**SPSP in Dentistry Dental Safety Climate Survey**

**Research Audit Hours Reflective Report**

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| --- | --- |
| **Dentist Name:** |  |
| **GDC Number:** |  |
| **Date questionnaire completed:** |  |
| **Date of practice meeting:** |  |
| **Date submitting the completed report:** |  |

**Instructions:**

In order to be credited with 3 research audit hours for your participation in the Dental Safety Climate Survey you must complete a reflective report using the template on the next page. This report should be completed after a team meeting has been held to discuss your practice’s results from the Dental Safety Climate Survey.

When completing this report you are asked to summarise:

* your perceptions of the key findings about the positive and less positive safety climate factors in your practice;
* your reflections on:
	+ the reasons for these key findings;
	+ how you anticipate the findings might affect your future professional practice;
* the next steps that will be taken to improve or maintain the safety climate in your practice;
* your overall learning from participating in the Dental Safety Climate Survey.

**N.B. Each dentist in a practice who wishes to claim research audit hours must complete their own individual reflective report.**

Your report must be submitted to SDPBRN within one month of the date of the team meeting that was held to discuss your practice’s safety climate results. You can submit your report by email to SDPBRN.Audit@nes.scot.nhs.uk or by using the **submit** button on the PDF report template. Report templates can be downloaded from the audit section at [www.sdpbrn.org.uk](http://www.sdpbrn.org.uk) if you require additional copies.

After you have submitted your reflective report to SDPBRN you will receive an email confirming its receipt and details of the next steps in the approval process.

If you would like more information please contact:

Mrs Lorna Barnsley

SDPBRN Administrator

NHS Education for Scotland

Dundee Dental Education Centre

Small’s Wynd

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**Reflective Report – SPSP in Dentistry Dental Safety Climate Survey**

***N.B.*** *All boxes have an unlimited character field and will expand to fit your text*

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| --- | --- | --- |
| **Areas for reflection** | **Summarise key findings and your reflections**  | **Next steps** |
| The safety climate factors in your practice which are perceived to be positive. (*Choose a maximum of 3 positive factors*)  |  |  |
|  |  |  |
| The safety climate factors in your practice which are perceived to be less positive. (*Choose a maximum of 3 less positive factors*)  |  |  |
|  |  |  |
| The perceptions of different staff groups about what the positive and less positive factors are. (*e.g. do dentists perceive some safety climate factors differently from other members of team*?)  |  |  |
|  |  |  |
| **Area for Reflection** | **Your Reflection** |  |
| Your overall learning about the safety climate in your practice from participating in the Dental Safety Climate Survey.  |  |