

How to Engage Patient and Public Advisors: A Guide for Staff



Patient + Public Approved documents have been reviewed and approved by the VCH Community Engagement Advisory Network – a team of dedicated patients and members of the public who support continuous improvement in healthcare

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Background:

The Community Engagement (CE) team is available as a resource to staff when they are exploring options for involving the public, patients, family members and other community stakeholders. A growing number of Vancouver Coastal Health (VCH) initiatives are engaging with the community by inviting patient and public advisors to the planning table. To examine the benefits and challenges of working with advisors, the CE team conducted an evaluation of advisor placements in the summer 2015 (see Appendix A). Based on the feedback, CE has collaboratively created this guide to provide staff with resources and tools that enable the best possible outcomes and interactions for both staff and advisors.

The following document gives some basic background on community engagement in healthcare and then focuses more specifically on the utilization of advisors as an engagement strategy. It outlines an 8-step process for engaging advisors; beginning with “determine if engaging advisors is the best approach,” right through to “conclude the advisor’s term.” Additional resources and tools are provided in the appendices. We welcome any feedback you wish to share.

Thank you to the following people who contributed to the creation of this guide:

- The 17 Committee Chairs (VCH) and 20 Advisors who participated in the *Patient and Public Advisor Process Evaluation*
- Community Engagement Advisory Network and Patient Voices Network members who gave written feedback and/or participated in focus groups
- Belinda Boyd, Saori Yamamoto, Breann Specht (Community Engagement, VCH)
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1. What is Community Engagement?

The World Health Organization defines community engagement as “a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to affect change” (WHO, 2002, p.10). Vancouver Coastal Health (VCH) has a Community Engagement (CE) team, whose mandate is to develop and enhance patient and public participation in healthcare planning and decision making, so that the end users of the system have a voice in shaping the services and policies that affect their lives.

Meaningful Public Engagement

To be effective, public participation must be meaningful. This is characterized by:

- Participants’ ability to influence decisions and affect outcomes
- Broad community involvement
- Inclusivity and accessibility
- Balanced representation from any group impacted by the decision or change
- Engagement methods and levels of participation tailored to community and project needs

What Does Engagement Look Like in Action?

VCH engages the community along a spectrum of participation that ranges from informing to empowering. Our goal is to support the greatest level of engagement possible and to build capacity, both within the organization and within the community, to partner in order to achieve better health outcomes.

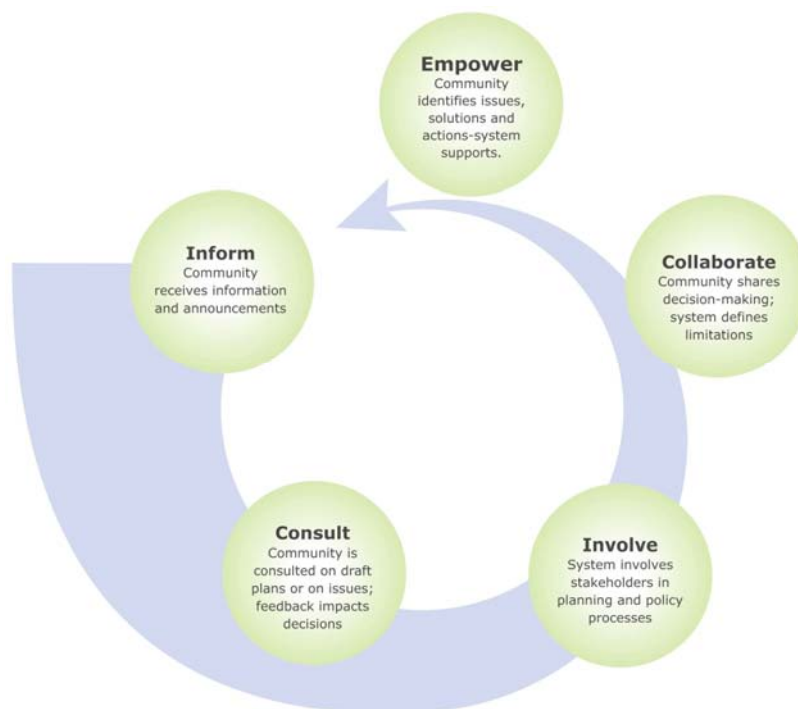


Figure 1: Spectrum of Engagement
Graphic adapted from IAP2

Each level of public participation offers a different level of commitment to the public about how their input is going to be used. Advisory initiatives often work at the level of involving or collaborating.

Table 1: TECHNIQUE SELECTION GUIDE	
When Do We Inform?	Techniques for Informing
<ul style="list-style-type: none"> ■ To disseminate Information that addresses concerns or prepares the public for involvement ■ Facts are needed about a policy, program or process ■ An emergency or crises requires immediate action ■ A decision has already been made; there is no opportunity to influence the final outcome 	<ul style="list-style-type: none"> > Advertising and Social Marketing > Fact Sheet or Backgrounder > Informational Booth > Open House > Press Release
When Do We Consult?	Techniques for Consulting
<ul style="list-style-type: none"> ■ To collect input to inform decision-making ■ Policy or program decisions are still being shaped ■ There is a commitment to respond to public feedback but not necessarily to ongoing involvement with stakeholders 	<ul style="list-style-type: none"> > Focus groups > Questionnaires and Surveys > Community mapping > Public meetings/forums > Reference groups
When Do We Involve?	Techniques for Involving
<ul style="list-style-type: none"> ■ To encourage discussion among and with stakeholders ■ There is a need for two-way information exchange ■ Interest is exhibited by those that will be directly affected by the outcome of the proposed action ■ There is an opportunity to influence the final outcome; input will shape policy directions/program delivery 	<ul style="list-style-type: none"> > Advisory Committee, Board or Council > Issue Conferences > Nominal Group Process > Workshops > Patient/Public Advisors*
When Do We Collaborate?	Techniques for Collaborating
<ul style="list-style-type: none"> ■ To create a dialogue on complex, value-laden issues ■ There is opportunity for shared agenda setting ■ There is flexibility around timeframes ■ There is a capacity for the public to shape policy and program decisions that affect them 	<ul style="list-style-type: none"> > Advisory Councils > Retreats > Round Tables > Think Tanks > Patient/Public Advisors*
When Do We Empower?	Techniques for Empowering
<ul style="list-style-type: none"> ■ Community partners, individuals and groups, have accepted the challenge of developing solutions themselves ■ Community partners, individuals or groups, ultimately manage the process ■ Organization is prepared to assume the role of enabler ■ Organization is committed to developing policies and programs in partnership 	<ul style="list-style-type: none"> > Funding from SMARTFUND or AHIP > Citizen's Juries > Study Circles > Referendum/Plebiscite

2. Why Do We Engage Patients and the Public?

Below are some of the reasons why you might want to engage with the public:

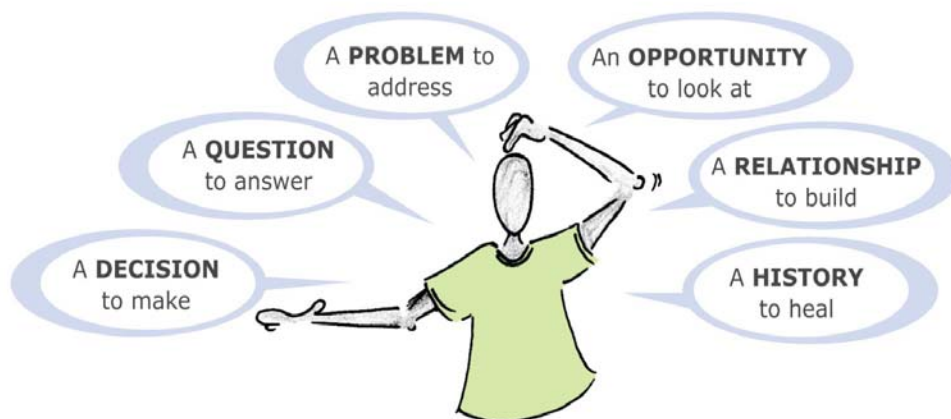


Figure 2: Reasons to engage with the public

- To inform decision makers within VCH of community perspectives
- To promote an understanding of different perspectives
- To provide a forum for resolving issues
- To facilitate effective communication between VCH and community members
- To build trust and partnerships with the community
- To meet Accreditation Canada standards, and the Ministry of Health mandates

Benefits & Rationale

Community engagement not only benefits the public, but also provides multiple benefits to the individuals directly involved in the engagement, the health care organization, and the provider.

