## **Patient/Family Advisor Face Sheet**

Name:				
$\square$ Sign-up Sheet Received	☐ Call Made _			
$\square$ Written materials sent out $\_$		$\square$ No longer interested:		
<ul><li>☐ Interview Sheet Completed</li><li>Appropriate for: ☐Focus Group</li><li>☐ Referred to:</li></ul>	·	□Product Review	☐Share Story	☐Committee
$\square$ Scheduled for Orientation:		☐ Orientation Completed:		
If they have interest in team/gro $\square$ Scheduled for Training $\square$	• • • •	•	g date.	
NOTES:				

## Participation Log:

Event	Sponsor	Hours	Event	Sponsor	Hours

## PATIENT/FAMILY ADVISOR INTERVIEW

Tell me a little about yourself-
Can you tell me about a care experience at PHMG that worked very well? What about it was especially important or meaningful?
Can you share an experience that didn't work so well? What could we have done to improve the experience
Given the opportunities for involvement; you indicated an interest in
Can you help me understand why this activity?
What experience have you had working in groups working toward solving a problem?
Are there barriers such as transportation, timing of meetings, language or illness that need to be
accommodated to allow your participation?

**Staff Recommendation/Action:**