Dear Patient/Carer,

The involvement of patients and carers in the assessment of nursing practice is highly valued. Therefore we would be grateful if you would consider providing comments overleaf on the care that you have received from the student nurse named below. This can be anything you wish to share. This information will contribute to the practical assessment part of the student’s training.

Please circle one of the answers provided and/or provide comments. You may write this yourself or ask another person to write on your behalf. If you have any questions please do not hesitate to discuss these with the registered nurse.

To completely anonymise all comments, your personal details are not required, and such data will be removed. Your comments will be retained as evidence in the student’s portfolio. Feedback will be treated in confidence between the student and their mentor, a registered nurse, and will not affect your care. Your care will also not be affected should you chose not to complete this feedback form.

If you do chose to complete this feedback form please hand it to your **registered nurse** on completion.

Thank you for your time.

|  |  |
| --- | --- |
| **Name of Student Nurse** |  |
| **Name of Mentor** |  |
| **Date** |  |

**School of Health**

**University of Northampton**

**Patient /Carer’s Feedback to**

**Enhance Learning for Student Nurses**



**Please read the instructions on the back of this leaflet before answering any of the questions contained in this leaflet**

**Please answer the following questions relating to the student nurse named overleaf.**

1. **How compassionate was the student’s care?**

Excellent Good Satisfactory Poor Very poor

**Comments:**

1. **How respectfully did the student treat you?**

Excellent Good Satisfactory Poor Very poor

**Comments:**

1. **How well did the student listen to you?**

Excellent Good Satisfactory Poor Very poor

**Comments:**

1. **How clearly did the student communicate with you?**

Excellent Good Satisfactory Poor Very poor

**Comments:**

1. **How well did the student preserve your privacy and dignity?**

Excellent Good Satisfactory Poor Very poor

**Comments:**

|  |
| --- |
| **Please add any additional comments**  **For example: Is there any way the student nurse could have cared for you better?**  **Was there anything you thought the student nurse did exceptionally well?** |

**Thank you for completing this form. The information will be used to inform the discussion between the Registered Nurse and the student at the students review meeting.**

Adapted from Chapman, L.; James, J. & McMahon-Parkes, K. (2011). Involving patients in assessment of students. Nursing Times *107*(34). University of West of England, Bristol.