

Completion of Patient Satisfaction Questionnaires (PSQ) on paper & Procedure for uploading onto Axia

Attached is a paper copy of the Patient Satisfaction Questionnaire.
This can be printed out on paper and given to patients to complete.

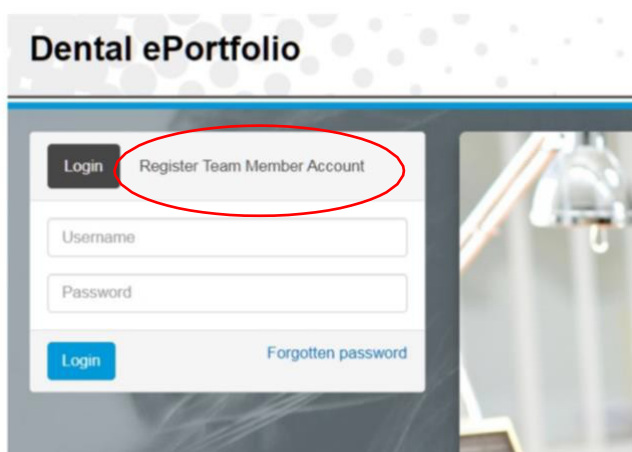
The agreed minimum number of 20 must be uploaded by the Final RCP in July.

The paper questionnaires collated can be transferred to the DCT Axia portfolio subsequently.

Process to transfer to the Axia portfolio:

This can be done by the DCT, Educational Supervisor or any other colleague of choosing.

1. To be able to complete the PSQs it is essential to “register a team member account”.



It is important to note that this account must have a different email address to any existing Axia accounts.

A GDC/ GMC number is not required for this account.