Table 2: BENEFITS OF COMMUNITY ENGAGEMENT

Value to the Participants	Value to Organization (VCH)	Value to the Service Provider
<ul style="list-style-type: none"> ■ Become meaningfully engaged in the system that supports their health ■ Improve understanding of the issues and the health care system, including VCH ■ Appreciate being involved, being listened to, and having their opinions valued ■ Learn to advocate effectively ■ Understand how to be an active participant in their own health care 	<ul style="list-style-type: none"> ■ Helps target resources where they are most effective and valued by the community ■ Brings diverse perspectives into the planning process ■ Demonstrates accountability and transparency ■ Provides a direct link to clients ■ Supports a culture of person-centred care ■ Improves quality of patient experience ■ Strengthens community relations 	<ul style="list-style-type: none"> ■ Learns to provide care from a person-centred approach ■ Recognizes the role of other caregivers, such as family and friends ■ Increases awareness of the barriers encountered by patients ■ Helps identify system issues that need to be addressed ■ May improve relationship with patients ■ May increase job satisfaction

3. WHO – Patient and Public Advisors as an Engagement Strategy

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” ~ Margaret Mead

Patient and Public Advisors

At VCH, we have noticed an increase in requests for access to public members who can contribute to initiatives, workgroups and committees. VCH has a network of over 135 individuals – called the Community Engagement Advisory Network (CEAN) – who are interested in giving input into healthcare decisions. CEAN members are frequently involved as advisors on VCH working groups, projects or committees, and all advisors for VCH must register with CEAN. You can connect with potential advisors by contacting the CE Team at VCH, or the Patient Voices Network for projects outside VCH but within BC (see Appendix B for a request form for connecting with CEAN).

VCH defines a **patient advisor** as someone who has recent and specific experience in an area of health care and can be able to share it in an advisory role. For example, an initiative that utilizes patient advisors is the Segal Centre Redesign Project, where mental health consumers sit on a committee with other staff to contribute to the redesign of a new mental health facility.

A **public advisor** can be any member of the public who has a vested interest in our publically funded healthcare system. You may seek public advisor input if a policy or strategic direction that has health authority wide impact, or if you wish to engage the public in an ongoing conversation. Initiatives that utilize public advisors include hiring panels for leadership positions, and the Clinical Systems Transformation Project Steering Initiatives, which aim to streamline clinical practices and systems.

Other Key Players

Advisors always work as part of a team and a few key players play a role in supporting advisors on initiatives. These include:

VCH’s Community Engagement (CE) Team: CE can provide professional support to set-up engagement initiatives, recruit and orient advisors, review Terms of Reference, and set up an evaluation process. The CE team can also coach staff to work with members of the public on initiatives. If you have a new project that requires advisor engagement, please submit a project or a CEAN request form (see Appendices B and C).

The Project Lead/Chair: The project lead or chair sets the tone for how the group will interact with an advisor. To encourage meaningful engagement, it is recommended that advisors are introduced at the beginning of meetings, the goals of their engagement are stated, and that advisors be considered equal members of the committee (avoid both favoritism and dismissal). It may also be helpful for the lead or chair to meet with the advisor at the beginning of the committee and periodically thereafter to discuss and assess if engagement goals are being met (see Appendix D for a sample evaluation).

The Staff Liaison: Through a 2015 evaluation of advisor and staff experiences, CE found that advisors who have access to a staff liaison feel more supported and have a better overall experience. The working

group as a whole also often benefits when a staff liaison is in place. The staff liaison acts as the main contact and support for advisors. They can provide support through orientation, debriefing, staying in contact, and helping to navigate problems. Some departments have a staff person dedicated to this role, such as a family and client coordinator. If you do not have such a person, we strongly recommend assigning a working group member to this role.

Peer Support: Having two or more advisors on an initiative creates the opportunity for peer support. If possible, introduce advisors to each other and encourage them to be a support network to each other. On longstanding initiatives, consider approaching outgoing or experienced advisors to act as peer mentors to new members.

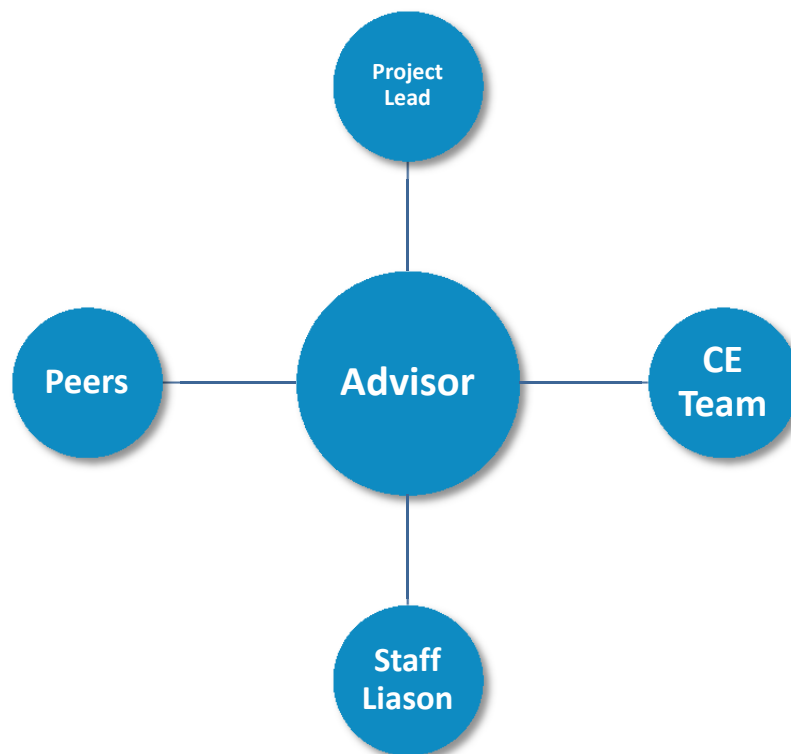


Figure 3: Circle of support around the advisor

4. When to Include Advisors

Utilizing advisors as a way to engage with the community is one of several techniques to consider.

Advisors can be invaluable when you need to:

- *Involve or collaborate* with patients/public (see the Spectrum of Engagement, page 1)
- Receive feedback on policies, programs, documents or projects
- Develop a product or service, like a new building design or publication
- Address the concerns of stakeholders and/or the general public
- Build two-way communication with the community
- Build capacity in a community to enable their effective participation in the health care system
- Receive ongoing feedback on the implementation of a plan or initiative

Advisors may NOT be the best method to achieve your goals when:

- The intention is to *inform* patients/public (see the Spectrum of Engagement, page 1)
- Advisors will not be able to influence decision makers (often referred to as “tokenistic” engagement)
- There is inadequate support available for the advisor
- There is only room for one advisor on the committee
- A broad representation of public input is preferred (other methods to gather input may be more effective)
- A group with a finite term is entering its latter stages
- Other group members are not prepared to work with advisors (in such cases, CE can help to support their readiness)
- The group is in transition with its leadership, and future direction is unclear

When considering the question of “when” to involve advisors, the timeline of the project is another important factor. Ideally, advisors are involved at the **earliest stage possible**, so the patient/public voice is considered from the inception of the project. When advisors are added in later stages of a project, they are often less able to influence outcomes, which may lead to dissatisfaction and disengagement.



REMEMBER: Advisors are not the only resource for getting input from the public. It is critical to match the approach to your intended outcome and objective. (see technique selection guide, p. 2)

5. How to Engage with Patient and Public Advisors

Achieving meaningful engagement with advisors takes planning. This section includes some steps to follow and guidelines for working with advisors.



Step 1: Determine if Engaging Advisors is the Best Approach

Examine the **scope and goals** of the initiative and the type of input you are seeking to determine if engaging advisors is the best fit (refer to previous section p. 6 “When to include Advisors”). For example, if you are looking for input from a large number of patients or the public, a survey may be a better method of gathering information. If you are looking to add transparency, accountability and the patient/public perspective in a longer-term process, then including advisors may be the best choice.

