**Community Engagement Advisory Network (CEAN) Member Reflection Tool –For CEANS**

This tool is for CEAN members who would like to do a self-evaluation of their impact and contributions to a committee or project. This is not a mandatory tool, but something to assess the impact a CEAN member has and inform continued development of the advisor role on the committee. The questions below are a guideline and can be adapted as you see fit. It is recommended that you use this tool in conjunction with the Committee Chair/Liaison self-reflection tool. If you have questions or require any support, please get in touch with [ce@vch.ca](mailto:ce@vch.ca).

Committee Name:

Name of Committee Liaison:       Name of CEAN Member:

Date:

|  |  |
| --- | --- |
| What do you feel the committee/project is hoping to accomplish by having a CEAN member involved ? | Include patient/family perspective in planning and decision making  Encourage members of the project/committee to always consider the patient/family voice throughout its work  Make better decisions related to the project with the help of patient/family advisor input  Other (include specific examples where advisor voice is needed): |
| In your opinion, has the committee achieved what it hoped to accomplish by having a CEAN member involved? | 1  2  3 4  5  Not at all Somewhat Yes completely  Achieved |
| Do you feel your participation as a CEAN member has had an impact? | Not really  Somewhat  Highly Impactful  Other: |
| What are some examples of the impact that you have had on the committee? |  |
| Name three specific strategies that you have experienced that successfully made you feel part of the committee |  |
| How engaged do you feel on the committee? | 1 2 3 4  5  Not at all Somewhat Very  Engaged Engaged |
| If very engaged, what do you think contributed to that feeling ? |  |
| If not very engaged, what could help you feel more engaged? |  |
| Share examples of good experiences you have had while on this committee |  |
| Share examples of any challenges you have experienced while on committee |  |
| Share suggestions for improvement regarding your working with this committee |  |
| Overall, how do you feel about your involvement with this committee? | 1  2  3 4 5  Not good Okay Very good |
| Additional Questions: |  |
| Other Comments: |  |

Thank you for filling out this tool.