



# 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:

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

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

Address:

Telephone:  Cell Phone:

Email:

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**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

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**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.

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**Options for submitting this nomination:**

- Complete the nomination form online, save and e-mail to [ExceptionalHealer@KingstonHSC.ca](mailto: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](mailto:ExceptionalHealer@KingstonHSC.ca)
- Phone: 613-549-6666 ext. 8108