



Improving Health Care Together Kit

Leadership Job Interview Panel

Patient Partner Orientation



**Providence
Health Care**
How you want to be treated.



island health

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About Health Quality BC (HQBC)

We are your health quality leaders in BC.

Health Quality BC works to support high-quality care for every person in BC.

Through our work, we build strong partnerships to improve the quality of health care. By administrating [the Patient Voices Network \(PVN\)](#), we support all in British Columbia to be part of those improvement efforts.

To learn more about how to get support for engagement, visit [Health Quality BC](#).

Introduction

Excellent work is happening in BC that, when shared, can help others learn from each other and grow. Adapting successful practices while improving preparation means being confident in working together. This kit will guide you through the steps. You will:

- Learn about the opportunity, including some important definitions.
- Understand how you can contribute to these opportunities.
- Apply what you learn to further involvement in engagement opportunities.
- Have a resource to refer to if you decide to be involved.

The kits are self-directed learning for you to do at your own pace. Once completed you will feel confident to be involved in a leadership job interview panel.

Definitions:

Throughout this kit, we refer to the term **patient partners**. For clarity, we define patient partners as anyone who has lived or living experience of BC health care, as a patient, family, caregiver or community member.

Module One: Person- and Family-Centred Care

Worldwide, health care organizations are advancing a person- and family-centred approach to care. Patients, families and caregivers play a crucial role in developing a person-centred approach. Hiring employees who reflect the values of dignity, respect, caring and trust shows that commitment. Including patient partners on hiring panels adds credibility and balance to hiring decisions.^[1] Leadership job interview panels are one way to advance person- and family-centred care.

Person- and family-centred care is an approach to health care based in compassion, dignity and respect for all. It responds to the needs, values, beliefs and preferences of patients and their family members, and supports mutually beneficial partnerships between patients, family members and care providers.^[2] Person- and family-centred care shifts the health care provider perspective from doing something to or for the patient to providing care in partnership with the patient.^[3] The four principles of person- and family-centred care are: Information sharing, respect and dignity, participation and collaboration.

The BC Ministry of Health has identified person- and family-centred care as a key priority for health care delivery in the province. For example, Providence Health Care (PHC) speaks about its commitment to continue providing the best care experience, and to successfully addressing ever-increasing complexities and future service challenges, by working closer than ever with patients, families and caregivers. By having this as a standard of practice, PHC reinforces the notion that health care should be built around the individual, not the provider and administration.^[4]

Involving patients, families and caregivers like you is one of many ways health care organizations can:

- Embed these values into their practices.
- Learn from lived experiences in the system.
- Improve health care delivery and patient experience.

You should expect mutual respect, transparency, inclusiveness, partnership, trust, responsiveness and cultural safety from the health care team. Team members should have taken Indigenous cultural safety training and/or have knowledge in the principles of [cultural safety and humility](#). We highly recommend patient partners review this resource to expand your knowledge too.

Why include patient partners on a leadership job interview panel?

Active participation from patient partners is seen as a key factor in health care quality improvement, patient safety and better use of resources.^[5] Including patient partners on interview panels:

- Is an opportunity to advance the principles of person- and family-centred care.
- Ensures patients' voices help shape the health care workforce.
- Makes sure the workforce is responsive to the needs, values, beliefs and preferences of patients and their families.

Key Takeaways

- The key principles of person- and family-centred care
- Responsibilities for providing a culturally safe environment
- Reasons to include patient partners

Module Two: Background

Patient partner involvement on leadership job interview panels shows an organizational commitment to person- and family-centred care and sets an expectation for new hires in leadership positions.

In a study examining public participation on hiring panels, researchers found that this practice reduces health care partners' skepticism around public involvement in health care decision-making.^[5] And in another study conducted locally, hiring managers found that including patient partners on interview panels helped hiring decisions and gave candidates insight into the importance placed on person- and family-centred care within the organization.^[6]

Participation as Patient Partners on Interview Panels

The [Spectrum of Public Participation](#) is a tool that helps ensure that patient and health care partners have the same expectations about their partnerships.

Interview panel participation is at the level of **Involve**. Your scores and assessments are considered as part of the panel. Patient partners are part of the deliberation process. Defining the patient partner's role creates clarity for everyone. This ensures you and the health care partners understand how your assessment of the candidate will be used.

