Dear Parent/Carer,

Your involvement in the assessment of nursing practice is highly valued. Please consider providing comments overleaf on the care that your family has received from the student nurse named below. This can be anything you wish to share. This information will contribute to 'practical assessment' as part of the student's training and will help them to develop as a nurse.

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 student or a registered nurse.

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, 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 | |

Department of Nursing and Midwifery
University of the West of England, Bristol
Glenside Campus
Blackberry Hill, Stapleton
Bristol BS16 1DD

**Telephone** 0117 9656261
**www.uwe.ac.uk**

# Parent/Carer's Feedback to Enhance Learning for Student Nurses

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

UWE BRISTOL University of the West of England

bettertogether

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

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 your family?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments

4 **How well did the student listen to your family?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments

5 **How clearly did the student communicate with your family?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments

Please add any additional feedback that you would like the student to receive.

Mentor / Registered Nurse comments