

Patient and Family Advisor Program Informational Sheet

Currently, all engagements of the Patient and Family Advisor Program are virtual. We may or may not resume or integrate in-person meetings or opportunities during this term cycle.

Thank you for your interest in the Patient and Family Advisor Program (PFAP). The PFAP is based on a patient- and family-centered approach to create mutually beneficial partnerships among patients, families, and health care providers. Advisors work with health care staff to plan, assess, and evaluate care at MD Anderson. We work as a team to enhance programs, services, and policies. This proven approach leads to better and safer health outcomes, a wiser use of resources, and higher patient satisfaction.

To be a member of the Patient and Family Advisor Program, we ask that you:

- Be a current or former MD Anderson Cancer Center patient, caregiver, or family member
- Represent all patients, caregivers, and family members
- Commit to a three-year term
- Complete virtual orientation and all required documentation and forms for your membership file
- Complete required annual education at the start of each fiscal year (September)
- Each term year, attend seven (7) of the twelve (12) monthly meetings – currently meetings are virtual
- Engage in at least one additional opportunity to improve the patient experience such as an institutional committee, focus group, special project, etc.

Currently all Advisor opportunities are virtual. Examples of advisor opportunity involvement include:

- Unit, Center, or Department Specific Patient Experience Teams
- Patient Safety Committee
- MyChart Design and Testing
- Patient Education Review and Feedback

We hope that you apply for the Patient and Family Advisor Program. **The closing date to submit an application is 5 p.m. on July 31.** Upon receipt of your completed application, we may contact you to schedule a virtual interview.

Please feel free to email PatientExperience@mdanderson.org if you have any questions.

Sincerely,

Kathy Denton

Kathy Denton
Director, Office of Patient Experience
MD Anderson Cancer Center

Jacklyn Le

Jacklyn Le
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Patient and Family Advisor Program

Frequently Asked Questions

What is the Patient and Family Advisor Program?

The Patient and Family Advisor Program (PFAP) is comprised of patients, survivors, caregivers, and/or family members of patients who have come together with a shared vision of making MD Anderson a better place. Advisors serve as a resource for MD Anderson and collaborate with the institution on various projects and efforts.

Who can apply for the PFAP?

Any MD Anderson patient, survivor, caregiver, or family member of a patient is able to apply for the PFAP.

Is being a Patient and Family Advisor the same or similar to being a Volunteer?

No. Volunteers serve to provide comfort, hope, support and education directly to patients. Advisors serve to provide experience or feedback and partner with MD Anderson employees to improve the patient experience. Please note that as a proactive measure to minimize risk to our patient and staff to COVID-19, the Patient and Family Advisor Program has transitioned to serving virtually until further notice.

When does the PFAP meet and how often?

Advisors are required to attend seven (7) out of twelve (12) meetings on an annual basis. Monthly meetings of the PFAP occur the third Tuesday of the month in the evening, starting at 6pm and ending at 7pm or 7:30pm. Currently, all meetings are virtual. Additional time commitment will come from an Advisor's involvement in opportunities. Times will vary and depend on the specifics of the opportunity. Currently, all opportunities are virtual. We may or may not resume or integrate in-person meetings or opportunities during your term.

What does MD Anderson expect of patients and family members serving in the program?

To remain in good standing, members are required to complete orientation, annual education, required documentation and forms for membership file, attend seven (7) out of twelve (12) monthly meetings, and engage in at least one additional PFAP opportunity. As a member of the PFAP, you are expected to be engaged and participate to provide input, problem solve, and advise on institutional initiatives, projects or programs and resources. Failure to meet these requirements will result in sunsetting of your membership.

How will members be chosen?

After submitting your application, you may be asked to complete a virtual interview with representatives from the Patient and Family Advisor Program. Diversity of background and experience is needed to fully represent our patients and families. We will work to identify members that represent different ages, diagnoses, races, educational levels, and treatment experiences.

Where can I go for more information?

For more information, please visit www.mdanderson.org/pfap, or email PatientExperience@mdanderson.org.

Patient and Family Advisor Program Application

Section One: Applicant Information

Applicant is a (check one): Patient Caregiver/Family member

Name: Date of birth:

Address:

City: State: Postal code: Country:

Email Address:

Cell Phone:

Section Two: Patient Information

Patient diagnosis (type of cancer):

Patient's home center (i.e. Breast Center or Brain & Spine Center):

Year of original diagnosis:

Age at diagnosis:

Is the patient regularly coming to MD Anderson for appointments? Yes No

Is the patient in survivorship follow-up programs at MD Anderson? Yes No

Please check the MD Anderson locations you have received treatment or other services.

Texas Medical Center

League City

Katy/Memorial

Sugar Land

The Woodlands

Bellaire Radiation Center

West Houston Imaging Center

I certify that the statements made in this application are correct and have been given voluntarily. I understand that I will not be paid for my services as a member of this Program and membership will require adherence to Program Bylaws.

Signature*:

Date:

**An original signature is required if you are selected to serve as an Advisor.*

All information contained in this application is considered confidential and will only be used by the MD Anderson Cancer Center Patient and Family Advisor Program Selection Committee. When we receive your application, you may be asked to meet with the committee. If selected, all Patient and Family Advisors must complete a background check and sign a MD Anderson Cancer Center confidentiality statement. New members will begin their term in September.

For those applying as a family member or caregiver: Please include your family member's name and signature to indicate he/she understands that you may use and share his/her name and/or medical history information in your capacity as a Patient & Family Advisor. If the patient has passed away, please check the box below. All information used in Patient and Family Advisor Program meetings will be confidential.

Patient's Name:

Date:

Patient's Signature*:

Please check box if patient is deceased:

**An original signature is required if you are selected to serve as an Advisor.*

Thank you again for your interest. Interviews will be held in August. Please email your completed application to PatientExperience@mdanderson.org.

Questions? Please see the Frequently Asked Questions Document, or email PatientExperience@mdanderson.org.