Consider the following:

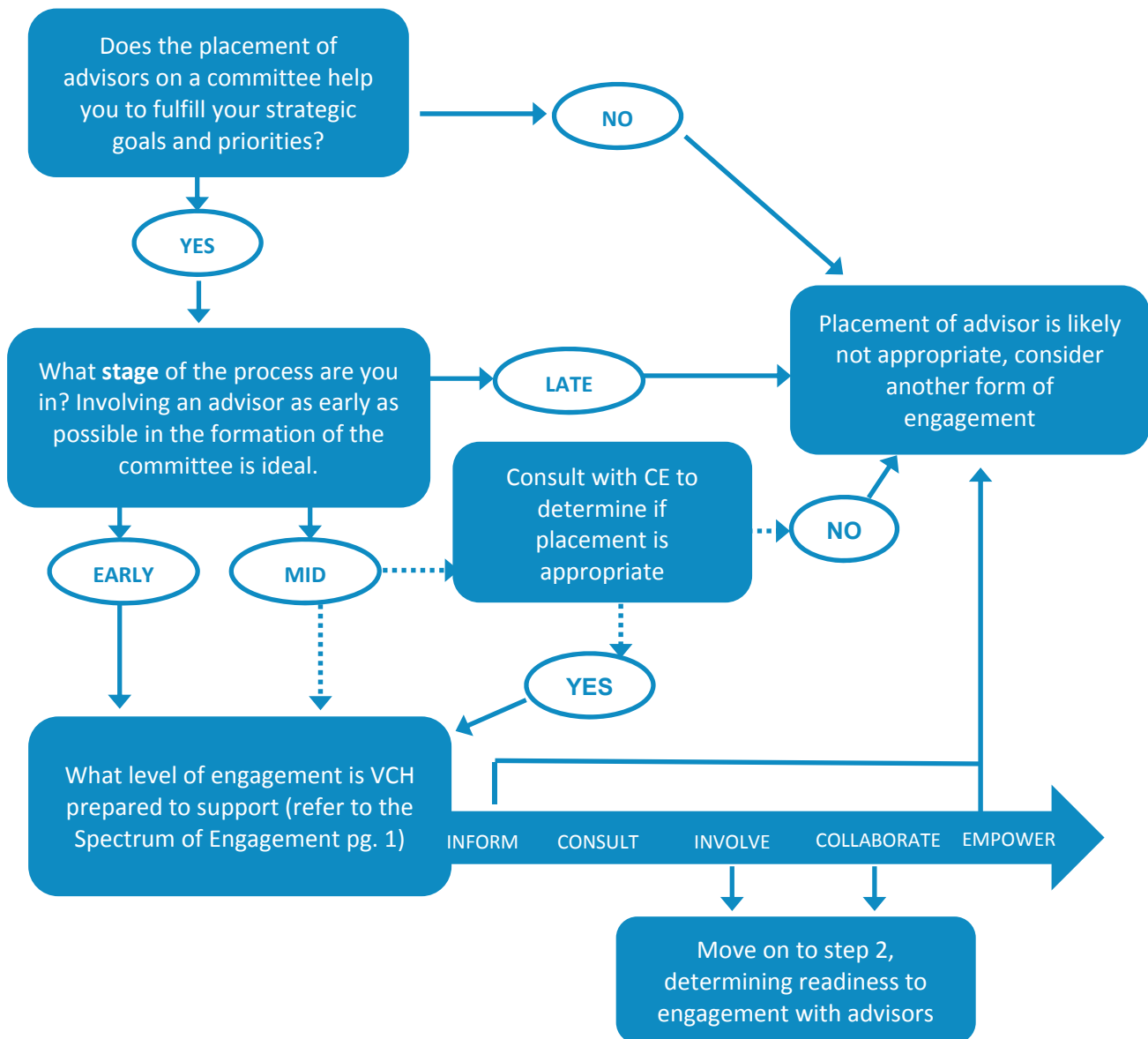


Figure 4: Decision Tree to Determine if Including Advisors is the Best Method of Engagement

Step 2: Determine Readiness to Work with Advisors

Once you have determined that including advisors is a good fit for your project, consider the staff culture and readiness of other committee members. Patient/public engagement may be a new concept for many healthcare professionals and may differ from established norms of practice. To promote the best possible experience for advisors and other project members, the following criteria must be met:

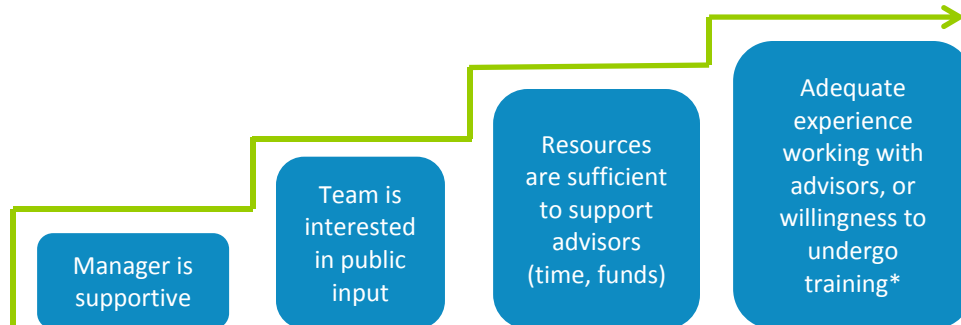


Figure 5: Ladder to Determine Readiness to Engage with Advisors

*NOTE: If you are unsure if you and/or your group members have adequate experience working with advisors, consult with CE. CE regularly teaches a “How to do Community Engagement” course which is available on CCRS. We can also customize a course to your specific project or initiative. Visit the CE page on the VCH Intranet <http://vch-connect/programs/ce> and click on “Learn how to do Community Engagement” for more information.

Step 3: Determine the Advisor’s Role

Start to think about the specifics of the working group and what the advisor’s role will be.

Determine:

- Focus of the work
- Role of the leading staff person and other members in relation to the advisor
- Ideal number of advisors (we recommend ≥ 2 advisors to ensure representation at every meeting, to strengthen the public/patient voice, and to enhance staff understanding of their role)
- Terms of Reference - ensure they are created or updated to reflect the advisor role, and are distributed (See appendix E for a sample Terms of Reference)
- Composition of the working group or committee in terms of staff, advisors, and/or representatives from community agencies

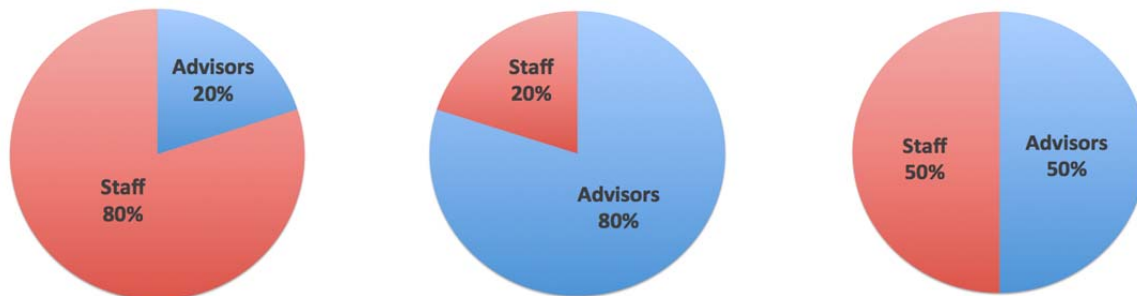





Figure 6: Potential Advisor to Staff Ratios

Step 4: Plan Meeting Logistics

Before recruiting advisors, consider the logistics of your meetings. Having flexibility around scheduling and location of meetings will maximize participations, but is not always possible.

	Scheduling: Scheduling impacts recruitment decision so be clear about the timing, frequency and duration of the advisor's commitment. If you are seeking representation of a specific demographic, ensure your meeting times and locations enable participation from that group. For example, meeting during "business hours" may exclude working people from participating.
	Location: Meeting in certain VCH buildings may exclude people with limited transportation, or deter those with limited comfort and trust with VCH. Meeting at a more neutral or convenient location, or rotating meeting sites may be preferable. Think about accessibility: is the meeting room in a security-restricted area? Is access problematic for those using a wheelchair or with limited mobility? Is the location easy accessible by transit?
	Budget: You will be required to provide advisors with reimbursement for travel, parking, and/or bus tickets. In addition, if you are seeking to include diverse representation, consider providing meals, honoraria (if applicable), translation services or other support as necessary. (See Appendix F for a sample travel reimbursement form.)

Step 5: Recruit and Select Advisors

After you are clear on the opportunities or limitations around logistics, think about what types of advisors would be a good fit for the initiative. It is important to know what type of experiences you are looking to represent before you begin recruiting.

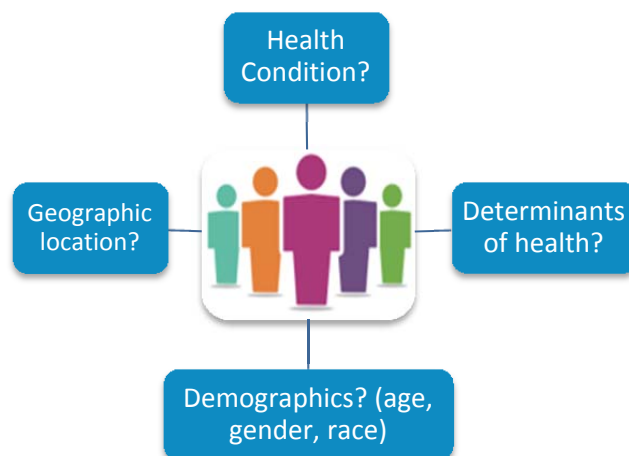


Figure 7: Considerations for Advisor Recruitment

Important considerations include: what skills and abilities are required to participate; what access will be needed; what additional supports may be required to accommodate for different needs.

