



## Patient and Family Advisory Council (PFAC) Membership Application

**Full name:**

**Street address:**

**City, state, and zip:**

**Home phone:**

**Cell:**

**Email:**

**Main UI Health Care provider/service:**

**Number of clinic visits and stays at UI Hospitals and Clinics in the past year:**

1. Why would you like to serve on the University of Iowa Hospitals and Clinics PFAC?

2. Please list the clinics and/or hospital areas where you or your family member(s) have received care:

Emergency service

Outpatient clinics

Inpatient units

Intensive care units

Radiology

Surgery

Other (Please enter in the box below)

3. Please write about the medical condition(s) and/or procedure(s) you or your family member(s) have faced:



4. The overall patient experience involves every single point of contact within the hospital and beyond. Making sure each encounter is professional, compassionate, empathetic, and beyond expectations by working together to build a positive patient experience.

Based on this:

**Please write about a time you or your family member(s) experienced an ideal patient experience:**

**Please write about a time you or your family member(s) experienced a less than ideal patient experience:**

5. **What are some of the things health care professionals at UI Hospitals and Clinics have done to help you and your family?**
  
  
  
  
  
  
  
  
  
  
6. **What are some of the things health care professionals could do differently to better help in you or your family member's care?**



**Choosing to serve on the UI Hospitals and Clinics PFAC means you agree to:**

1. Talk openly with other patients and hospital staff about how to make the hospital experience better for all patients and families.
2. Actively take part in council meetings, projects, and activities with other members and guests in a meaningful and respectful way.
3. Show compassionate interpersonal skills, such as:
  - Actively listening to others
  - Sharing your ideas in a positive way
  - Working with families and hospital staff whose own perspective, background experiences, and styles are likely very different from your own
4. Support the hospital's mission of excellence in patient care, education, and research.
5. Go to at least 5 meetings each year.

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**Electronic signature**

**Date**

Please send this form by:

- Email to [adult-pfac@uiowa.edu](mailto:adult-pfac@uiowa.edu)
- Or mail to: Steve Richmond, assistant director, Office of the Patient Experience  
200 Hawkins Drive, CC102-C GH  
Iowa City, Iowa 52242

If you have questions, please email or call 319-356-7540.

We will email you about the status of your application. If you are asked to interview, we will schedule a time to talk with you about your application and interest in serving on the PFAC.