

Information Sheet 6 v2 – Using the Patient Satisfaction Questionnaire

Introduction

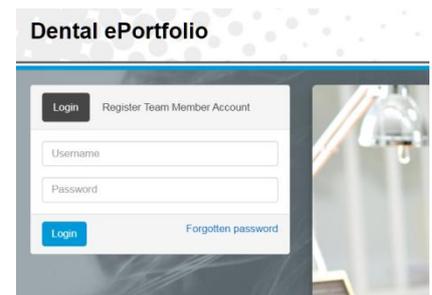
The Patient Satisfaction Questionnaire (PSQ) within the ePortfolio is designed as a paperless system. It is set up by the trainee and is actioned by:

- The patient using a practice electronic tablet, or similar, to access the questionnaire.
- The patient, or an accompanying person or carer, accessing the questionnaire on their own phone or tablet via a QR link.

The questionnaires are offered to the selected patients on a tablet or via QR code, 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

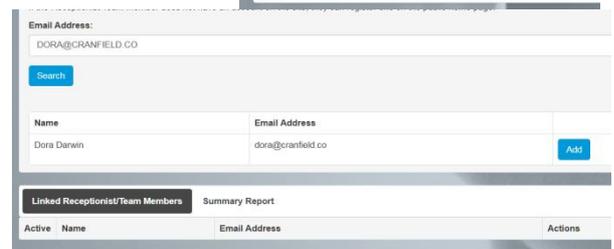
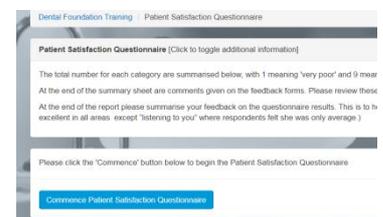
One or more team members create Practice/Team Member accounts using the 'Register Team Member Account' function on the login page of the ePortfolio. The team member account holders can be members of the reception team or members of the Dental Care Professional team who will be able to liaise with the patients and ask for their participation. It is also possible for a trainee to create a Practice/Team Member account. The Practice/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 Practice/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 Practice/Team Member can be linked to the ePortfolio. Several Practice/Team Members can 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.



Devices for Questionnaires

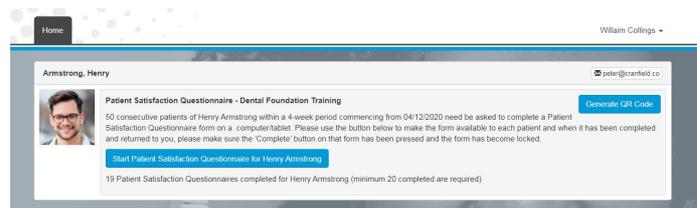
If a Tablet device is to be used for the patients to complete the questionnaires, the requirements for the device are not rigorous; just an ability to connect to the internet and a display screen that allows easy reading and writing of the information. Cheap tablet devices can be purchased from many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

If the patient or an accompanying person is to use their own smart device/phone via the QR code, it needs to have a data connection and a touch screen.

In those circumstances where it is not possible for a patient, or alternatively an accompanying person or a practice/team member assisting a patient, to complete a questionnaire using a smart device, it is possible to complete a printed paper copy of the questionnaire and then transcribe the information to a smart device or computer at a later time. There are further details below.

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. There are two buttons in each panel. One button generates a QR code, the other commences a questionnaire on that device.



Using the QR Code

When the QR Code button is pressed, a screen will appear showing a QR code square that provides a link directly to a questionnaire, together with a picture of the trainee to whom the questionnaire relates. At the top of the screen is a print button, and at the bottom is the date of expiry of that code (it will last about 30 days before needing renewal). If the page is printed, the printed sheet can be used by the Team Member so that patients can use their own smart phone or device to go straight to a questionnaire for the relevant trainee. The printed sheet can be laminated and thus be kept clean.



If a remote video consultation has taken place, the QR code sheet can be held to the camera and scanned over the video link, thus allowing the patient to access the questionnaire remotely.

Using the Tablet Device

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

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.

If the questionnaire appears not to save, it is probably because a section remains to be completed and the patient will need to scroll upwards to locate this.

Patient Satisfaction Questionnaire for Henry Armstrong

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 5 point scale (if being reviewed) 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 top of the form.