Table 4: OVERCOMING BARRIERS TO ADVISOR PARTICIPATION	
Barriers	Facilitators
<ul style="list-style-type: none"> Computer access/literacy 	<ul style="list-style-type: none"> Offer non-web based methods of between meeting communication (ex: phone, mail, in person)
<ul style="list-style-type: none"> Language 	<ul style="list-style-type: none"> Check availability of translation services or an family member that can interpret
<ul style="list-style-type: none"> Health Status 	<ul style="list-style-type: none"> Consider alternative methods of participating on “sick days” (e.g. by teleconference)
<ul style="list-style-type: none"> Physical disabilities 	<ul style="list-style-type: none"> Choose meeting spaces with wheelchair accessibility, hearing and/or visual enhancements and other aids as appropriate
<ul style="list-style-type: none"> Family needs 	<ul style="list-style-type: none"> Collaboratively set meeting times, provide or reimburse for childcare
<ul style="list-style-type: none"> Transportation 	<ul style="list-style-type: none"> Choose meeting locations accessible to transit, reimburse travel expenses (refer to Appendix F for reimbursement form)
<ul style="list-style-type: none"> Health Literacy 	<ul style="list-style-type: none"> Minimize use of jargon and avoid acronyms; give background information where appropriate
<ul style="list-style-type: none"> Mistrust of healthcare system 	<ul style="list-style-type: none"> Choose neutral meeting locations; include professionals who have a previously established positive relationship with clients; decrease power dynamics by dressing casually, decreasing jargon, balance the number of advisors and professionals as appropriate

Once you are clear on the type of advisor you are looking for, and the potential barriers and facilitators to their participation, you can begin to identify potential members and start the recruitment and screening process. Contact CE to recruit and facilitate interviewing of potential CEAN members as advisors.

All advisors on VCH initiatives will be recruited from Community Engagement Advisory Network (CEAN) members, or will be required to join CEAN if recruited from elsewhere. CEAN members sign Confidentiality and Respectful Behaviour Agreements and are oriented and supported by the CE department. To find out more about CEAN, visit: www.vch.ca/ce and click on the CEAN page.

Step 6: Begin Working with Advisors

An evaluation done with advisors and project leaders in 2015 (see Appendix A) indicated that the first few meetings are key to creating a good experience for both advisors and the rest of the working group. Some important steps to follow are listed below.

Provide orientation: Adequate orientation, including background information about the initiative and other group members, is key to a successful engagement. CE provides a general orientation to new CEAN members about Community Engagement within VCH and the province. However, the project team will need to provide additional information on the current issues and relevant resources for the initiative, to ensure that advisors feel confident with the topic area. This could be facilitated through a meeting with CE staff and the project lead or staff liaison, and additionally through mentorship from other advisors. If possible, the advisors should be introduced to the staff liaison and project lead (see “Other Key Players” on p. 4) prior to the first group meeting.

Plan initial meeting involving advisors and other members: The first meeting serves as an orientation to all group members.

We recommend the agenda include:

- A mutual introduction including full names, background and titles. Be sure to highlight the role of the advisors and other member roles on the project. Provide the resource titled Patient and Public Advisors 101 for reference (see Appendix G).
- A briefing on the committee’s purpose, scope and Terms of Reference (see Appendix E for sample)
- A discussion on the planning and coordination of future communication and meetings
- Agreement on how members will conduct business and resolve disagreements
- Creation of group guidelines regarding confidentiality, respectful communication and expectations

To help balance power dynamics and create cohesion, we recommend:

- Using first names rather than titles, and clearly displaying names at the table
- Avoiding jargon, uncommon medical terminology and acronyms
- Reminding people, as needed, of the Terms of Reference and other group norms
- Sharing – in advance – education and information about VCH programs or projects so that public members can participate fully in the discussion

Provide adequate support to the advisor: Advisors have unique perspectives and needs based on their previous experience, their health and other personal circumstances. Initially, an advisor may feel like an “outsider”, coming into a group of people who may already know each other or have worked together. Advisors may have questions that they don’t feel comfortable asking in the group setting or may not know who the appropriate person to ask is. The staff liaison can provide support by debriefing with the advisors before and/or after meetings to help clarify questions and provide additional support as necessary. They can also advocate for the advisor role during meetings. Based on our 2015 evaluation (see Appendix A), the level of support needed usually decreases as advisors become more integrated into the working group.

Step 7: Sustaining Advisor Engagement

It is important to recognize that advisors are volunteers, and their continued participation is directly influenced by their experience with the VCH initiatives they are involved with. Some factors that significantly affect advisor engagement are listed below.

Team Building: There is a learning curve associated with starting a new committee, especially when trying something that is new and potentially uncomfortable. The common adage of “forming, storming, norming, performing” can apply to the formation of a new working group or to the addition of new members. With effective leadership, differences of opinion can be channelled into more creative approaches for problem solving. Including different points of view can inspire innovation and shift the system towards a more person-centred model of care.

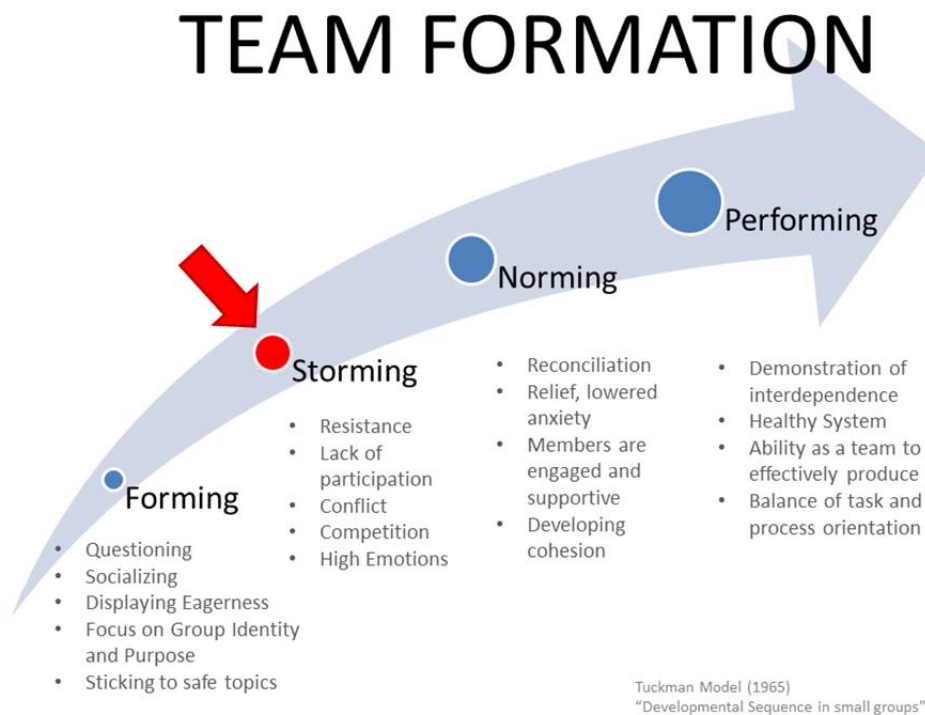


Figure 8: Team Formation

Advisor’s ability to contribute: If advisors feel that they are able to have an impact, they are more likely to have a meaningful experience and stay engaged in the group. Advisors are more likely to disengage if the subject area is outside their area of expertise, if other committee members do not make an effort to include them in the discussion, or if their input is ignored. Encourage meaningful participation by:

- Asking advisors to contribute agenda items to the meeting
- Asking advisors for their opinions if they have been silent for a period
- Ensuring understanding of subject matter (minimizing use of jargon and acronyms)

Communication: Remember, advisors will likely not have the same access to information about the organization, such as staffing changes, as staff will. Committee chairs must ensure the advisors are kept current. Ask them about their preferred method of communication so that information will reach them in a timely manner.

Recognition: Sustaining patient/public participation requires ongoing effort on the part of VCH staff and partners. Volunteer recognition can help sustain commitment. Since advisors are usually not compensated for meeting attendance and preparation work, you can show your appreciation by acknowledging them during National Volunteer Week (mid–late April), by inviting them to training or special events, or by other means as appropriate. Remember to supply reimbursement forms for travel, as some advisors may be uncomfortable asking for them (see Appendix F).

