R	equired	S	atisfacto	ry	0	utstandii	ng	Not observed		○ No	
	1	2	3	4	5	6	7	8	9	N/A		Yes	
Greeted you and made you feel welcome	0	1	0	1	1	0	6	8	4	0		O No	
Helped you feel at ease	0	1	0	0	2	0	3	10	5	0		V	

When a report has been published and is complete, the Education Supervisor can authorise another PSQ to be undertaken by clicking on the 'Start Repeat' button.

Unpublish Report	Start	Repea	t for Pa	tient Sat	isfactio	n Ques	stionnaire
Development	0				4-4 I		
Required	Sa	tistacto	bry	Ou	tstand	ing	observed
		-		_			



Sample DFT PSQ

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	-	100	h., 1	

Patient Satisfaction Questionnaire for Charlie Darwin

Thank you for taking the time to complete this confidential and completely anonymous questionnaire. It will give the dentist named above valuable information about how you feel so that he/she can improve the way they deliver your care.

Please use the 9 point scale (1 being very poor and 9 being excellent) to indicate how well you feel the dentist has performed for each statement during your appointment today. If you have time, please add comments in the space provided at the foot of the form.

Please indicate how well the dentist:

	De	evelopme Required	ent I	S	atisfacto	ry	0	utstandi	ng	Not observed
	1	2	3	4	5	6	7	8	9	N/A
Greeted you and made you feel welcome	0	0	0	0	0	0	0	0	0	0
Helped you feel at ease	0	0	0	0	0	0	0	0	0	0
Listened to you and to your questions	0	0	0	0	0	0	0	0	0	0
Showed you respect and courtesy	0	0	0	0	0	0	0	0	0	0
Explained treatment choices clearly and thoroughly to you in terms you understood	0	0	0	0	0	0	0	0	0	0
Communicated costs of treatment well and appropriately	0	0	0	0	0	0	0	0	0	0
Gave you time to think and ask questions	0	0	0	0	0	0	0	0	0	0
Answered any questions you had	0	0	0	0	0	0	0	0	0	0
How confident you felt with the dentist: *										
Would you recommend the dentist to a friend or member of your family *										
O Yes O No										
Did you feel discriminated against in any way *										
⊖ Yes ⊖ No										
Please add any further comments you may wish to make below:										
										li
Click here to save and complete	the Patie	ent Satis	faction G	uestion	naire					



Please indicate how well the dentist:	De	evelopme	ent	S	atisfacto	ry	0	utstandii	ng	Not
	1	Required	3	4	5	6	7	8	9	observe N/A
ntroduced themselves on greeting you and make you feel welcome?	0	0	0	0	0	0	0	0	0	0
reated you politely with respect and dignity at all times including xamination?	0	0	0	0	0	0	0	0	0	0
explained your condition and treatment choices clearly to you in terms you understood?	0	0	0	0	\bigcirc	0	0	0	0	0
Nade you feel at ease to raise all your concerns?	0	0	0	0	0	0	0	0	0	0
istened carefully to you and your questions?	0	0	0	0	0	0	0	0	0	0
nvolved you in deciding your care plan?	0	0	0	0	0	0	0	0	0	0
nspired your trust and confidence in them?	0	0	0	0	0	0	0	0	0	0
and you confidence to recommend them to your family or friends?	0	0	0	0	0	0	0	0	0	0

October 2020