

Intervention Feedback Form

Assessment 4

Note: Please include this feedback in your capstone video.

You do not have to submit the completed feedback form; it's simply a guide to help you capture patient, family, or group feedback about your intervention.

- 1. Meeting date(s).
- 2. Length of the meeting(s) (in hours).
- 3. Location(s) of the meeting(s).
- 4. Describe the problem you were addressing.
- 5. Why was this a problem for the patient, family, or group?
- 6. What was your intervention?
- 7. How will the patient, family, or group apply the intervention?
- 8. How often will the intervention be used and under what circumstances?
- 9. How easy was it for the patient, family, or group to use the intervention?
- 10. Describe any challenges associated with the patient, family, or group's use of the intervention.
- 11. Were instructions necessary?
- 12. What did the patient, family, or group say about using the intervention?
- 13. Was the intervention helpful?
- 14. How will the patient, family, or group continue to use the intervention?
- Explain how the intervention positively or negatively affected the patient, family, or group's life.
- 16. How can the effect be measured?
- 17. Update the total number of hours on the NURS-FPX4900 Volunteer Experience Form in CORE ELMS.