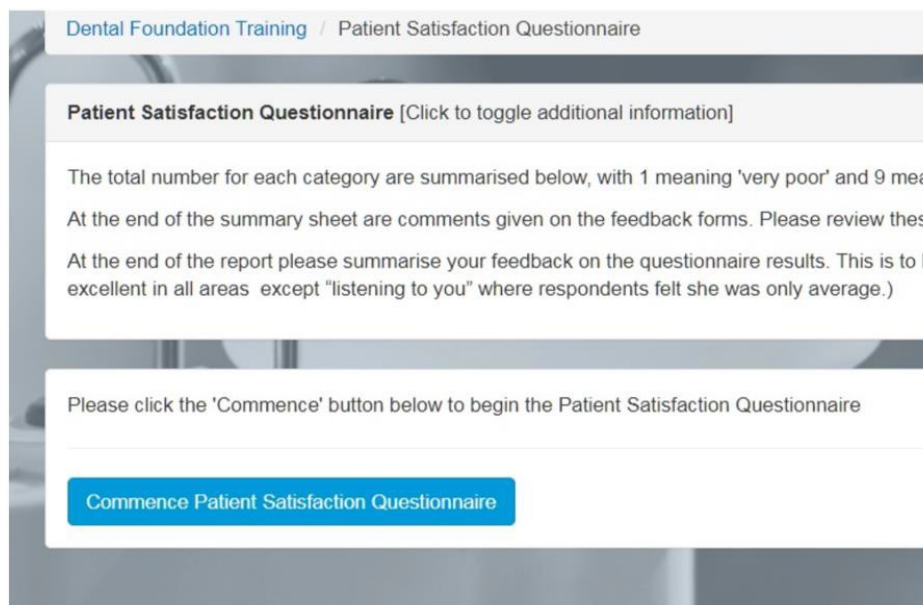
The account can be registered by: -

- the DCT themselves
- Educational Supervisor
- Any other member of the team

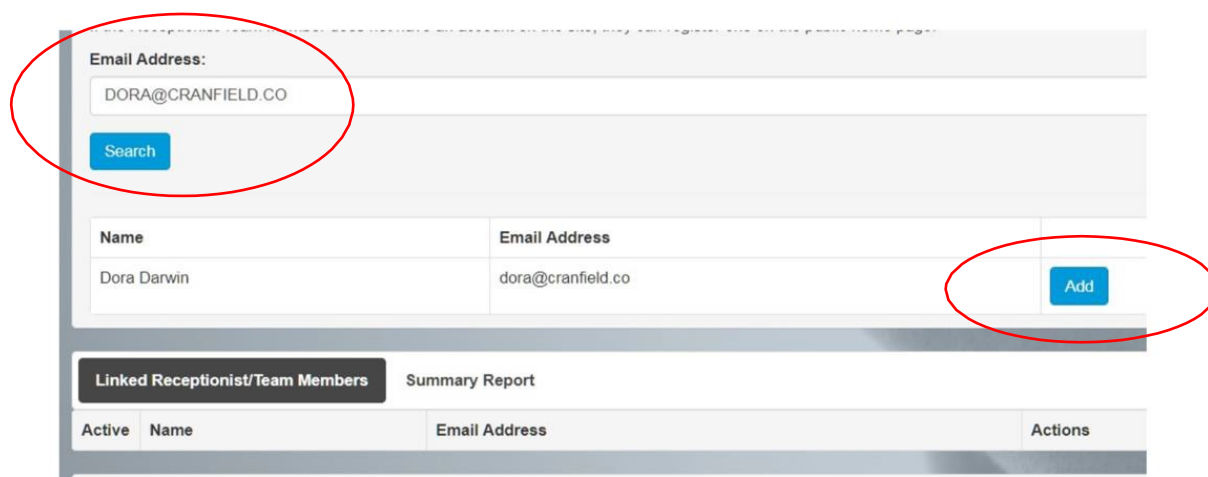
There can be more than one registered for uploading PSQs if required.

- Next, the DCT needs to Link this **Team Members** account.

The trainee starts by using the 'Commence Patient Satisfaction Questionnaire' button in the ePortfolio.



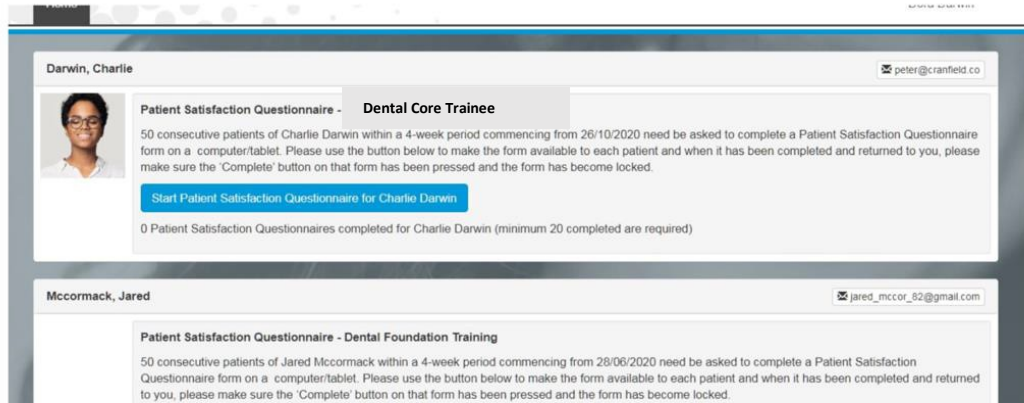
- The DCT links the team member(s) account to the ePortfolio by entering their email address (as per email address used to set up the team member account) and then searching for their account on the system.



Press the blue "Add" button. The link is complete

- Once the **team member** is linked, they can log into Axia and select the relevant DCT trainee (in case more than 1 is linked).

The team member will have a button to ‘Start Patient Satisfaction Questionnaire’.



- This will open a new questionnaire for completion.

The details from the paper form can be copied into this & completed.

Patient Satisfaction Questionnaire

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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treated you politely with respect and dignity at all times including examination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained your condition and treatment choices clearly to you in terms you understood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made you feel at ease to raise all your concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listened carefully to you and your questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involved you in deciding your care plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired your trust and confidence in them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave you confidence to recommend them to your family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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