






Patient/Service User/Carer Feedback

Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate. Please choose one of the following four forms which you feel is appropriate for your patient/carer/service user

Form 1

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.

Tick if you are:	The Patient/Service User		Carer/Relative		
	Very Happy	Happy	I'm not sure	Unhappy	Very unhappy
How happy were you with the way the student nurse...					
...cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did the student nurse do well?

What could the student nurse have done differently?

Practice Supervisor/Practice Assessor:

Name:

Signature:

Date:

Student Name:

Signature:

Date:

This form has been co-produced by Pan London Service Users across 4 fields of practice, 2013.

Patient/Carer feedback to enhance learning for student nurses

Please answer the following questions relating to the student nurse by circling one answer to each question and adding any comments you wish to share in the space provided. Thank you

1. How would you rate the nursing care provided by the student?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

2. How compassionate was the student's care?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

3. How respectfully did the student treat you?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

4. How well did the student listen to you?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

5. How clearly did the student communicate with you?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

Form 3

Patient/Carer feedback to enhance learning for student nurses	
How happy were you with the way the student nurse...	Please place an X on the line for each statement 0 = Very unsatisfied _____ 10 = Very satisfied
Met your needs	0 _____ 10
Understood the way that you felt	0 _____ 10
Talked to you	0 _____ 10
Informed you of your care	0 _____ 10
Showed you respect	0 _____ 10
What did they do well?	
How can they improve?	

Form 4

Child/Young Persons Feedback to Enhance Learning for

Student Nurses Please answer the following

questions relating to the student nurse: **Did the**

nurse talk to you?

Was the nurse kind to you?

Did the nurse listen to you?

Colour in how many stars you would give the Nurse



Please use this space to draw a picture of the student

A large, empty rectangular box with a black border, intended for the student to draw a picture of the student nurse.

nurse