

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4)






PART ____ : PLE ____

Aim: We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

Please tick if you are: The patient/service user ☐ Carer/Relative ☐

How happy were you with the way the student nurse....	Very happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
...cared for you?					
...listened to your needs?					
...understood the way you felt?					
...talked to you?					
...showed you respect?					

What did the student nurse do well?

What could the student nurse have done differently?

Date

____/____/____

Student Signature:

*Practice Supervisor and/or
Assessor Signature:*