

# Engagement Opportunity Check-in Checklist

A quick check-in makes sure that everything is on track and that all of you feel good about working together. It's good practice to check in regularly and make any needed changes to improve the experience & outcomes for everyone. Here are some questions that can help to guide a conversation!

Subject	Patient Partner	Health Care Partner
Contact Information	<input type="checkbox"/> Do you know who the primary contact is and how to reach them? <input type="checkbox"/> Have you shared the best way they can reach you? Telephone? Email? Text? Other?	<input type="checkbox"/> Have you provided contact information for yourself and a back-up? Have you shared the best way they can reach you? Telephone? Email? Text? Other? Has the primary contact person for this initiative changed?
Background Information	<input type="checkbox"/> Do you have a clear understanding of this work? <input type="checkbox"/> Do you have enough information to feel like a full participant? <input type="checkbox"/> Do you feel confident to explain this work to others? <input type="checkbox"/> Is there anything else you would like to know?	<input type="checkbox"/> Have you clearly explained the goals & objectives of this work? <input type="checkbox"/> Is there any additional information or training opportunities that could be provided? <input type="checkbox"/> Have you asked them if there is more information that they need?
Introductions & Connection Before Content	<input type="checkbox"/> Have you gotten to know the health care partner(s) a bit better? <input type="checkbox"/> Did you get the chance to meet the other patient partner(s) and the health care team involved?	<input type="checkbox"/> Have you gotten to know the patient partner(s) better? <input type="checkbox"/> Have the patient partner(s) been introduced to each other, and to other people involved in the initiative? <input type="checkbox"/> Are you creating opportunities to connect and maintain a relationship in addition to the initiative work?
Roles/Expectations	<input type="checkbox"/> Are you clear about your role and what is expected of you? <input type="checkbox"/> Do you know how your involvement will contribute to the overall goals of this work?	<input type="checkbox"/> Did you clarify the patient partner(s) roles and responsibilities with everyone? <input type="checkbox"/> Does everyone know how, where and when their involvement will contribute to the overall goals of the work?

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Time Commitment	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are you comfortable with the amount of work/time commitment required?</li> <li><input type="checkbox"/> Are you comfortable continuing as a patient partner(s) in this work?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has the initial invite around meeting frequency and/or additional effort from patient partner(s) changed since the opportunity was posted?</li> <li><input type="checkbox"/> If yes, have you discussed this with the patient partners to ensure agreement to the changes?</li> </ul>
Communication & Impact Updates	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you regularly discuss or receive updates on the initiative's progress?</li> <li><input type="checkbox"/> Are you happy with the frequency of communication?</li> <li><input type="checkbox"/> Have you been able to ask questions and learn about how your participation has (or will) influence this work?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Did you work with the patient partner(s) to develop <a href="#">ways to communicate</a> that best fit their needs?</li> <li><input type="checkbox"/> Are you connecting regularly to discuss the initiative's progress?</li> <li><input type="checkbox"/> Have you shared any available information on how the patient partner(s) involvement has influenced the work thus far?</li> <li><input type="checkbox"/> Do you check in regularly to gauge the patient partners' experience with the partnership?</li> <li><input type="checkbox"/> Have you talked about how "<a href="#">Closing the Loop</a>" will be most feasible and meaningful for everyone at the end of the engagement?</li> </ul>
Safety & Supports	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are you feeling comfortable, safe, able to participate and express your views fully?</li> <li><input type="checkbox"/> If not, what could be done to improve that experience?</li> <li><input type="checkbox"/> If yes, have you given feedback on what is working well?</li> <li><input type="checkbox"/> If applicable, do you know how to have expenses (i.e.: travel costs) reimbursed?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Have you asked and checked in with patient partners to ask if they need any supports to feel safe and comfortable?</li> <li><input type="checkbox"/> If yes, have you shared information on supports that may be available?</li> <li><input type="checkbox"/> If applicable, have you shared how to have expenses (i.e.: travel) reimbursed?</li> </ul>
Other	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you have a question, idea or concern that you haven't found the right opportunity to bring up so far?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do any of the health care partners have a question, idea or concern that you haven't found the right opportunity to bring up so far?</li> </ul>



Patient  
Voices  
Network

ADMINISTERED BY  
BC PATIENT SAFETY & QUALITY COUNCIL

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### **Notes & Next Steps:**

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