



Standardized Patient Feedback Form

Name of Patient: _____

Date: _____

Time: _____

Feedback:

Positive Comment:

When you said/did _____
the patient felt _____

Constructive Comment:

When you said/did _____
the patient felt _____

Constructive Comment (Optional):

When you said/did _____
the patient felt _____

Positive Comment:

When you said/did _____
the patient felt _____

Constructive Comment (Optional):

When you said/did _____
the patient felt _____

Positive Comment:

When you said/did _____
the patient felt _____

The Healthcare Learner...

Introduced themselves and explained their role.

N/A

Strongly Disagree

Strongly Agree

Made good eye contact with the patient.

N/A

Strongly Disagree

Strongly Agree

Appeared engaged in the experience.

N/A

Strongly Disagree

Strongly Agree

Verbally explained well using understandable terms.

N/A

Strongly Disagree

Strongly Agree

Made the patient/family feel safe.

N/A

Strongly Disagree

Strongly Agree

Made the patient/family feel respected.

N/A

Strongly Disagree

Strongly Agree

Made the patient/family feel as though the health care provider was competent to care for the patient.

N/A

Strongly Disagree

Strongly Agree

Demonstrated awareness of non-verbal communication skills.

N/A

Strongly Disagree

Strongly Agree