

Patient and Family Advisory Board Membership Application

Thank you for your interest in the Patient and Family Advisory Board. Membership requires your completion of this membership application. Membership is reviewed by a committee. A phone interview will be required. All of your information will be treated as **confidential**. Please type or clearly print your responses.

Please complete the following application and return to:

Kate Harken
Administrative Director, Education and Development
Email: kathleen.harken@northwestern.edu

MISSION STATEMENT:

The Robert H. Lurie Comprehensive Cancer Center of Northwestern University is committed to being a national leader in the battle to overcome cancer.

To this end, the Lurie Cancer Center is dedicated to:

- * Scientific discovery
- * Advancing medical knowledge
- * Providing compassionate state-of-the-art cancer care
- * Training the next generation of clinicians and scientists

The Patient & Family Advisory Board Program is based on the principles of Patient- and Family-Centered Care, which is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families and health care providers. It is founded on the understanding that the **family plays a vital role** in ensuring the health and well-being of patients of all ages. In Patient- and Family-Centered Care, patients and families define their “family” and determine how they will participate in care and decision-making.

The 4 principles of Patient- and Family-Centered Care:

- ✓ **Dignity & Respect**
Health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision-making.
- ✓ **Information Sharing**
Health care providers communicate and share complete and unbiased information with patients

and families in ways that are affirming and useful. Patients and families receive timely, complete, accurate information in order to effectively participate in care and decision-making.

✓ **Participation**

Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

✓ **Collaboration**

Patients, families and providers collaborate in policy and program development, implementation and assessment; in health care facility design; and in professional education, as well as in the delivery of care.

Board Requirements

- Members maintain active status by attending at least two of the three meetings annually on Northwestern Medicine's Chicago Campus.
- Members may be asked to volunteer for one additional program or internal committee each year (e.g., Survivorship Panels, Cancer Connections, Survivors' Walk).
- Members are asked to volunteer for one additional program each year (Survivorship Panels, Cancer Connections, Survivors' Walk, etc.).

Name: _____

Address: _____

City/State/Zip Code: _____

Please indicate preferred phone number: Cell Home Work

Telephone number(s):

Work _____ - _____ - _____ Home _____ - _____ - _____ Cell _____ - _____ - _____

E-mail address: _____

Date of Birth: _____

- | | |
|---|--|
| <input type="checkbox"/> Adult cancer survivor | <input type="checkbox"/> Family member of adult patient currently in treatment |
| <input type="checkbox"/> Adult patient currently in treatment | <input type="checkbox"/> Family member of adult cancer survivor |
| <input type="checkbox"/> Bereaved family member | <input type="checkbox"/> Childhood Cancer Survivor |

Patient or Family member's Diagnosis [Type of cancer] _____

Age at diagnosis: _____

Year of original diagnosis: _____

Year treatment completed (if applicable): _____

Who is/was your Physician? _____

What did your/your family member's care include? [Check all that apply]

- | | |
|--|---|
| <input type="checkbox"/> Chemotherapy/Other drug Therapy | <input type="checkbox"/> Clinical Trial |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Surgery |

If you are a family member, what is your relationship to patient?

Were you or your family treated at Northwestern (all or part of therapy)?

What is your occupation, or list any skills/ hobbies:

Why would you like to become a member of the Board?

What do you want to bring to the Board?

Describe a memorable experience in your cancer journey:

I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member of the Patient and Family Advisory Board. I agree to abide by the guidelines to respect patient confidentiality, and to uphold the traditions and standards of Robert H. Lurie Comprehensive Cancer Center of Northwestern University. Volunteers will demonstrate a readiness to help others, maintain respect for collaboration and assist the Lurie Cancer Center in delivering quality patient cancer care.

By signing this application, I am authorizing the staff of the Advisory Council to discuss my participation in the program.

Applicant's Signature _____ Date: _____

For those applying as a family member: To assure compliance with Federal HIPAA regulations, family members must include patient's name and obtain his/her signature to indicate that s/he understands you may use his/her name and/or medical history in your capacity as Council member.

Patient Name: _____

Signature: _____ Date: _____