Patient and Family Advisory Councils
PAC Annual Self-Assessment

Rate your PAC individually on a scale from 1-10 (circle one number) in the following categories.

### Meeting Effectiveness

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- Inconsistent participation and attendance
- No opportunity for patient advisor input
- No clear goals of objective for meeting
- Starts late or ends late
- 100% attendance and excellent participation
- All advisors participating in discussion
- Clear goals and objectives for the meeting
- Start on time and end on time

### Group Dynamics

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- Member hesitate to encourage change
- PAC does not represent community we serve
- Unable to move beyond their personal view to represent others/ focus areas of service
- All members consistently provide honest and candid conversation on ways to improve
- All member share the perspective of the patient beyond their own personal experience
- PAC members represent community we serve

### PAC Leader Effectiveness (Both Health Center and Central)

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- Does not seek new ideas and has own agenda
- Not prepared for meeting
- Lack of circle back and follow up on previous discussions
- Guests are unprepared and unable to engage council
- Dominates conversation and does not engage
- Fosters environment for input from PAC
- Engages PAC early in development stage for a new project or initiative
- Always follows up and communicates updates
- Always prepares guest/presenters to seek input
- Uses clear visible notes during meeting
- Uses excellent facilitation skills to hear all viewpoints
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- No alignment with PAC, health center or primary care goals.
- PAC is unaware of health center goals and True North.
- PAC is not engaged in setting goals for health center and primary care.
- PAC does not address needs of patients.

- PAC goals and meeting topics are 100% aligned with health center or SFHN primary care goals.
- PAC is aware of health center goals and True North.
- PAC helps shape the development of goals and strategies.
- PAC supports expressed needs of patients.

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**Health Center:**

**What is your role? (Please Circle one):**  
- Patient or Family Advisor  
- Health Center PAC Leader (staff)

**Name (optional):** ________________________________  
**Date:** ________________________________

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**Additional Notes**

**Meeting Effectiveness:**

**Group Dynamics:**

**Leader Effectiveness:**

**Key Strategies Alignment:**