Please indicate how well the dentist:

	Development Required					Satisfactory			Outstanding		Not observed
	1	2	3	4	5	6	7	8	9		
Credible you and made you feel welcome	<input type="radio"/>										
Helped you feel at ease	<input type="radio"/>										
Listened to you and to your questions	<input type="radio"/>										
Showed you respect and courtesy	<input type="radio"/>										
Explored treatment choices clearly and thoroughly to you in terms you understood	<input type="radio"/>										
Communicated costs of treatment well and appropriately	<input type="radio"/>										
Gave you time to think and ask questions	<input type="radio"/>										
Answered any questions you had	<input type="radio"/>										

How confident you felt with the dentist: *

To what degree the appointment felt easy and not too rushed: *

Would you recommend the dentist to a friend or member of your family? *

Yes
 No

Did you feel discriminated against in any way? *

Yes
 No

[Click here to save and complete the Patient Satisfaction Questionnaire](#)

Alternative Methods

If a patient is unable to use a smart device for any reason or is not in possession of a suitable device and no practice Tablet is available, it is possible for a team member to assist with the process by working with a patient to complete a questionnaire on a computer or on an alternative smart device in their possession. This will take time and will require the attention of that team member whilst the process takes place.

Another alternative it to print a paper copy of the questionnaire page (this will take two sheets of paper) and ask the patient or their accompanying person to complete it with a pen or pencil. The completed sheet will then need to be transcribed (accurately) at a later time to a blank questionnaire page on a smart device or on a computer.

PSQ Report

The ePortfolio keeps a record of the number of completed questionnaires and displays this on the Team Members' log-in page. 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.

Patient Satisfaction Questionnaire [Click to toggle additional information]

The total number for each category are summarised below, with 1 meaning 'very poor' and 9 meaning 'excellent'.
At the end of the summary sheet are comments given on the feedback forms. Please review these and place a tick by any comments that should not be published.
At the end of the report please summarise your feedback on the questionnaire results. This is to help highlight any trends in the responses given for your FD. (Eg My FD was excellent in all areas except 'listening to you' where respondents felt she was only average.)

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 published.
There are still 1/21 comments waiting to be published/not published.

[Publish Report](#)

	Development Required			Satisfactory			Outstanding			Not observed
	1	2	3	4	5	6	7	8	9	N/A
Greeted you and made you feel welcome	0	1	0	1	1	0	6	8	4	0
Helped you feel at ease	0	1	0	0	2	0	3	10	5	0

0 0

or wish to **Publish**

Select all to publish

Yes
 No

Yes
 No

Yes
 No

Yes
 No

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 Repeat for Patient Satisfaction Questionnaire](#)

Development Required	Satisfactory	Outstanding	Not observed

Sample DCT PSQ

 **Patient Satisfaction Questionnaire for Susan White**

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:

	Development Required			Satisfactory			Outstanding			Not observed
	1	2	3	4	5	6	7	8	9	N/A
Introduced themselves on greeting you and make you feel welcome?	<input type="radio"/>									
Treated you politely with respect and dignity at all times including examination?	<input type="radio"/>									
Explained your condition and treatment choices clearly to you in terms you understood?	<input type="radio"/>									
Made you feel at ease to raise all your concerns?	<input type="radio"/>									
Listened carefully to you and your questions?	<input type="radio"/>									
Involved you in deciding your care plan?	<input type="radio"/>									
Inspired your trust and confidence in them?	<input type="radio"/>									
Gave you confidence to recommend them to your family or friends?	<input type="radio"/>									

Please add any further comments you may wish to make below:

[Click here to save and complete the Patient Satisfaction Questionnaire](#)

Sample DFT PSQ



Patient Satisfaction Questionnaire for Henry Armstrong

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:

	Development Required			Satisfactory			Outstanding			Not observed
	1	2	3	4	5	6	7	8	9	N/A
Greeted you and made you feel welcome	<input type="radio"/>									
Helped you feel at ease	<input type="radio"/>									
Listened to you and to your questions	<input type="radio"/>									
Showed you respect and courtesy	<input type="radio"/>									
Explained treatment choices clearly and thoroughly to you in terms you understood	<input type="radio"/>									
Communicated costs of treatment well and appropriately	<input type="radio"/>									
Gave you time to think and ask questions	<input type="radio"/>									
Answered any questions you had	<input type="radio"/>									

How confident you felt with the dentist: *

To what degree the appointment felt/did not feel rushed: *

Would you recommend the dentist to a friend or member of your family *

Yes

No

Did you feel discriminated against in any way *

Yes

No

Please add any further comments you may wish to make below:

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December 2020