Evaluation/Quality Improvement: Regular assessments with advisors and project leads will determine whether engagement objectives are being met. Plan your evaluation at the outset, based on the needs of your initiative. Some important points to capture are the advisor’s assessment of the initiative’s effectiveness, and of communications within the group. We recommend making evaluations as non-intimidating as possible, and more of a two way process than a performance review (see Appendix D for a sample evaluation form).

Trouble Shooting

Here are some common issues that have arisen in initiatives with advisors, as well as some possible approaches to overcome them.

Concern: Advisors talking about personal experience or specific circumstances.

“The public/patient advisor seems to have their own agenda and often hijacks the conversation to talk about their personal experience. They are focused on their own experience and it doesn’t seem that they represent the voice of the general public.”

Considerations: Just as we wouldn’t expect one nurse on a committee to represent the voice of all nurses, we cannot ask a single advisor to represent all patients. If representing a specific demographic or medical condition is important for your committee, make sure to recruit for that. In addition, having more than one advisor present can help bring a diversity of perspectives. Appropriate orientation and facilitation can help keep advisors on track during meetings. In addition, regular check-ins with the committee chair or liaison can help resolve issues and clarify roles and expectations. Also recognize that personal stories can be a powerful in that they bring reality to an issue and help others see things from a non-health care perspective.

Concern: Advisor is not the best fit for the committee

“The public/patient advisor seems ‘too professionalized’, we are looking for someone to bring a more ‘raw’ perspective.”

Considerations: There are pros and cons to having advisors with previous healthcare and committee experience. The benefit is that those people do not need as much orientation to how initiatives work and often feel more comfortable and confident with other professionals. People who have the time and capacity to participate in various initiatives often come from a professional background, may be in good health and often are retired.

If your committee is looking to include perspectives from marginalized populations or those with recent or current health issues, you must be prepared to provide them with the appropriate level of support to

enable their participation. This could include regular check-ins, honoraria (money, parking, food) and other supports such as child-minding. In addition you may need to structure your meetings in a location and at a time that is accessible to this population.

To achieve a balance between experienced and fresh perspectives, consider structuring the working group so that member's terms are time limited and staggered so that only a portion of the committee is new and institutional knowledge is retained. Recognizing this expectation from the outset (for example by including it in the Terms of Reference) can be helpful to support the healthy dynamics of a committee.

Concern: Recruitment/Scheduling/Turnover

"It's been really hard to get patient and public involvement because other committee members who participate as part of their job would prefer to meet during business hours, and the advisor cannot take the time off work to accommodate our meetings."

Considerations: Scheduling is an issue for almost all initiatives that bring together people from different work places and organizations. Consider holding meetings over lunch hours (and providing lunch if possible) or towards the end of the day to make it easier for patient/public representatives to participate. If this is not possible, and you really would like public involvement, consider giving an honorarium to reimburse advisors for time lost. Turnover is inevitable in any committee. Ensure that changes in committee membership are communicated to the whole committee.

Concern: Advisors are not "up to speed" with other committee members.

"Having an advisor slows the meetings down, which can be frustrating."

Considerations: While often true that advisors may slow down the meeting, it can also provide a learning opportunity for professionals. Meetings with advisors are often "slowed down" because professionals are asked to explain their jargon, acronyms and rationale for doing things. This increases accountability to the public, and helps professionals practice effective knowledge translation techniques. A thorough orientation both for advisors (background and context of the committee), as well as for committee members (advisor's role) can also prevent unnecessary backtracking during meetings. In addition, providing all members agendas and meeting minutes can help ensure advisors are up to date.

Concern: Dealing with conflict

"There seems to be ongoing conflict between a certain advisor and myself or other committee members. What's the best strategy to resolve this?"

Considerations: The keys to minimizing conflict are to provide adequate support, ongoing communication, and evaluation. Also, keep in mind that a difference of opinion is often necessary to generate new solutions. However, in the event of ongoing or major conflict we suggest the project lead and/or liaison meet one-on-one with the advisor, as soon as possible. If they do not feel comfortable addressing the conflict directly, CE can be contacted to facilitate a discussion. In many cases, the conflict is due to a misunderstanding and can be resolved through communication and collaboration. However, if the conflict cannot be resolved, the advisor may need to be exited from the committee or shifted to another opportunity.

Step 8: Conclude the Advisor's Term

There are a number of reasons why the term of an advisor will end. The initiative may have ended or moved into a different phase, the advisor's availability changes, or their fixed term has ended (we recommend a placement of no longer than 2 – 4 years). Whatever the reason, determine the process for concluding terms before the committee begins to meet and clearly articulate it in the Terms of Reference.

As part of Community Engagement's support for all CEAN advisors on VCH initiatives, CE is available to assist in transitions when placements come to an end. In the event that concerns or conflicts arise that cannot be resolved within the committee, CE will facilitate discussions to support a solution. The solution could include replacing advisors or ending the advisory role entirely.

At the conclusion of an advisor's term, we recommend:

- Acknowledging the advisor for their volunteer time and service
- Ensuring the committee as a whole is aware of the transition and has the opportunity to acknowledge the advisor for their contribution
- Conducting an exit interview to contribute to the committees learning about advisor engagement, and to assess the advisor's contribution to the committee

The following diagram depicts the cycle of working with advisors, after the initial planning stages are complete:

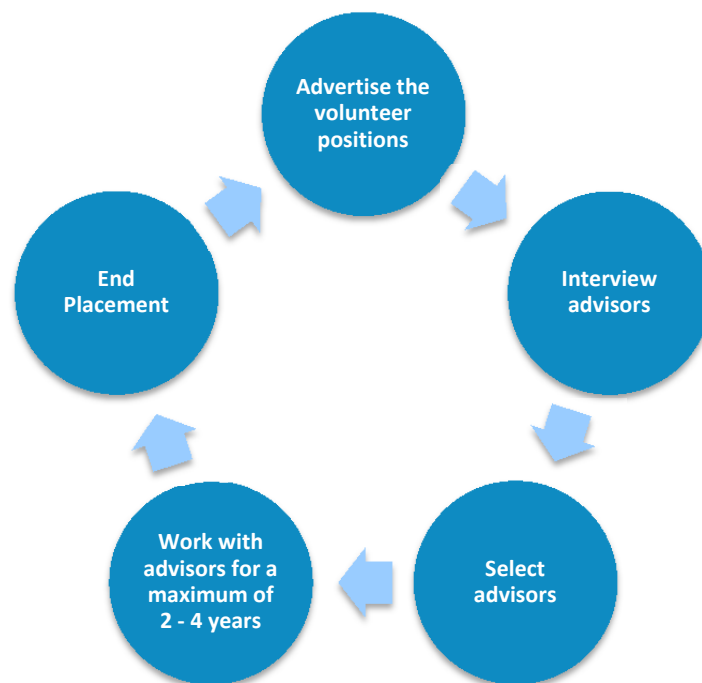


Figure 9: Cycle of working With Advisors

6. APPENDICES

- A. Patient and Public Advisor Process Evaluation Summary
- B. Community Engagement Advisory Network Request Form
- C. Community Engagement Support - Request Form
- D. Sample evaluation form
- E. Sample Terms of Reference
- F. CEAN Travel Expense Form
- G. Patient and Public Advisors 101
- H. Sample Template for Meeting Notes
- I. Advisor Preparation Checklist

A. Patient and Public Advisor Process Evaluation Summary

Patient & Public Advisor Process Evaluation Summary

Background: Community Engagement (CE) at Vancouver Coastal Health (VCH) supports the placement of patient and public advisors on advisory committees, as well as other VCH initiatives that combine staff and advisors. There has been a significant increase in requests for patient/public advisors on VCH initiatives over the last few years. There are currently **46 patient/public advisors that are involved with 30 VCH (or affiliated) committees**. In an effort to ensure a valued and effective experience for both staff and advisors, CE initiated an evaluation of their patient and public advisor process.

Goal: To examine the strengths, challenges and potential areas for improvement within the patient and public advisor process.

Method: The CE team provided mentorship to a practicum student who co-developed two sets of semi-structured interview questions, one for **advisors** and one for **committee chairs and support staff**. The questions contained both closed and open ended questions. The practicum student conducted the interviews via telephone. The information collected was then themed.

Sample: Patient/public advisors, committee chairs and support staff were purposefully chosen in order to represent a diversity of experience and committees. About half of interviewees were speaking about experiences from a single committee and half had been involved on more than one committee with/as advisors.

