

# Advisory Committee Guidelines for Health Care Providers

## Why Do We Engage Patients and the Public?

There are many reasons to engage with the public, including:

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

## Benefits and Rationale

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

Value to the Participants	Value to Organization	Value to the Service Provider
Become meaningfully engaged in the system that supports their health	Helps target resources where they are most effective and valued by the community	Learns to provide care from a person-centred approach
Improve understanding of the issues and the health care system	Brings diverse perspectives into the planning process	Recognizes the role of other caregivers, such as family and friends
Appreciate being involved, being listened to, and having their opinions valued	Demonstrates accountability and transparency	Increases awareness of the barriers encountered by patients
Learn to advocate effectively	Provides a direct link to clients	Helps identify system issues that need to be addressed
Understand how to be an active participant in their own health care	Supports a culture of person-centred care	May improve relationship with patients
	Improves quality of patient experience	

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.

## When to Include Advisors

Using advisors as a way to engage with the community is one of several techniques to consider. They can be invaluable when you need to:

- To inform decision makers within the health system of community perspectives
- To promote an understanding of different perspectives
- To provide a forum for resolving issues

- To facilitate effective communication between health system and community members
- To build trust and partnerships 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 (as per the IAP2 Spectrum of Engagement)
- 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.

## Barriers to Participation

Barriers	Facilitators
Computer access/literacy	Offer non-web based methods of between meeting communication (ex: phone, mail, in person)
Language	Check availability of translation services or a family member that can interpret
Health status	Consider alternative methods of participating on “sick days” (e.g. by teleconference)
Physical disabilities	Choose meeting spaces with wheelchair accessibility, hearing and/or visual enhancements and other aids as appropriate
Family needs	Collaboratively set meeting times, provide or reimburse for childcare
Transportation	Choose meeting locations accessible to transit, reimburse travel expenses (refer to Appendix F for reimbursement form)
Health literacy	Minimize use of jargon and avoid acronyms; give background information where appropriate
Mistrust of health care system	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

## First 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.
- A briefing on the committee's purpose, scope and Terms of Reference
- 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 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 experience, the level of support needed usually decreases as advisors become more integrated into the working group.

## Handouts and Background

Terms of Reference, Meeting minutes, attendee list

## Patient Partner Introduction

The patient partner will prepare a brief verbal introduction that includes:

- Full Name
- Relevant experience you wish to share (professional, voluntary, personal) that illustrates what you can bring to this committee?
- Motivations to join this committee?

## Preparing for Subsequent Meetings

If you have specific areas you are seeking the patient voice or if you don't, please identify some areas to have a meaningful role for the patient partner.

## Robert's Rules of Order

Robert's Rules of Order is the standard for facilitating discussions and group decision-making. Copies of the rules are available at most bookstores. Although they may seem long and involved, having an agreed upon set of rules makes meetings run easier. Robert's Rules will help your group have better meetings, not make them more difficult. Your group is free to modify them or find another suitable process that encourages fairness and participation, unless your bylaws state otherwise. You can find more information [here](#) or [here](#).

## Troubleshooting

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

### Concern 1: 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 2: 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 3: 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 4: 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 5: 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.