

**Patient feedback** template

Impact of COVID-19

**Section 1: Pre-treatment and accessing osteopathic treatment during COVID-19**

1. Have you received osteopathic treatment via telephone or video consultation? (Eg Telehealth)

Yes □ No □

1.a. If yes, how did you feel about the following aspects of your care?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Good | Very good | Excellent | Does not apply |
| Care and concern being demonstrated |  |  |  |  |  |  |
| Your problem being taken seriously |  |  |  |  |  |  |
| Respectful of your needs |  |  |  |  |  |  |
| Time spent talking with you |  |  |  |  |  |  |
| Understanding of your symptoms |  |  |  |  |  |  |
| Involving you in decisions about your care |  |  |  |  |  |  |
| Taking your personal circumstances into account, e.g. household arrangements |  |  |  |  |  |  |
| Knowledge of your medical history, e.g. whether you were identified in the extremely vulnerable or clinically vulnerable groups |  |  |  |  |  |  |

1. Would you consider an osteopathic telehealth appointment in the future?

Yes □ No □

**Section 2: Experiences of osteopathy appointment during COVID-19**

1. How long did you have to wait for this face-to-face osteopathy appointment?

|  |  |
| --- | --- |
| Same day |  |
| 1 day |  |
| 2 days |  |
| 3 days |  |
| 4-6 days |  |
| 7 days |  |
| 7-10 days |  |
| More than 10 days |  |

1. Were you concerned about receiving osteopathic treatment as a result of COVID-19?

Yes □ No □

4.a. If yes, how concerned would you say you felt about receiving osteopathic treatment?

|  |  |
| --- | --- |
| Extremely concerned |  |
| Moderately concerned |  |
| Slightly concerned |  |
| Not at all concerned |  |

4.b. If yes, please provide further details about your main concerns:

|  |
| --- |
|  |

4.c. If no, please describe how you felt about receiving osteopathic treatment during COVID-19?

|  |
| --- |
|  |

1. Were you taken through the enhanced infection control measures in place at the practice for both patient and osteopath safety as a result of COVID-19?

Yes □ No □

5.a. If yes, which of the following infection control measures did you receive information about:

|  |  |
| --- | --- |
| Hand sanitisation gel |  |
| Osteopaths will be conducting sessions wearing PPE (personal protective equipment) |  |
| Appointment intervals to allow a full contact area scrub down to be done |  |
| Masks to be worn by patients |  |
| Consent form to be completed by patient |  |
| Avoiding using the waiting room to help protect reception staff |  |
| Other, please specify: |  |

1. How satisfied were you that these infection control measures had been taken?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very unsatisfied | Unsatisfied | Neither unsatisfied or satisfied | Satisfied | Very satisfied |
| Level of satisfaction that these infection control measures had been taken |  |  |  |  |  |

1. How did you feel about the following aspects of your care during your face-to-face appointment?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Good | Very good | Excellent | Does not apply |
| Listened to what you had to say |  |  |  |  |  |  |
| Fully understood your concerns |  |  |  |  |  |  |
| Explained things clearly in a way you could understand |  |  |  |  |  |  |
| Explanations that were given for any tests or treatment were… |  |  |  |  |  |  |
| Written information provided to you about your condition or treatment plan (e.g. prescription of exercises) |  |  |  |  |  |  |

1. In your opinion, what was good about the care you received?

|  |
| --- |
|  |

1. In your opinion, what could have been improved about the care you received?

|  |
| --- |
|  |

1. How satisfied are you with your face-to-face osteopathy appointment in terms of the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very unsatisfied | Unsatisfied | Neither unsatisfied or satisfied | Satisfied | Very satisfied |
| The standard of care and support you received at your face-to-face appointment |  |  |  |  |  |
| Your overall experience of the appointment |  |  |  |  |  |

1. On reflection, did you get the care that mattered to you?

|  |  |
| --- | --- |
| At all times during the appointment |  |
| Most of the time during the appointment |  |
| Some of the time during the appointment |  |
| Rarely during the appointment |  |
| Never during the appointment |  |

**Section 3: After care and self-help**

1. After treatment, did you get the support you needed to:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Good | Very good | Excellent | Does not apply |
| Help you take control (explore with you what you can do to improve your health yourself; encouraging rather than lecturing you) |  |  |  |  |  |  |
| Make a plan of action with you (discuss the options; involve you in decisions as much as you want to be involved; not ignoring your views) |  |  |  |  |  |  |

13. Has the care you receive supported or encouraged you to manage your condition more independently?

Yes □ No □