

CAREER (PCT)

CAREER (PCT): COVID-19: Dental health professionals in the Primary Care Team: a longitudinal study of uncertainties, **A**nxieties and p**RE**paredn**Ess** for p**R**actice

The purpose of this research is to explore how the COVID-19 pandemic is affecting the dental professionals preparedness for practice, their feelings of uncertainty and anxieties, given the new roles and responsibilities they may find themselves facing during the pandemic and also as routine dental services resume. This project will also investigate how the pandemic, and the cessation of routine dental treatment, is affecting dental education and training. The findings will inform the future provision of educational support and training for dental professionals, including primary care dental teams.

In order for you to participate in this survey, please complete the consent form below.

Informed Consent Form

Section 1. Taking part in the study

1) * 1. I have read the Participant Information Sheet, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.

☐ Yes ☐ No

2) * 2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer any question and I can withdraw from the study at any time, without having to give a reason. I also understand that if I withdraw from the study, any data already collected for the study will be kept anonymously and used for the study unless I ask for it to be removed. This will include research publications.

☐ Yes ☐ No

3) * 3. I understand that taking part in the study involves answering questionnaires related to my levels of anxiety, uncertainty and preparedness for practice during the COVID-19 pandemic.

☐ Yes ☐ No

4) * 4. I would like to volunteer to keep a weekly diary for the duration of the study related to my emotional state and routine.

☐ Yes ☐ No

5) * 5. I would like to volunteer to participate in a focus group which will involve discussing my anxiety and concerns regarding my current job role during the COVID-19 pandemic and my future career.

☐ Yes ☐ No

6) * 6. I understand that this focus group will be video-recorded.

☐ Yes ☐ No

Section 2. Use of the information in the study

7) * 7. I understand that all personal data collected will be managed in line with General Data Protection Regulations (GDPR) 2018. For more information, please see the NES Privacy Policy document <http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx>

☐ Yes

☐ No

8) * 8. I understand that information I provide will be used in research outputs, including articles in peer-reviewed journals and a report to NHS Education for Scotland and the Chief Dental Officer for Scotland.

☐ Yes

☐ No

9) * 9. I understand that personal information collected about me will not be shared beyond the study team.

☐ Yes

☐ No

10) * 10. I agree that anonymised direct quotes can be used in research outputs.

- ☐ Yes
- ☐ No

Section 3. Future use and reuse of the information by others

11) * 11. I agree that confidential information about myself collected for this study may be used in research in the future. Any information which identifies me will be removed before it is shared.

- ☐ Yes
- ☐ No

Section 4. Signature

12) * 12. Name: Please enter in space provided

13) * 13. GDC number: Please enter in space provided

14) * 14. Date of consent: Please enter in space provided

15) * 15. Please provide your email address in the space provided. This will be used to contact you with the follow-up questionnaire in 6 months and if you have volunteered to keep a weekly diary and/or join a focus group.

Section 5. Study contact details for further information

Project Lead: Professor Ruth Freeman, School of Dentistry, University of Dundee

Project Specialist Research Lead: Jennie Knights, Dental Clinical Effectiveness, NHS Education for Scotland

16) 16. Email: sdpbrn@nes.scot.nhs.uk



17) * 17. Please insert your GDC number in the space provided.



Most of the questions require you to select an answer, but there are also a number of text boxes that we hope you will use. **Please do not take too long over your replies, your immediate reaction to each question is likely to be more accurate than a long thought out response.**

18) 18. Q1) In the current COVID-19 pandemic, how well are you prepared for:

	Unprepared	Not well prepared	Prepared	Well prepared	Extremely well prepared
Managing your health including stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coping with uncertainty in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coping with uncertainty about future and career job prospects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coping with financial insecurities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding the purpose and practice of appraisal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging in self critique of practice and clinical encounters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging in self-directive life-long learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coping with GDC governance and training requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining good quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking part in clinical governance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing the risk of cross-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Not well		Well	Extremely
	Unprepared	prepared	Prepared	prepared	prepared
infection					
Organisational decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting and dealing with error and safety incidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



19) 19. Q2) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



20) 20. Q3) Please answer each of the items below in relation to the COVID-19 pandemic:

	Never	A few times a year	Once a month	A few times a month	Once a week	A few times a week	Every day
I feel emotionally drained from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel used up at the end of the work day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel fatigued when I get up in the morning and have to face another day on the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with people all day is really a strain for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burned out from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated by my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I'm working too hard on my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with people directly puts too much stress on me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am on the end of my rope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21) 21. Q4) Please answer each of the items below in relation to the COVID-19 pandemic:

	Never	A few times a year	Once a month	A few times a month	Once a week	A few times a week	Every day
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	Never	A few times a year	Once a month	A few times a month	Once a week	A few times a week	Every day
I feel I treat some patients as if they were impersonal 'objects'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've become more callous towards people since I took this job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that this job is hardening me emotionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't really care what happens to some patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel patients blame me for some of their problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



22) 22. Q5) Please read each item and then indicate how distressing each issue has been for you DURING THE PAST SEVEN DAYS with reference to the COVID-19 pandemic and effects on your work/practice.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Any reminder brought back feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other things kept making me thinking about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt irritable and angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoided letting myself get upset when I thought about it or was reminded of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought about it when I didn't mean to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt as if it hadn't happened or wasn't real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stayed away from reminders of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pictures about it popped into my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was jumpy and easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to think about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware that I still had a lot of feelings about it but I didn't deal with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings about it were kind of numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself acting or feeling like I was back at that time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had waves of strong feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to remove it from my memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little bit	Moderately	Quite a bit	Extremely
I had trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminders of it caused me to have physical reactions such as sweating, trouble breathing, nausea or a pounding heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had dreams about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt watchful and on-guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to talk about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



DEMOGRAPHIC QUESTIONS

23) 23. Q1) Age in years (Please advise if you would prefer not to say)

24) 24. Q2) Sex

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

25) 25. Q3) Professional Group:

- ☐ Dentist (GDS)
- ☐ Dentist (PDS)
- ☐ Dental Nurse
- ☐ Hygienist
- ☐ Therapist
- ☐ Hygienist/Therapist
- ☐ Orthodontic Therapist

26) 26. Q4) In which type of practice do you work?:

- ☐ Fully NHS
- ☐ Mostly NHS
- ☐ Equal NHS/Private
- ☐ Mostly Private
- ☐ Fully Private

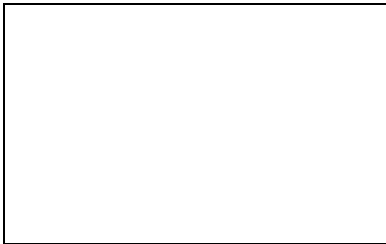
27) 27. Q5) During the COVID-19 pandemic, have you been re-deployed.

- ☐ Yes
- ☐ No

28) 28. Q5a) If you answered yes to Q5, please advise where you were redeployed to in the space provided:

29) 29. Q6) Where do you want to be professionally in 5-years-time?

Please state:

A large empty rectangular box with a black border, intended for the user to write their answer to the question.



30) 30. If you would like to add any information regarding this questionnaire or your experiences during the COVID-19 pandemic, please comment in the space provided:

[Send]

100 % completed