- 17 committee chairs and support staff completed interviews (response rate of 89%), representing 23 committees.
- 20 advisors completed interviews (response rate of 83%), representing 26 committees

Time Frame: May 6th - June 22, 2015.

Committee Chair & Staff Feedback

Benefits of working with advisors:

94% would recommend a patient/public advisor to a colleague based on their current experience.

When asked how helpful on a scale of 1 – 5 was working with an advisor, the mean score was 4.4/5.

Most respondents agreed that having advisors:

- Brought the patient perspective (94%)
- Brought new issues to the table (88%)
- Informed decision making (81%)
- Asked hard questions (81%)
- Took on action items (75%)
- Increased accountability (69%)
- Provided a link to the community (69%)

One committee chair said: ***"It is incredibly inspiring to get the views of someone who has seen the system work from the inside and has benefitted and also been traumatized by the systems. It can only make your work better."***

Challenges of working with advisors:

- Inadequate orientation for the advisor
- Need for further staff training around patient/public engagement
- Scheduling conflicts
- Feeling that advisor didn't represent the target population
- Feeling that advisor focused on individual experience rather than the big picture

Understanding the advisor role:

A lack of understanding within the committee about the patient/public advisor role was noted by

24% of staff interviewed, and was often associated with more negative experiences for chairs, staff and advisors. Factors that **supported understanding** included:

- Committee chair setting a positive example in their interactions with advisors at meetings
- Previous experience working with advisors
- Including the role in the Terms of Reference
- CEAN 101 handout (available from CE)
- Having a staff liaison
- Having > 1 advisor on the committee

Patient/Public Advisor Feedback

75% felt that being an advisor was a good use of their time.

75% said being an advisor was very or extremely meaningful.

Many advisors noted that they benefit personally from being an advisor in terms of learning about the healthcare system, a sense of being able to contribute to their community and society.

Several also stated that they wanted to “do more” in terms of taking on more responsibilities, advanced training and even starting their own initiatives.

Factors that support positive experiences:

- Previous experience of committee members working with advisors
- Being involved from the beginning stages
- Being treated as an equal, with respect
- Support from the chair, CE, other committee members and/or other VCH support staff
- Good communication
- Recognition/reimbursement
- Face-time (with chairs, staff, other advisors)
- Progress in a reasonable timeframe
- Advisor’s ability impact decision making

Factors that contribute to negative advisor experiences:

- Staff not understanding advisor’s role
- Staff resistance to advisor input
- Highly technical focus of the committee where advisor lacks expertise (jargon)
- Lack of ability to give input/make a difference
- Involving advisors after committee has already been working together
- Frequent changes in committee structure
- Poor communication
- Lack of progression on issues
- Being treated as less important than others

Value of Advisors Contributions

Advisors and committee chairs shared their views on the value and impact advisors had on committees.

Contributions reported by staff:

- Keeping the focus patient-centered
- Increasing knowledge translation
- Decreasing use of jargon
- Positive influence on building design
- Positive influence on hiring practice
- Inspiring innovation
- Increasing accountability

Contributions reported by advisors:

- Development of effective resources
- Thoughtful recommendations
- Information shared (within the committee, to other VCH staff and in the broader community)
- Raising specific issues
- Representing the patient/public voice

3 committee chairs and 1 advisor said that the advisor made no concrete impact, due to a lack of ability to engage the advisor, as well as the very technical clinical nature of some committees.

Support from CE Team

Overall, committee chairs, advisors and support staff had very positive feedback about the CE team.

Staff requested support from CE to:

- Understand the role of the advisor
- Determine if having an advisor is the appropriate engagement strategy
- Identify methods to recruit diverse advisors
- Assist in resolving conflict

Advisors requested support from CE to:

- Act as a liaison between themselves and the committee
- Advocate for honorarium/reimbursement
- Provide resources (such as nametags)
- Provide more information (about CE's work, the specific committees, etc.)
- Facilitate additional meetings (for networking, evaluation, training, etc.)

What we learned

1) There is wide range of committees with different goals, needs, capacity and experience. **The strategy for each advisor placement must reflect the unique needs of the committee.**

2) Satisfaction generally increases as the advisor and committee get more experience working together. **Working with an advisor is not always a smooth and straightforward process, but their involvement often causes greater innovation and outcomes that better meet the patient/public needs.**

3) The first few meetings are critical in creating a positive experience for advisors and committee members. **Orienting advisors about the committee, promoting understanding of the advisor's role, and offering increased support in the beginning stages is key.**

Action Plan for CE

CE identified the following priorities based on this evaluation:

1) **Update CEAN engagement request form** to better elicit the needs of the committee, determine if having advisors is the best engagement strategy, and recruit an appropriate fit.

2) Promote a **"buddy system"** for a committee member to liaise, support and advocate for the advisor (when other support staff are not available).

3) **Revise the former "Advisory committee workbook for staff" and create a resource specific to working with patient/public advisors on staff based committees or initiatives.**

4) **Involve experienced advisors in training and orientation** for new advisors.

CE plans to action these items by March 2016.

Conclusion

Including patient and public advisors on VCH committees and initiatives appears to be very valuable to the organization. Advisors and committee chairs both noted that one of the greatest benefits of working together is a culture shift towards patient-centred care.

One chair reported: ***"the advisor ...understands that her voice is very different than the voice of the other people that sit at the table. She helps people understand that there isn't just one way of looking at things. It opens up another world for people."***

CE is committed to advancing the culture of patient/public engagement at VCH.

B. Community Engagement Advisory Network Request Form

Community Engagement Advisory Network (CEAN) Request Template

The Community Engagement Advisory Network (CEAN) is a group of public volunteers who share their perspectives and experiences in order to inform planning, decision making and quality improvement initiatives at VCH. If you would like to seek feedback/involvement from CEAN members please fill out the details below.

SECTION 1

Date:	Key Contact Person:
Department:	E-mail:
Project/Initiative Name:	Phone #:

SECTION 2

1. Please provide some background information about your project/initiative.
2. At what stage are you in your project? <input type="checkbox"/> Planning <input type="checkbox"/> Implementation <input type="checkbox"/> Evaluation Notes:
3. Why do you want to engage patients/public in this project? What would successful engagement look like?
4. What does your project/initiative <u>need</u> (vs. want) to know from patients or the public?
5. What decisions are <u>not</u> open to input from patients and the public?
6. Who are the decision makers for your project?

SECTION 3

Please see indicate below which level of engagement you are seeking. Check all that apply.

Level of Engagement	
■ Consult – get CEAN feedback to help inform a decision or determine a direction to take. At VCH we consult when we need to listen and gather information to inform decision-making. We are still at a stage where policies or program decisions are still being shaped.	<input checked="checked" type="checkbox"/>
■ Involve – work with CEANs to ensure that public voice is understood and considered. At VCH we involve CEAN when we need two-way information exchange and members of the public	<input type="checkbox"/>

have an interest in the issue and will be directly affected by the outcome. Involve level of engagement encourages discussion among and with stakeholders	
<ul style="list-style-type: none"> ■ Collaborate – partner with CEANs in decision making. At VCH we collaborate when individuals need to talk to each other regarding complex, value-laden issues. This level of engagement allows for individuals to shape policy and program decisions that affect them. There is opportunity for shared agenda setting and more flexible time frames for deliberation on issues. 	<input type="checkbox"/>

SECTION 4

If you are seeking a CEAN member to participate as patient/public advisor on a long term committee or initiative please fill out the section below. If not, please skip ahead to section 5.

Name of Committee/Initiative:	Committee Chair:
Meeting Dates:	Location of Meetings:

What role will the CEAN member have on your committee/initiative? Tick all that apply.

