

Standard Feedback Form

Simulation Title: _____

***** (Simulation Title Required) *****

Date: _____ Time: _____

Name of HT Performer: _____

Name of Patient: _____ Name of Family Member: _____

Feedback:

Positive Comment: _____

Constructive Comment: _____

Constructive Comment (*Optional*): _____

Positive Comment: _____

The Health Care Learner:	Strongly Agree	Agree	Disagree	Strongly Disagree	(N/A)
Introduce themselves and explain their role.					
Made good eye contact with the patient.					
Appeared engaged in the experience.					
Verbally explained things well using basic terms.					
Made the patient/family feel comfortable.					
Made the patient/family feel safe.					
Made the patient/family feel respected.					
Made the patient/family feel as though the health care provider was competent to care for the patient.					
Utilized appropriate use of touch with interactions.					
Demonstrated an awareness of non-verbal communication skills.					