If the panel cannot come to a consensus, the hiring manager will make the final decision. **Complete transparency is essential.** The health care partner is responsible for discussing this with you. If you are unsure of your role, please ask the health care partner for clarification.

Your role on the panel is to use your lived or living experience of health care to help inform the hiring decision. You will be required to review materials in advance of the interviews, attend the interviews, ask questions of the candidates relating to person- and family-centered care, score candidates on each question asked and participate in the deliberation process to select the best candidate.

Who are Health Care Teams Looking For?

Health care organizations want to include patient partners who have an interest in shaping the health care workforce and improving person- and family-centred care. They are looking for people with lived or living experience of health care. Patient partner

perspectives represent what is important for candidates to understand when making decisions about health care services.

To participate in a leadership job interview panel, you will need:

- The ability to focus and listen for extended periods of time. Each interview lasts 30-60 minutes and you will be asked to participate in as many as four or more interviews for a single position.
- To be flexible. Interviews happen sporadically when there is a need, at times with short notice (one-to-two weeks) and at variable times throughout the year.

Who else is on Interview Panels?

Panels will consist of any combination of health care team members. This may include the hiring managers, patient partners, clinical leaders, staff educators, physicians, a potential colleague, direct care staff and a staff member who reports to the position being filled (if applicable). The leadership job interview panel composition will also vary depending on the level of the role being interviewed.

What is the Time Commitment?

The time required to be involved on a panel will vary depending on the position being filled and the number of candidates being interviewed. You will be informed of the approximate time requirement before you commit to joining the panel. This is an approximate breakdown of the time commitment:

Pre-Interview: Up to one hour to review job description, resumes and cover letters, and an estimated 15-minute call with the hiring manager to prepare for interviews.

Interviews: Each interview may last between 30-60 minutes and could vary by position. You may participate in panels, one at a time, which could include up to three-four candidates. Depending on the schedule they may be back-to-back or spaced out. You will have time between interviews to take notes, clarify and debrief with the rest of the panel.

Post-Interview: Once all candidates have been interviewed, the panel will debrief, calculate scores and deliberate. This will be an additional estimated 30 minutes. The total time required to participate on a panel interviewing three candidates may be 4.5-5 hours.

Expenses: Patient partners should not incur any expenses because of their participation. Most organizations will cover travel expenses. Talk with your health care partners regarding the process for reimbursement.

Honoraria: Practice varies across organizations regarding honoraria or compensation for patient partners' time. It is up to the organization to determine if it will provide an honorarium for patient partners' participation on interview panels. Some organizations provide gift cards or other small gestures of thanks.

Key Takeaways

- The level of public participation of a leadership job interview panel
- What skills are needed to participate
- Who are the participants from the health care organizations
- Time requirements

Module Three: Overview of the Interview Process

Before the Interview

1. Invitations to participate on a panel will be sent out to oriented patient partners. This often happens with short notice, sometimes only within one week, with interviews scheduled shortly after. The health care partner will work with you to make accommodations for scheduling and address any accessibility issues you may have to participate.
2. Patient partners are selected for the interview panel.
3. Patient partners are provided with background materials on the candidates. Materials will be provided in advance and will include:
 - Job description as well as candidates' resumes and cover letters
 - Standardized interview questions (See [Appendix](#) for an interview preparation checklist).
4. You will have an opportunity to connect with the hiring manager and/or a human resources advisor in advance of the interview to learn what they are looking for in a candidate, review the interview questions and clarify any questions you may have.

During the Interview

1. **Introduce yourself:** At the beginning of the panel interview, everybody on the panel will introduce themselves. When it is your turn, say your name, that you are a patient partner, and you are there to bring a patient perspective to the interview process:

“Hello everyone, I’m Susan. As a patient partner. I bring the perspectives of a patient / family member / caregiver.”

2. **Use an interview tool to assess the candidate’s answers:** You will be given all the interview questions that have been created based on the job description. The questions used assess:
 - If the candidate has the desired technical competencies.
 - Whether they share the organization’s values.

You will score the candidates' responses to all the questions using a scoring matrix that is included with the interview tool. (More information about the scoring system is provided below.)

3. **You will be expected to ask your assigned person- and family-centred care question(s):** They are listed on the interview tool form. They may request you to ask other prepared questions.

