

Patient/Carer Feedback:

enhancing learning for
trainee Nursing Associates



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 responses to the questions overleaf about the care that you have received from the trainee Nursing Associate named below. This can be anything you wish to share. This information will contribute to 'practical assessment' as part of the trainee's education.

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 trainee or a 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 trainee's portfolio. Feedback will be treated in confidence between the trainee and their mentor, a registered nurse, and will not affect your care. Your care will also not be affected should you choose not to complete this feedback form.

If you do choose to participate, please complete this form and hand it to your **registered nurse** on completion.

Thank you for taking the time to give feedback

Name of trainee Nursing Associate	
Name of mentor	
Date	

Department of Nursing and Midwifery
University of the West of England (UWE Bristol),
Glenside Campus
Blackberry Hill, Stapleton
Bristol BS16 1DD,
UK
+44 (0)117 96 56261
www.uwe.ac.uk

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

Please answer the following questions relating to the trainee Nursing Associate named overleaf 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 trainee?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

2 How compassionate was the trainee's care?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

3 How respectfully did the trainee treat you?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

4 How well did the trainee listen to you?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

5 How clearly did the trainee communicate with you?

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

Please add any additional comments, for example, is there any way the trainee could have cared for you better?

Mentor/Registered Nurse comments