

Patient-Family Involvement Interview Evaluation

Candidate Name: _____ Evaluator Name: _____ Date: _____

Committee: _____ Committee Chair / Designee _____

Interview Evaluation

1. Patient-family member representative is a good match for proposed workgroup or improvement team.

Strongly Agree Agree Disagree Not Sure

Comments:

2. Patient- family member representative interests or experiences is a good match for proposed workgroup or improvement team?

Strongly Agree Agree Disagree Not Sure

Comments:

3. Patient-family member representative expressed experiences or opinions clearly?

Strongly Agree Agree Disagree Not Sure

Comments:

4. Additional Comments:

Right Match Not Right Match Volunteer Packet Completed TB Screening Completed Confidentiality Agreement Completed

Privacy Law Education / Post Test Completed HIPPA Training / Post Test Completed

Committee Start Date: _____ Committee End Date: _____ Committee Chair _____