After the Interview

1. **Review your scores and make notes about the candidate.** Depending on timing, you may discuss what you heard with the group between each interview.
2. **Compare your scores with other panel members.** The group will compare scores to determine which candidate scored the highest overall. The rationale for scoring is discussed.
3. **Help decide.** Your scores and opinions are taken into consideration with the hopes of coming to a group consensus on the successful candidate. If there is a disagreement among the panel members, the hiring manager will make the final decision.

We know how important it is to close the loop on who gets the job. Be aware that you may not know who the successful candidate is for several days as the hiring manager will need to check references, offer the position and wait for the candidate to respond.

Key takeaways

- Understand the interview process
- Describe the patient partner role
- The importance of closing the loop about the final decision

Module Four: Building Your Skills

As a patient partner, you bring a distinct perspective to the interview. Your presence shows the candidates that the organization values person- and family-centred care and the perspectives of the people it serves. This section will prepare you to assess the candidates being interviewed. You will find helpful tips on what to listen for and how to score the candidate's answers.

Interview Questions

The panel will have a series of questions that have been created based on the job description for the position. These questions, often in collaboration with Human Resources, are designed to assess if the candidate has the desired technical competencies. The questions will also assess if the candidate shares the organizational values and is the right “fit” for the organization.

Depending on the role that is being interviewed for, there will be a combination of technical questions, behavioural questions (e.g., “Describe a time when...”), and questions to evaluate soft skills (such as communication, values, ethics, etc.)

As patient partners, you will be assigned the person- and family-centred care question(s) to ask during the interview and often additional questions. Please note that you will be asked to score **all** questions to the best of your ability, not just the ones you asked.

Tips for Taking Notes During the Interview

Taking notes during the interview will help you remember details of the candidates’ responses once the interviews are completed. Think about how to:

- Document your observations of the candidates’ responses and observable behaviours for each question.
- Keep track of the main points. You do not need to write down everything they say. Using bullet points is a great option.
- Use the key points section of the interview scoring matrix to help guide what you are looking for in responses.
- Remain objective in your assessment and avoid making assumptions about the candidate based on their responses. While this may be difficult, we encourage you to ask for tips from the recruitment team to help guide your approach.

Your documentation (interview question scores and notes) will be collected by the hiring manager and stored in case there is a dispute regarding the selection process.

Using a Scoring Matrix

Each question should have a list of items (answer key) that the candidates should include in their responses. You will then rate their responses based on the following scale:

Sample Scoring System:

- 1 Unsatisfactory – minimal or no relevant information provided
- 2 Somewhat satisfactory – minimal key information provided
- 3 Satisfactory – some key information provided
- 4 Good – most key information provided
- 5 Excellent – all relevant key information provided

Here is a sample question with two responses. Read the responses and decide how you would score the question:

Example 1:

What does person- and family-centred care mean to you at a direct care level and at an organizational level? Give examples.

[Candidate Response] Person and family-centred care means respect and dignity, information sharing, collaboration and participation. It means putting patients at the centre of the care that we provide and making sure that we put them first in everything we do. As a recreational therapist, I practiced it by introducing myself at every interaction with patients and families.

Notes:

- The response includes or reflects all four principles of person- and family-centred care: information sharing, respect and dignity, participation and collaboration.
- Respect and advocacy for patients' and family preferences (ex. delaying a decision, the option of no students/family).
- Emphasis is on patient and/or family needs (versus health care professional or system-centred).
- Inclusion of family members and patients as members of the team (ex. Invited to rounds as possible).
- Describes actions or behaviours that demonstrate person- and family-centred care practices (such as collaboration in developing a plan of care; creating an environment that is welcoming to patients, families and caregivers; engaging with patients and families).
- Respect for patients' values, choices and lifestyles, including beliefs and cultural backgrounds
- Awareness/knowledge of Indigenous cultural safety.
- Involving patients, families and caregivers as partners in care, as appropriate.
- Asking patients, residents and families "What matters to you?"

- Inclusion of patients, families and caregivers in organizational decision-making.
- Seek opinions of patients, families and the public to evaluate and improve care through a variety of engagement methods such as surveys, focus groups, town meetings, and advisory committees.

Score: 1 2 3 4 5

This response shows that the candidate was prepared for the interview and is familiar with the principles of person- and family-centred care. The response, however, just lists the principles with a very simple example of how they implement them in their practice. This response would be scored at 3/5.

Example 2:

Give an example of how patient voices influenced or supported a decision.

