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| **Scottish Adult Oral Health Survey 2017-2018****qi (Research) REFLECTIVE REPORT** |

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| **Dentist Name:**  |  |
| **GDC Number:**  |  |
| **Date completed reflective report uploaded to Portal** |  |

To make the most of your participation in the Scottish Adult Oral Health Survey (2017-2018), it is recommended that you reflect on the information provided within your individual data summary, the national data summary and the quality improvement action plans you have developed and implemented.

**If you wish to claim QI (Research) Hours you must complete this reflective report and submit it along with a copy of your action plans.**

When completing this report you are asked to summarise:

* your own perceptions of the SAOHS electronic submission process thinking about the positive aspects of the current data collection system and aspects which could be improved;
* your own reflections on the barriers to making quality improvements or maintaining the quality of dental care delivery in your practice and what steps you will take to overcome them;
* your own reflections on the facilitators to making quality improvements or maintaining the quality of dental care delivery in your practice and how you will build on these facilitators;
* your own overall learning from making use of SAOHS data to support quality improvement within your own practice.

**All text boxes have an unlimited character field and will expand automatically as required.**

The information you provide in this reflective report will be kept confidential. Anonymised information may be analysed to help inform quality initiatives in NHS primary care dental practice. It will not be possible to identify you or any of your patients in any report or other publication arising from this QI project.

**Scottish Adult Oral Health Survey - Reflective Report**

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| **Dentist Name:**  |  |
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**Your perceptions of the Scottish Adult Oral Health Survey electronic submission process:**

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| **Area for reflection** | **Summarise your personal reflections (including recommendations for improvement where appropriate)** |
| Aspects of the current data collection system that you perceived to be positive. Please tell us why.(Choose a maximum of 3 positive factors) |  |
| Aspects of the current data collection system that you believe could be improved. Please tell us how.(Choose a maximum of 3 factors for improvement) |  |

**The barriers and facilitators to making quality improvements or maintaining the quality of dental care delivery in your practice**

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| **Areas for reflection** | **Summarise your personal reflections** |
| Your own reflections on the barriers to improving or maintaining the quality of dental care delivery in your practice and how you plan to overcome these. |  |
| Your own reflections on the facilitators to improving or maintaining the quality of dental care delivery in your practice and how you will build on them. |  |

**Your own overall learning from making use of SAOHS data to support quality improvement within your own practice.**

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| **Area for reflection** | **Your reflection** |
| Your own overall learning from taking part in the survey and using Scottish Adult Oral Health Survey data to support quality improvement within your practice.  |  |