Provide the patient/public perspective ☐

Act in the role of shared decision -maker ☐

Other

Preparation for having a CEAN member as part of a committee/initiative	Y/N
Will the committee need support to understand the role of the CEAN member?	Y <input type="checkbox"/> N <input type="checkbox"/>
Will the committee need support or training on how to work with CEAN members?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there specific objectives, related to CEAN member involvement, that need to be met? (If yes be sure these are reflected in the Terms of reference)	Y <input type="checkbox"/> N <input type="checkbox"/>
Will the CEAN members need any information in advance or throughout the process, to engage effectively?	Y <input type="checkbox"/> N <input type="checkbox"/>
Will any training/background information on the committee/initiative be provided to the CEAN member prior to their first meeting?	Y <input type="checkbox"/> N <input type="checkbox"/>
Is there someone on the committee who could act as a “mentor” to the CEAN member? Someone who the CEAN member could liaise with and who could provide support to them? If yes, please list their name and title:	Y <input type="checkbox"/> N <input type="checkbox"/>
Have TERMS of REFERENCE been drafted for the committee? (please attach to this form)	Y <input type="checkbox"/> N <input type="checkbox"/>
Is there anything that would disqualify a CEAN member from participating? If yes, what?	Y <input type="checkbox"/> N <input type="checkbox"/>

Committees with patient/public advisors should perform an evaluation on a regular basis. Has an evaluation process been determined?	Y <input type="checkbox"/> N <input type="checkbox"/>
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SECTION 5

1. How many CEAN members would you like to involve in this project/initiative/committee?
2. Please list any specific criteria for involvement of CEAN member (s) (i.e. —, skills or training, past experience, background requirements)
3. Please tell us if the engagement opportunity is:
 - ☐ One time event
 - ☐ Short term (few meetings over a limited time)
 - ☐ On-going (longer term commitment – up to one year)
 - ☐ On-going (longer term commitment from one to three years. We recommend CEANs sit on committees for a term of no longer than 3 years.)
 - ☐ Additional comments:
4. Please list the date that you would like to have the feedback gathered, or CEAN member placed by:
5. How will the CEAN member be expected to participate? (tick all that apply):
 - ☐ In person ☐ Teleconference ☐ Webinar ☐ Not sure

Expenses

Please note you **MUST** cover travel expenses (mileage/parking/transit) as well as any out of pocket expenses incurred by CEAN members for the purposes of the engagement.

Please send this form to ce@vch.ca. A team member from Community Engagement will contact you to follow up with this request as soon as possible. Thank you.

www.vch.ca/ce

Ph: 604-714-3779

C. Community Engagement Support - Request Form

Good community engagement starts with establishing a clear understanding what you need to know, why you need to know it and who you need to hear from. Knowing this up-front will help ensure a strategic and effective approach. Once our team receives the completed request, we will review as a team and get back to you within two weeks.

Date Request Submitted:

Email:

Key Contact Person:

Phone #:

Program:

Project/Initiative Name:

a. Project Definition

Please answer the following questions to the best of your ability:			
7. Please provide some background information about your project/initiative.			
8. At what stage are you in your project? <input type="checkbox"/> Planning <input type="checkbox"/> Implementation <input type="checkbox"/> Evaluation			
Notes:			
9. Why do you want to engage patients/public in this project? What would successful engagement look like?			
10. What does your project/initiative <u>need</u> (vs. want) to know from patients or the public?			
11. What decisions are <u>not</u> open to input from patients and the public?			
12. Who are the decision makers for your project?			
13. When do you need to have patient and public engagement completed?			

b. Stakeholders

Other than staff, who will be most impacted by the decision/s being made?

- ☐ Clients/Patients/Consumers
☐ Family members
☐ Caregivers

- ☐ Partner organizations
☐ General public
☐ Other
-

Please answer the following questions to the best of your ability:
1. Please describe your key stakeholders (e.g. Demographic information, location) Do they typically experience any barriers to participation that we should be aware of? (e.g. language, transportation, mobility, care giving responsibilities)
2. Are there any particularly sensitive or controversial aspects to your project that we should know about?
3. What are your expectations around how many people we should hear from?

c. Level of Engagement

“Level of engagement” refers to how involved patients or the public will be in this process as well as their level of influence. We refer to these levels as a “spectrum of public involvement”. There are several factors that influence where on that spectrum your engagement work should sit, but for now please indicate which statement most accurately reflects your intentions and expectations:

- I. *“We want to let our stakeholders know about what we’re doing and what it means for them.”*
- II. *“We want to let our stakeholders know about what we’re doing and gather their feedback and input, which we’ll then take into consideration in our decision-making.”*
- III. *“We want to ensure that we are hearing our stakeholders’ concerns and aspirations so that they are directly reflected in our decision-making throughout the process of this project.”*
- IV. *“We want to bring our stakeholders in as partners in all aspects of the decision/s to be made throughout the process of this project.”*
- V. *“We want our stakeholders to make this decision/s. We will implement what they decide.”*

d. Impact and Complexity Assessment

The table below helps us to better estimate the resources and approval required for your project. When responding, please describe YOUR entire project/initiative, not the community engagement part of your initiative.

	Number 1 ASSIGN 1 POINT FOR EACH BOX CHECKED	Number 2 ASSIGN 2 POINTS FOR EACH BOX CHECKED	Number 3 ASSIGN 3 POINTS FOR EACH BOX CHECKED
Project duration	<input type="checkbox"/> 1-12 months	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 3+ years
Project type	<input type="checkbox"/> Development of new service	<input type="checkbox"/> Evaluation/review of existing service	<input type="checkbox"/> Redesign or relocation of existing services
Scope of organizational impact	<input type="checkbox"/> Site specific	<input type="checkbox"/> Community of Care	<input type="checkbox"/> Regional or greater
What is the anticipated level of sensitivity around this project or decision?	<input type="checkbox"/> Low – Unlikely to be a patient/public issue	<input type="checkbox"/> Moderate – Some attention or patient/public concern.	<input type="checkbox"/> High – Stakeholder disagreement and/or public controversy is likely
Who is driving your initiative?	<input type="checkbox"/> Program Management	<input type="checkbox"/> Senior Executive	<input type="checkbox"/> Ministry of Health
Add up the total points in each column:	Subtotal Points:	Subtotal Points:	Subtotal Points:

If your total points are between:

5-7: Impact and complexity is LOW (Project lead sign-off required)

7-11: Impact and complexity is MODERATE (Director sign-off required)

11-15: Impact and complexity is HIGH (COO or VP sign-off required)

e. Resource Assessment

Please answer yes, no, or unsure:	
Do you have budget to support potential costs associated with this engagement process (e.g. room fees, refreshments, promotion, etc.)?	
Is VCH Communications & Public Affairs currently supporting your project/initiative? If yes, who is the lead from Communications?	
Do you have an individual from your project team identified as lead on the community engagement aspect of your project?	
Do you have the ability to provide some administrative support to the engagement process (e.g. scheduling, ordering catering, typing notes etc.)	
CE's expectation is that the project lead will actively participate in engagement planning, ongoing problem-solving, timely document reviews, a follow-up evaluation related to how feedback is used and other tasks. Can you commit to this?	

Please send completed form to ce@vch.ca.

For more information or to ask questions visit www.vch.ca/ce

Or call us at 604-714-3779

D. Sample evaluation form

Patient and Public Advisor Process Evaluation

We are looking for your honest and constructive feedback. The goal of this evaluation is to gain insight into patient and public advisor's experiences on the ____committee/initiative.

Overall, do you think your position as a patient and/or public advisor was a good use of your time?

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Prefer not to answer

Can you comment on ways in which being a Public or Patient Advisor on a VCH Committee is or is not a good use of your time?

Being a Public or Patient Advisor was a good use of my time in terms of:

Being a Public or Patient Advisor was not a good use of my time in terms of:

How meaningful is your involvement as a patient or public advisor?

- | Not at all meaningful | Slightly meaningful | Somewhat meaningful | Very meaningful | Extremely meaningful | Unsure | Prefer not to answer |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you have any additional comments to share about what being an advisor on a VCH Committee has meant to you?

What (if anything) do you find challenging or frustrating about your role as an advisor on a VCH committee?

Can you give any examples of contributions you made to the committee that had an impact?

How well do you think committee members understand your role as a patient or public advisor?

Not at all Somewhat Unsure Mostly Completely

☐ ☐ ☐ ☐ ☐

Please comment on committee member's understanding of your role as a patient or public advisor.

Aspects of my role that committee members understood:

Aspects of my role that were confused or misunderstood by committee members:

How frequently did you meet with the project lead or staff liaison (not including the Community Engagement team) to discuss or evaluate your role as a public or patient advisor?

- ☐ Monthly
- ☐ Every 3 months
- ☐ Every 6 months
- ☐ Yearly
- ☐ On an as need basis
- ☐ Unsure
- ☐ Other, please specify... _____

Would you like (more) regular check-ins with the project lead?

- ☐ Yes
- ☐ No

If you were giving feedback to a new project lead, what do you think is the ideal frequency for check-ins between the patient or public advisor and project lead?

- ☐ Monthly
- ☐ Every 3 months
- ☐ Every 6 months
- ☐ Yearly
- ☐ On an as need basis
- ☐ Other, please specify... _____

E. Sample Terms of Reference

Regional Palliative Care Program Community Reference Committee

Terms of Reference

Purpose

1. To facilitate bringing the 'community voice' to the priorities and implementation for the Palliative Care Strategy.
2. To influence the decisions and recommendations of the VCH Regional Palliative Care Steering Committee through community consultation and engagement, ensuring the Palliative Care Strategy and any other future regional palliative initiatives meets the current and emerging needs of clients, caregivers and diverse communities.