[Candidate response] In my previous role as a medical floor Manager, we realized that our discharges were not going well and there were many patients returning to hospital.

We wanted to do something about this and knew we needed a better understanding of the experience of patients and families of our discharge process. We formed a working group for a quality improvement project including two patient partners, who we met with first to determine that the fit was good for them and us. Their experience was critical to our understanding of what mattered to them. Simple changes like more pictures, plain language and speaking to our team made sure that what was changed helped reduce patients returning to hospital. It helped us understand that those that are impacted by our decisions must be part of our improvement efforts.

Notes:

- Direct experience participating in patient and/or public engagement efforts.
- Experience using information/data gathered through patient and/or public engagement to inform changes or projects (e.g., patient satisfaction surveys, program evaluation data).
- Awareness of engagement best practices and benefits of engagement (if they do not have direct experience).
- The response includes the importance of ensuring the engagement is a good fit for all by conducting a meet and greet.
- The response reflects the importance of orientating patient partners to the opportunity.
- Appreciate the spectrum of perspectives of patient and families (may need more than one patient partner rep).

- “What matters most” to patients and families may change options for a decision (maintaining hope with stronger positives and gentler negatives, advance care planning +/- a living will/advance directive).
- Family feeding patients at risk for aspirating. (Harm reduction by modifying consistency, quantity, and route of food and/or traditional medicines).
- Patients and family’s voice/presence offers a flexible, inclusive, and transparent decision-making process.

Score: 1 2 3 4 5

In this response, the candidate gives a concrete example of how they have incorporated the principles of person- and family centred care (PFCC) into their work. This is a very detailed response that would warrant a 5/5 score.

When scoring candidates’ responses, look for them to go beyond just defining something or listing off things that they memorized for the interview. A good response should show deeper understanding and self-reflection. Trust your intuition and look for authenticity in responses.

Sometimes it can be hard to give a candidate a low score. Interviews are stressful and people get nervous. If you are feeling bad for giving a low score, remember why you are there. The panel is trying to find the best person for the job. It may help to think of yourself as a patient, family or caregiver in the department they will be leading. Think about the impact that the candidate will have on the department or area that you may have to visit. You might ask about the possibility of adding a follow-up question that gives the candidate another chance or pick out something they can answer in more detail.

Clarification vs. Collaboration

If you are having trouble scoring a question, at the end of the interview you can ask other panel members to clarify something the candidate said, but you should not ask them how they scored the question. **Each interviewer should score the candidate’s response independently and without conferring with other panel members.**

The Decision-Making Process

After each interview you will have a few minutes to review the scores and make some notes about the candidate. There may be time to debrief each interview with the group before the next candidate arrives. At the end of all the interviews, the group will compare scores to determine which candidate scored the highest.

Your scores and opinions will be considered equally alongside the other panel members. This is your opportunity to discuss the strengths and weaknesses you noticed in the candidates with the team. Following the discussion, the hiring panel will come to a group consensus. **If there is disagreement among the panel members, the hiring manager will make the final decision.**

After the interview, the hiring manager may need to check references before offering the final position. You will be informed of the successful candidate before the official announcement is shared.

Confidentiality and Data Protection

This is a confidential process. You may be asked to sign a confidentiality agreement by the organization you are partnering with. You must keep information about who was interviewed for the position and what was said during the interview confidential. Please keep the final candidate decision confidential until it has been officially announced.

You can talk about the fact that you participated on an interview panel, and which position was being interviewed. If you are unsure what you can disclose, you can check with the hiring manager or human resources advisor.

Your notes will be collected by the hiring manager to be stored by Human Resources in case there is a dispute regarding the selection process.

Things to remember

- How to take notes
- What is in a scoring matrix and how to use it
- Expectations for confidentiality and data protection

Module Five: Completion

Once you have completed this kit, you should feel more prepared to be involved in Leadership Interview Panels.

It is the health care organization's responsibility to:

- Review potential patient partners' backgrounds
- Decide who will be asked to participate
- Coordinate all background materials, scheduling and communication
- Close the loop with patient partners about who has been hired

Health Quality BC, through its administration of PVN, will:

- Provide support for an overall orientation to the patient partner role, if needed
- Check-in with patient and health care partners who have participated in interview panels to assess their experiences as well as improve processes and materials provided in this kit

Good luck with your interviews!

