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 March 4, 2024.

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/or Role: [ ]

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.  □ Yes  □ No
- is respectful and patient.  □ Yes  □ No
- listens well; informs clearly.  □ Yes  □ No
- delivers care with skill and creativity.  □ Yes  □ No
- collaborates with others.  □ Yes  □ No
- recognizes the uniqueness of the patient/family.  □ Yes  □ No
- partners with the patient/family in making decisions about care.  □ Yes  □ No
- is trustworthy.  □ Yes  □ 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 800 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, with examples, for this award based on the qualities stated above. NOTE: 1) Please limit comments (typed or handwritten) to 800 words. 2) Staff who nominate must have at least one patient/family member co-sign the nomination. Your nomination cannot go forward without this information.

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