

Exceptional Healer Award

Patient- and Family-Centred Care Excellence Award

Nomination Form for Health Care Professionals

The *Exceptional Healer: Patient- and Family-Centred Care Excellence Award* is offered to health care professionals* at Kingston Health Sciences Centre who demonstrate the core concepts of patient and family-centred care in exceptional ways while providing direct care. Those concepts include dignity and respect, information sharing, participation and collaboration (<https://www.ipfcc.org/>).

Patients, family members, and staff are invited to nominate a KHSC health care professional(s)* for the award by **February 20, 2026**.

*Please complete all **four (4)** parts of this nomination form and submit it as indicated below:

PART ONE: The Nominee(s): Who do you wish to nominate?

Last Name(s): First Name(s):

Department and Role:

Contact information, if available (location, email, phone):

PART TWO: The Nominator: Please provide your contact information.

Last Name(s): First Name(s):

Address:

Telephone: Cell Phone:

Email:

PART THREE: The Nominee's Qualities. Please answer the following questions.

The nominee(s)

- | | |
|--|---|
| • is approachable and compassionate. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • is respectful and patient. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • listens well; informs clearly. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • delivers care with skill and creativity. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • collaborates with others. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • recognizes the uniqueness of the patient/family. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • partners with the patient/family in making decisions about care. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
| • is trustworthy. | <input type="checkbox"/> Yes <input type="checkbox"/>
No |
-

PART FOUR: Supporting Information. Provide examples of how the nominee is truly exceptional.

- A. **If you are a patient or family making the nomination**, briefly tell your story about why you have nominated the candidate(s) keeping in mind the qualities stated above. Please indicate how care was delivered/offered: 1) in-person; 2) virtually (phone/computer/tablet); 3) both in-person and virtually.

NOTE: Please limit comments (typed or handwritten) to 500 words. You may write your nomination yourself or have someone else do so on your behalf.

OR

- B. **If you are a staff member/colleague making the nomination**, briefly describe the nominee's (nominees') special characteristics for this award based on the qualities stated above. Provide examples.

NOTE: 1) Please limit comments (typed or handwritten) to 500 words.

2) Staff who nominate *must have at least one patient/family member co-sign* the nomination. Your nomination cannot go forward without this inclusion. Please provide *contact information* for the patient/family member (email and/or phone).

Options for submitting this nomination:

- Complete the nomination form online, save and e-mail to ExceptionalHealer@KingstonHSC.ca
- Complete, print and mail the form to:

Attn: Heather Jelinski

Kingston Health Sciences Centre - Kingston General Hospital Site

Watkins 4 People Services

76 Stuart Street Kingston, ON K7L 2V7

If you have questions about the nomination form, please contact us by:

- Email: ExceptionalHealer@KingstonHSC.ca
- Phone: 613-549-6666 ext. 8108

*<https://www.ontario.ca/page/regulated-health-professions>