Appendix:

Person- and Family-Centred Care Interview Questions

Person and family-centred care can often be referred to as “patient- centred care” or “client-centred care.” These interview sample questions have been adapted with permission from “All PHC Staff Interview Questions – Patient and Family Centred Care,” “Island Health Authority Sample Patient and Family-Centred Interview Questions,” “Fraser Health Draft Patient Partner/Advisor Interview Questions” and patient partner feedback.

Recommendations

Use these sample interview questions to hear candidates’ views and commitment to person- and family-centred care. These questions may be adapted, or new questions may be developed, as appropriate for the position being filled. **We recommend at least two questions related to person- and family-centred care be included in the interview.**

1. What does person- and family-centred care mean to you at a direct care level and at an organizational level? Give examples.

Notes:

- The response includes or reflects all four principles of person- and family-centred care: information sharing, respect and dignity, participation and collaboration.
- Respect and advocacy for patients’ and family preferences (ex. delaying a decision, the option of no students/family).
- Emphasis is on patient and/or family needs (versus health care professional or system-centred).
- Inclusion of family members and patients as members of the team (ex. Invited to rounds as possible).
- Describes actions or behaviours that demonstrate person- and family-centred care practices (such as collaboration in developing a plan of care; creating an environment that is welcoming to patients, families and caregivers; engaging with patients and families).
- Respect for patients’ values, choices and lifestyles, including beliefs and cultural backgrounds.
- Awareness/knowledge of Indigenous cultural safety.
- Involving patients, families and caregivers as partners in care, as appropriate.
- Asking patients, residents and families “What matters to you?”
- Inclusion of patients, families and caregivers in organizational decision-making.
- Seek opinions of patients, families and the public to evaluate and improve care through a variety of engagement methods such as surveys, focus groups, town meetings, and advisory committees.

Score: 1 2 3 4 5

2. What would you do to involve a patient in their care? How would you involve their family/caregivers? Please give an example.

Notes:

- Emphasis on principles of “participation” – patients, residents and families are encouraged and supported in participating in care and decision-making at the level they choose. (versus health care professional or system-centred convenience)
- Inclusive of family members and patients as members of the team.
- Collaboration in developing the plan of care.
- Reflects person- and family-centred principles of information sharing – communicate and share complete, timely, unbiased and accurate information to allow patients/residents/families to effectively participate in their care. Checking for understanding and mutual agreement. Demonstrates empathy.
- Active listening to patients and families facilitates understanding and compassion. (By including someone who can advocate for the patient, independent interpreter, delay interrupting, appreciating the impact of stigma, being curious about specific needs for cultural safety, and being aware of historical mistrust).
- Offer the universal precaution of trauma- and violence-informed care.
- Answer questions in an unhurried way, returning on more than one occasion after encouraging them to list concerns.
- Asking patients, residents and families “What matters to you?”
- Confirm Patient & Family understanding of information by having them explain it back.
- Collaborate in developing and revising a care plan. Advocate. Support patients and families’ change in plan.

Score: 1 2 3 4 5

3. How might hospitalization or illness impact a patient and families’ well-being beyond their illness? Are there ways you would support patients and families during hospitalization?

Notes:

- Awareness of vulnerability (loss of control and mobility, anxiety, ignored call bell).
- Discomforts (noise, poor sleep, uncomfortable mattress, rough sheets, painful lab intrusions, roommates, interruptions, check-ins during sleep, rough handling, unpalatable food, unpleasant smells, sights, and sounds of others’ distress).
- Confusion (assign a consistent point person to communicate).
- Uncertainty (loss of meaning and hope may benefit from spiritual care).
- Grief (loss of identity, function, familial and occupational roles, financial security).

Score: 1 2 3 4 5

4. How do you provide culturally sensitive care, particularly for Indigenous people?

Notes:

- With self-reflection, humility, and curiosity learn about unique needs Through awareness of the history of colonialism (such as genocide, missing women, abuse, forced sterilization, and experimentation in residential schools, cultural oppression, intergenerational trauma) demonstrate the ability to reflect upon your own cognitive biases and assumptions about the needs of Indigenous patients.
- Understand the importance of the patient having control over their healing journey, and how you as a care giver or leader can support that patient's control.
- Offer universal precaution of trauma- and violence-informed care, awareness of Post Traumatic Stress (PTSD) triggers, and appreciation of mistrust of institutions and the medical system.
- Engage the support of extended family, community liaisons, and Indigenous health navigators.
- Appreciate diversity within diversity.
- Acknowledge resiliencies and strengths as they re-establish their languages and cultures and connect with land, spirituality, ancestral wisdom, healing practices, and community knowledge keepers.
- Cultural safety is defined by the patients and families.

