

A Checklist for Planning and Conducting Patient and Family Engagement Sessions at St. Joseph's

Best Practice in Planning for Engagement of Patient and Family Partners

It is important to review and reflect on the information in this checklist, well in advance of engaging patient and family partners in your work. Consideration for patient and family partners' lives outside of their health care experience is essential. Allowing sufficient timing for scheduling and preparation is often one of the most critical elements in planning for successful patient and family partner engagement.

1. **Clearly identify the aims of the work:** provide definitions in conversational style language to ensure potential partners will understand the work in which they are agreeing to be part of.

2. **Determine the level of engagement needed for partners:**
 - Identify the type and the frequency, duration and timing of meeting/event as well as the length of project or initiative (e.g., hour long, monthly working group meeting for six months, regular two hour long monthly committee/council meeting, four hour single meeting/event, etc.).
 - Have a clear vision of how the patient or family partners will participate in this initiative and how it will be a meaningful experience for everyone involved.

Examples of partner contributions include:

- Sharing part of their personal story related to a particular topic (storytelling may be in person, written, audio or video format)
- Sharing experiences as part of regular involvement / discussion at meetings as a participant in working groups or task forces
- Participating as a member on a committee or council completing surveys
- Designing/re-designing programming, services, tools and educational resources

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- Taking part in a one-on-one interview to explore an issue or to hear from partners who may not be comfortable in a group setting or able to attend meetings/events.
3. **Plan early:** Identify and/or recruit patient and family partners early in your planning process. Partnering with patient(s) and/or family caregiver(s) in all the work you do is key. The Care Partnership Office maintains a registry of patients and family caregivers who are interested in being engaged as partners. Leaders and staff can also identify potential partners through their work. Refer to the Pathways for Identifying Patient and Family Partners for details of the different processes:
- [Complete the request form](#) or contact the [Care Partnership Office](#).
 - Engage at least two patient and family partners for any working group or committee meetings; three to four patient and family partners may be optimal for larger groups or one-time engagements (depending on purpose).
 - Include both patients and family caregivers as they provide unique perspectives that enhance understanding of service provision.
 - Aim to reflect the diversity of your program area/department's stakeholders when seeking partners (e.g., age, gender, cultural or ethnic background, etc.).
4. **Consider accessibility:** Think about the location of the meeting/event and the ability to meet accommodation needs (e.g., mobility, hearing, vision, guide dogs, access to room, ability to maneuver in room). Ensure accommodations can be met in the planned location.
5. **Assign a point of contact:** Identify an individual who will be responsible for communicating and coordinating with patient and family partners consistently throughout the partnership. This is the individual a partner can call/email if they are unable to attend an engagement or if they have questions or concerns. Note: patient and family partners can also contact the Care Partnership Office directly with any questions or concerns about their role.

6. Set expectations for staff and physicians:

- Ensure staff and physicians are aware and committed to engaging with patient and family partners in planning and decision-making for this work.
- Outline expectations and goals of patient and family partner engagement for staff and physicians.
- Ensure staff and physicians are prepared to talk about their experiences and co-create potential ideas, solutions and suggestions with patient and family partners.
- Provide staff and physicians with resources (e.g., eLearning suite: Caregivers as Partners) to support them in being comfortable and respectful in listening and providing both positive and negative experiences in the presence of patient and family partners.

7. Plan for regular communication and check-ins:

- Identify strategies and develop a plan to support the partner's participation and experience throughout the engagement process.
- When possible, aim to use the partner's preferred method(s) of communication (e.g., face to face meeting, email, phone call).
- Check in about any changes in availability or time commitment based on changes in the partner's life – please communicate any changes to the Care Partnership Office.
- Ensure you are sharing key outcomes/results throughout and at the end of a project/initiative.

8. Prepare for the meeting/event:

- Contact patient and family partners well in advance to provide ample notice for the meeting/event.
- When possible, ask for their availability first and book to accommodate their schedule.
- Ensure discussion includes time of day as this may influence a partner's needs (e.g., they may not be comfortable driving during rush hour or in the dark).
- If remuneration is available, discuss needs with partners (e.g. taxi, parking, travel).

- [Make initial background documents](#) and/or information available to the partner(s) in advance, enabling them to build their knowledge and feel prepared to contribute effectively to the body of work. All written materials should follow health literacy and senior friendly guidelines. Spell out all acronyms in the documents and ensure they are written in plain language. Ensuring your content is at a grade five to eight reading level is best practice for communicating with patient and family partners. For assistance in reviewing the grade level of your documents, contact the Communication and Public Affairs team at extension 66034.
- Ensure the partner has contact information for your designated point of contact.
- Share agendas and any pre-reading at least one week to allow partner time to familiarize themselves and prepare for the meeting/event (if mailing, allow more time).
- On agenda consider including role/profession along with names.
- For unique events or initial meetings, include a summary of the purpose and goals of the engagement.
- Identify a staff member to support the patient and family partner(s) during the meeting/event as needed (e.g., ensuring partners are comfortable and have opportunities to share their thoughts, experiences and perspectives, meets them in the lobby, etc.).
- Build in time after the meeting for a de-brief with the patient and family partner (this can be a quick and informal check-in).

9. Conducting the Engagement Session

- Ensure patient and family partners are seated within the group not separate or to the side and that any needs are accommodated (e.g., seated closer to the middle of the group if hearing is difficult, ensure space for a wheelchair is not obstructed by table legs, etc.).
- Ensure there are regular height chairs with arms for the patient and family partner(s), not the standard folding chairs.
- Execute your engagement plan for the meeting/event but be flexible to enable rich discussions to occur, particularly if sharing experiences or exploring the topic in-depth.

- Make participation easy and enjoyable – actively encourage participation, especially if a participant does not seem to be contributing.
- Check in deliberately with patient and family partners and ask for their thoughts or input.
- Check in deliberately with staff members who seem uncomfortable.
- Note which strategies, activities, etc., resulted in different levels of engagement from your patient and family partner(s).
- Note partners' reactions to different topics, situations, etc., to inform your check-in after the session.
- Have a process and resources to support partners who may need emotional support during or following the session. This may include breaking earlier than planned, having tissues at the meeting, having a co-facilitator have a quiet side-conversation to assess the partner's needs.
- At the end of a meeting/event:
 - Thank your partner(s) for being present
 - Review the value of co-design approach and, the role of patient and family partner(s) and all team members
 - Review the actions and plan for next meeting/event.

10. Follow up after the engagement session

- Contact the patient/family partner within 1-2 days of the session/meeting/event to follow-up as appropriate.
- Using open ended questions, inquire how the meeting went for the partner, how supported they felt, did they feel their contributions were valued and respected, and was there anything that made them feel uncomfortable. Use your meeting notes to highlight specific conversations, situations or topic points that you thought might have been uncomfortable or challenging for the partner and ask how they felt about those occurrences (e.g. If a partner became emotional at a particular point in the session, ask if they felt supported, if there is something that could have been done differently, etc.).
- Review the plan and confirm how to continue to support the partner.
- Provide feedback to the Care Partnership Office regarding the above information you gathered.