



Become a Patient Partner

STEGH is looking to engage with patients and family caregivers to help improve care and service



The STEGH Patient Partner Program:

- Recruits and prepares STEGH patients and family caregivers in the role of a Patient Partner
- Matches Patient Partners to collaborate with leaders and staff on STEGH initiatives by participating in committees, hiring panels, focus groups or sharing your story and care experience.
- Provides supportive education and skill-building opportunities

Patient Partners Are:

- Living well in the community with their health condition
- Willing to talk about their experience to help shape care and service
- Patients and/or family caregivers who have had care at STEGH

To join, contact us: 519-631-2030 ext 2184 or
email: patientexperience@stegh.on.ca



***Adapted from the UHN Patient Partnerships Program*

Patient Partner Application Form

Name (first and last)

Home Address

City

Province

Postal Code

Home #

Cell #

Email

Preferred Contact (check one)

Home Phone

Cell Phone

Email

The following questions will help us get to know you better

1. Are you ... (check all that apply)

- A Patient who has had care at STEGH
- Or have been a family caregiver of a patient at STEGH
- Coping well with your hospital experience
- Willing to talk about your experiences
- Able to listen well and enjoy working with others
- Able to attend daytime and early evening meetings

2. When was your care experience at STEGH? (Check all that apply)

- 2017
- 2016
- 2015
- 2014
- 2013
- 2012
- 2011 (or before)

3. What language(s) do you speak?

4. Which hospital program provided care for you? Or were you a family caregiver of a patient?

_____	[unit/program]
_____	[unit/program]
_____	[unit/program]
_____	[unit/program]

5. Do you **currently** have any formal affiliation with STEGH?
Please check all that apply:

- Volunteer Resources
- Foundation
- Student Placement
- Employee
- Other _____

6. **In the past**, have you had any formal affiliation with STEGH?
Please check all that apply:

- Volunteer Resources (Date: _____)
- Foundation (Date: _____)
- Student Placement (Date: _____)
- Employee (Date: _____)
- Other _____

7. We recognize that you may be busy, how much time are you able to commit to being a Patient Partner? (Check one)

- Less than 1 hour per month
- 1 to 2 hours per month
- 3 to 4 hours per month
- More than 4 hours per month

8. Are you available to serve as a Patient Partner for at least 1 year and to attend a minimum of five meetings?
- Yes
- No
9. How do you want to help? I want to: (Check all of your interest areas)
- Participate in discussion groups about patient care, quality improvement, safety or policies
- Review or help create materials we give to patients
- Participate in discussion groups about hospital design and way finding
- Serve on workgroups or committee
- Share story with staff, health care providers, leaders
- Serve as member of the Virtual Patient Focus Group (a group that we ask questions to through email)

Please tell us about yourself

10. What interests you about wanting to become a Patient Partner?

11. Might there be anything you would like to share about yourself that would add to the diversity of the patient partner group?

Further instructions for next steps...

- ✓ Have two people who know you well (**other than family**) complete the Patient Partner Reference Check (see attached)
- ✓ Please return this completed application form to:

Fiona Hill-Hinrichs
Patient Experience Lead
STEGH
189 Elm Street
St. Thomas, Ontario
Canada N5R 5C4
fhill@stegh.on.ca
519-631-2030 ext 2184

If you would like to receive this electronically to fill out and submit electronically, please send an email to: patientexperience@STEGH.ca

Date: _____

Patient Partner Reference Check

Applicant Name: _____

We would appreciate your assistance in providing us with a written reference for the above noted individual. They have applied to become a Patient Partner to participate in a variety of important organizational planning and decision-making activities at STEGH.

Referee Information

Name _____ **Telephone Number** _____
Email _____ **Relationship to Applicant** _____

Competency	Rating (1-5)	Comments
Organizational Skills (time management, planning, order)		
Teamwork (relationships, developing trust, sharing the work, flexibility, understanding)		
Communication (verbal, written, responsiveness, appropriateness)		
Accountability (Were there any reliability/attendance issues?)		
Commitment (Applicant's overall approach to work, level of commitment)		

1 - Very limited proof of skills/behaviours 2 - Limited evidence of skills/behaviours
 3 - Acceptable proof of skills/behaviours 4 - Good evidence of skills/behaviours 5 - Superior proof of skills/behaviour

Additional Information	Comments
1. What would you say are the applicant's best qualities, characteristics and/or strengths?	
2. In what areas do you think the applicant could benefit from growth and learning?	
3. Do you have any additional comments about the applicant's character?	

Signature _____ **Date** _____

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