Score: 1 2 3 4 5

5. What would you do if you disagreed with a patient or family member about a plan for care?

Notes:

- Managing conflict – using conflict resolution skills to resolve the conflict.
- Asks for the patient's, families and caregiver's points of view.
- Respects patient's preferences, cultural practices and values.
- Suspend personal opinions, values, and biases. Consider you may be wrong. Apologize.
- Be curious. Find common ground. Compromise. Circle around for all to have a chance to speak.
- Explore options & negotiate trials. Consider effective referral, and non-abandonment during a complaint.
- Draw together a trustworthy team to resolve conflicts collaboratively, patiently, and fairly: medical/nursing leaders, social workers, Risk Management, Spiritual care, Psychiatry, Psychology, Ethics, and cultural, Indigenous, and faith liaisons.

Score: 1 2 3 4 5

6. In this role, how would you ensure the patient’s preferences, values, and goals are included in decision making (direct care, program level, organization level – depending on role)?

Notes:

- Elicits information about the care experience from patients, families and caregivers (such as asking, “What matters to you?”).
- Documenting patient preferences.
- Collaboration in developing a plan of care.
- Where appropriate, shares full information with patients, families and caregivers – ensure to check for understanding.
- Engage with patients when decisions will impact them.
- Direct experience participating in patient and/or public engagement efforts.
- Experience using information/data gathered through patient and/or public engagement to inform changes or projects (e.g., patient satisfaction surveys, program evaluation data).
- Awareness of engagement best practices and benefits of engagement (if they do not have direct experience).

Score: 1 2 3 4 5

7. Give an example of how patient voices influenced or supported a decision.

Notes:

- Direct experience participating in patient and/or public engagement efforts.
- Experience using information/data gathered through patient and/or public engagement to inform changes or projects (e.g., patient satisfaction surveys, program evaluation data).
- Awareness of engagement best practices and benefits of engagement (if they do not have direct experience).
- The response includes the importance of ensuring the engagement is a good fit for all by conducting a meet and greet.
- The response reflects the importance of orientating patient partners to the opportunity.
- Appreciate the spectrum of perspectives of patient and families (may need more than one patient partner rep).
- “What matters most” to patients and families may change options for a decision (maintaining hope with stronger positives and gentler negatives, advance care planning +/- a living will/advance directive).
- Family feeding patients at risk for aspirating. (Harm reduction by modifying consistency, quantity, and route of food and/or traditional medicines).
- Patients and family’s voice/presence offers a flexible, inclusive, and transparent decision-making process.

Score: 1 2 3 4 5

8. Share with us one action you would take to ensure patients, families and caregivers are involved in the work of this role.

Notes:

For all positions:

- A desire to seek out existing patient and public engagement resources that could inform their work or decision making.
- Interest in implementing patient and public engagement processes to inform their initiatives (e.g., advisory committees, implementation of client surveys, client engagement to inform program evaluation or redesign.)

For leadership positions:

- An interest in encouraging staff to implement patient and public engagement practices to inform their work or decisions.
- A willingness to prioritize participation in engagement practices in program and organizational policy and processes.

Score: 1 2 3 4 5

9. How would you ensure the patient voice is heard and has an impact at the leadership and decision-making level?

Notes:

- Advocating for the use of meaningful public and patient engagement processes to inform decision making.
- Stewarding or advocating for input gained via public and patient engagement to be considered or implemented to the extent promised during the engagement process.
- Including patient partners in decision-making processes where appropriate.

Score: 1 2 3 4 5

10. How would you approach an instance where you needed to navigate a shift towards a more person- and family-centered care approach which resulted in frustrations being shared from some team members due to the additional operational demands added to their workload?

Notes:

- Demonstrates respect and appreciation for the perspectives of patients, families and caregivers.
- Able to provide a clear plan in how to manage conflict and maintain support for person- and family-centred care.
- Interest in encouraging staff to implement patient and public engagement practices to inform their work or decisions.

Score: 1 2 3 4 5

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