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# Feedback form Decision moment practical learning – Nursing

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| **GENERAL DETAILS** |
| **Student name:** |  |
| **Student number:** |  |
| **PL period:** |  |
| **PL period duration:** | From ... to ... |
| **Practical learning lecturer:** |  |
| **Student coach:** |  |
| **Student advisor:** |  |
| **FIELD OF WORK DETAILS** |
| **Care organisation:** |  |
| **Department/team:** |  |
| **Work field expert:**  | Name:Role: Email: |
| **Work field expert:** | Name:Role: Email: |
| **Date of decision moment:** |  |

## Preparation by PEERS (if any)

What peer feedback do you have on the student's performance related to the requirements set based on the profile and associated CanMEDS roles for Practical Learning? (see competency charts on *Stagepleinzorg*)

**Feedback / feed up / feed forward:**

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**Peer name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Work field expert(s)

**Assessment recommendation:** How does the student function in relation to the requirements set based on the profile and associated CanMEDS roles for Practical Learning? (see competency charts on *Stagepleinzorg*)

**BELOW expected level** [ ]  **AT expected level** [ ]  **ABOVE expected level** [ ]

**Feedback / feed up / feed forward:**

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 **Name of work field expert(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  Practical learning lecturer

**Assessment:** To what extent does the student meet the requirements set based on the profile and associated CanMEDS roles for Practical Learning?

**BELOW expected level** [ ]  **AT expected level** [ ]  **ABOVE expected level** [ ]

**Feedback / feed up / feed forward:**

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 **Name of practical learning lecturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Completion

## Concise reporting of decision moment by student

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## Authenticity check by work field expert

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: .. / .. / ....**

# Work field evaluation

Dear work field expert,

Thank you for supervising a student from the Nursing study programme at Fontys during their practical learning. For quality purposes, we would like to know how you experienced the supervision and working with the study programme.  We would therefore like to ask for 5-10 minutes of your time to complete a questionnaire. If you supervised multiple students in this period, you may complete the questionnaire for one of them.

You can access the questionnaire by scanning the QR code below using your phone. If this does not work, you can go to >> [this link](https://forms.office.com/pages/responsepage.aspx?id=ZWdrxpS3K0qE7YRbNBwIavwFTFv0G-NEs3ZjKYBnbW1UOVBPNEI2RE44VlRORUxSWFJKTVg0QlhJWCQlQCN0PWcu) << or copy the following URL to your browser's menu bar: <https://forms.office.com/pages/responsepage.aspx?id=ZWdrxpS3K0qE7YRbNBwIavwFTFv0G-NEs3ZjKYBnbW1UOVBPNEI2RE44VlRORUxSWFJKTVg0QlhJWCQlQCN0PWcu>

Data from the questionnaire will be processed anonymously. A summary of the results will be shared annually via a news item on [www.stagepleinzorg.nl](http://www.stagepleinzorg.nl)