Reporting Relationships and Accountability

The Community Reference Committee (CRC) shares stewardship of the Regional Palliative Care Strategy in a partnership that includes the Regional Palliative Care Steering Committee, the Regional Palliative Care Leadership Team and Community Engagement, with expectation of mutual reporting and exchange of information.

Guiding Principles

- Members of the CRC will act as a channel or 'bridge' for their community members, communicating information about strategy development to their community members and gathering feedback from them, in order to inform decision-making processes as the strategy is implemented
- Each member represents a number of different communities, including geographical (Health Service Delivery Areas), gender, religious/spiritual, ethno-cultural, language-based, rural and urban, and many other 'communities', as well as both personal and professional experiences with palliative care
- Members are encouraged to share their knowledge, skills and experience with the VCH Regional Palliative Leadership Team, and with each other, representing their own communities' experiences, as well as learn from and support each other's perspectives in the committee's efforts to propose recommendations
- Members will collaborate together in the committee's analysis of services and policy, in order to create recommendations which will best meet the needs of all represented communities on the committee

Responsibilities

- Review the Community Engagement Consultation Report (August 2005) and the Regional Palliative Care Strategy (November 2005), and from that context, advise the Regional Palliative Care Leadership Team on priority areas for strategic attention, and directions to be taken in its implementation
- In collaboration with the Leadership Team and Steering Committee, review and advise on strategic priorities, policies, activities and identified health outcomes, to ensure they reflect the needs of clients, caregivers and diverse communities
- Review other documents as required (e.g. BC Ministry of Health Provincial Framework for End-of-Life Care, May 2006) to support formation of recommendations

- Identify areas of community need that have not yet been adequately addressed by the strategy (e.g. pediatrics, Downtown Eastside, Aboriginal issues), to support their integration into the regional plan
- Share information with, and solicit feedback from community members and community partners for development of recommendations (e.g. educational materials, possible future initiatives)
- Identify and support methods of further consultation with public on subsequent strategy development (e.g., gathering feedback from public, giving referrals to appropriate community contacts for consultation)
- Assist the Regional Leadership Team in ongoing monitoring of program implementation
- Perform annual assessment of:
 - the CRC's work, including its relationships with the Palliative Care Steering Committee and the Regional Palliative Care Leadership Team, providing recommendations on how to improve its effectiveness as 'bridge' between the public and VCH
 - the Palliative Care Program's effectiveness in responding to public needs and involvement

Membership

There will be a maximum of 15 members on the CRC, which can include clients, caregivers, or service-providing agency representatives such as hospice societies, disease/condition-based societies, etc.

Members are broadly informed and interested in palliative care issues, and broadly engaged in their community.

To ensure the diversity of our region is reflected within the CRC membership, current and future recruitment will strive to include gender, ethno-cultural, language, Aboriginal, paediatric, Downtown Eastside and other communities whose perspectives require representation.

Members of the committee are appointed for a 2-year term, with the opportunity to serve for two additional 2-year terms, to a maximum of four years. Committee members will be encouraged to identify and mentor new members to ensure continuity, and are encouraged to initiate recruitment after the first year of their first term. After the end of the committee's first year, new members may be recruited at any time to fill vacancies, their 2-year term beginning at the time of appointment.

All CRC applicants will be required to complete an application form and screening process prior to joining the committee.

There will be no remuneration for participation on the CRC but out of pocket expenses will be reimbursed.

Frequency of Meetings

The CRC will meet on a monthly basis for the first three meetings, and then at least quarterly thereafter.

Vancouver Coastal Health
Protecting wellness. Ensuring care.

INSTRUCTIONS:

1. This form is to be completed for reimbursement of expenses related to the Community Engagement Advisory Network
2. List expenses in date order and provide full explanations as to nature and reason for expense.
3. Original receipts are to be stapled to this form. Where receipts are not provided, a written explanation is required
4. Submit completed forms for reimbursement

Community Engagement

[illegible]

A

B

C

Page 10

OF KM

Grand Total (A + B + C)

Signature: _____

Date: _____

Patient and Public Advisors 101

Community Engagement, Vancouver Coastal Health

What is their role?

1. To provide patient or public voice that helps the committee reflect on decisions from a different point of view
2. To contribute expertise from their lived and/or professional experiences
3. To represent their unique perspective, like everyone else at the table (e.g. they do not represent the entire "public")

Why are they important?

- We can make better decisions about how to provide care when we work alongside those who have, or will, receive that care.
- Diversity, and the range of perspectives it brings, leads to more sound decision-making and innovative solutions
- Their involvement demonstrates and ensures accountability and transparency.
- Their involvement reflects our commitment to putting People First and providing patient-centred care.

What process have Public and Patient Advisors gone through to get here?

- Joined VCH's Community Engagement Advisory Network (CEAN), including orientation and signing of confidentiality and respectful workplace policies
- Applied for this particular committee, interviewed, and were chosen as the most appropriate candidate
- Participated in project-specific orientation with committee chair and read all shared background documentation

For a more detailed guide to working with Patients and Public Advisors, please visit Community Engagement's Intranet page and download *How to Engage Patient and Public Advisors: A Guide for Staff*

How can I support meaningful participation?

- Introduce yourself, welcome advisors and thank them for volunteering their time
- Assign a staff liaison for the advisor to connect with to help answer questions and provide support
- Minimize your use of acronyms and jargon and be prepared to provide context
- Keep an open mind and commit to understanding that whatever time is taken in orientation and preparation will be balanced by more informed decision-making
- Allow space for hearing about what does, or does not, work from the patient/public perspective
- Include patient/public engagement as a component of your evaluation
- If issues arise, deal with them in timely manner directly with the advisor, committee chair and/or the CE team
- Ensure that advisors are reimbursed for any out of pocket expenses (eg. transportation costs)
- Once the advisor's term is over, acknowledge them for their volunteer time and service. Be sure to advise all committee members about the transition and conduct an exit interview if appropriate.

What support is available?

VCH's Community Engagement team:

- Can provide problem solving support to advisors, chairs and/or committee members
- Has more detailed resources available for both advisors and staff committee members
- Can, if appropriate, lead broader engagement initiatives for your project, to reach more community members
- Stays connected to the advisor and will check in with them, and the project lead, on an established schedule

H. Sample Template for Meeting Notes

Working Group Name
Meeting Notes
DATE
TIME
LOCATION

ATTENDANCE
 Committee Members:

 Guests:
 VCH Staff:

Meeting called to order at (TIME)

Item	Description/Comment	Action
1.0	WELCOME & INTRODUCTIONS	
2.0	COMMITTEE FUNCTIONS	
	<u>REVIEW/APPROVE MINUTES OF LAST MEETING</u>	
	<u>COMMITTEE BUSINESS:</u>	
3.0	OTHER BUSINESS	
4.0	NEXT MEETING	
5.0	Adjournment	

I. Advisor Preparation Checklist

	Yes/No	Action needed
Does the proposed engagement process support the strategic direction of the organization?		
Is there buy-in from staff and leadership about engagement with patients or the public?		
Are you clear on the overall purpose of gathering the committee together?		
Are committee members aware of the role of the advisor?		
Are there specific objectives that need to be met? (If yes be sure these are reflected in the Terms of reference)		
Do advisors need any information in advance of/throughout the process, to engage effectively?		
Do other committee members need education around working with advisors?		
Will the committee develop formal agendas? (Will there be input from the advisors?)		
Can advisors contribute to decisions in a meaningful way?		
Has a TERMS of REFERENCE been drafted for the committee? (see sample ToR's Appendix E)		
Are there adequate resources to support the advisor (staff liaison, honoraria etc.)?		
Has an evaluation process been determined?		

**Tool adapted from IAP2*

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World Health Organization. Community Participation in Local Health and Sustainable Development: Approaches and Techniques. Copenhagen: Centre for Urban Health, WHO Regional Office for Europe; 2002.

Websites:

Alberta Health Services Resource toolkit: <http://www.albertahealthservices.ca/PatientsFamilies/if-pf-pe-engage-toolkit.pdf>

International Association for Public Participation: www.iap2.org

Institute for Healthcare Improvement: www.ihl.org

Institute for Patient and Family Centred Care: www.ipfcc.org

Patients Canada: www.patientscanada.ca

Patient Voices Network: <https://www.patientsaspartners.ca/network>

Pickering Institute: www.pickeringeurope.org

Vancouver Coastal Health, Community Engagement Department: www.vch.ca/ce