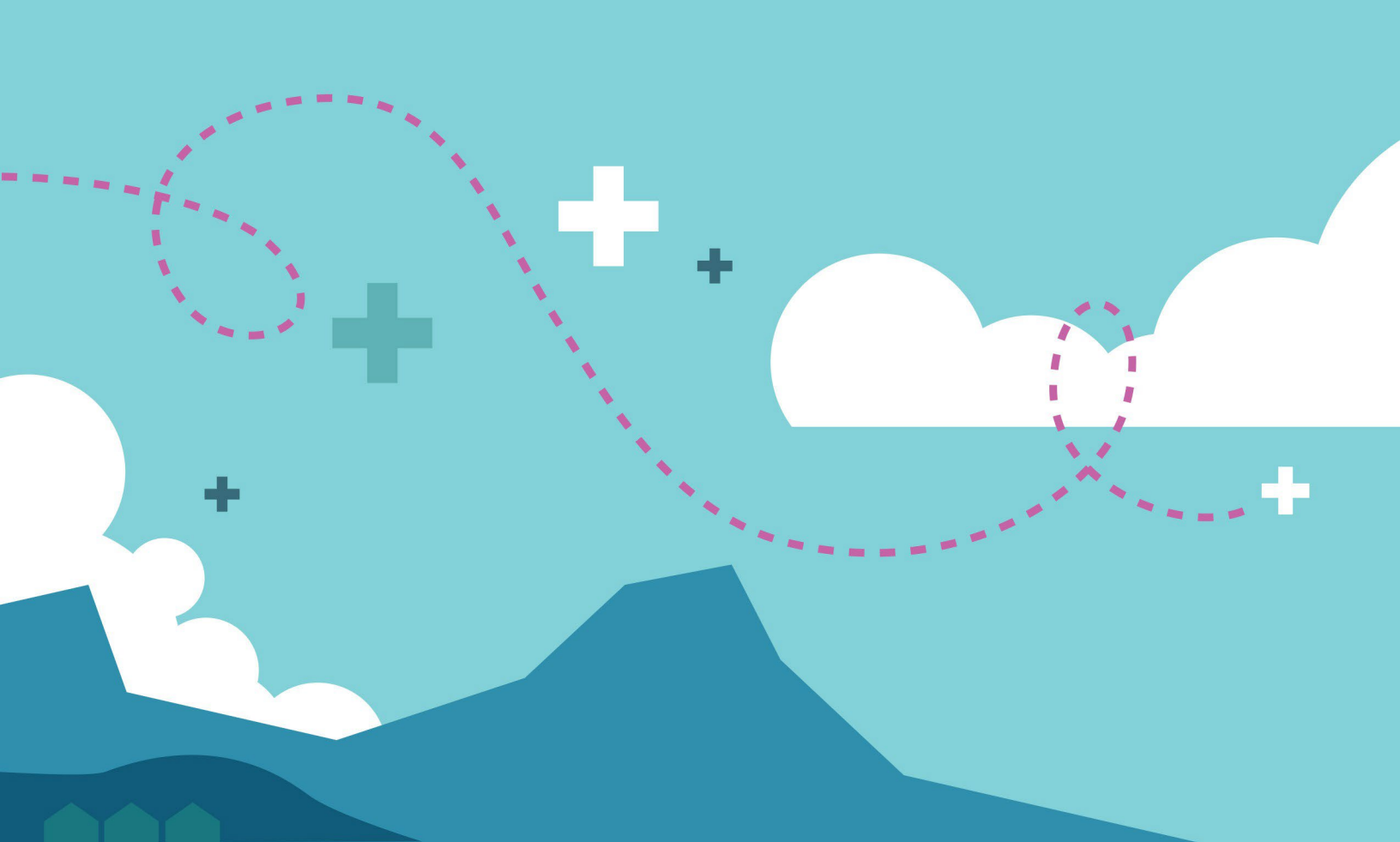




From Reflection to Improvement: A Patient Persona Facilitation Guide

September 24, 2026



Improving Healthcare Together



Health Quality Alberta is a provincial agency that has a legislated mandate to promote and improve patient safety, person-centred care, and health service quality for Albertans. We engage with Albertans to gather information about their experiences and collaborate with health system partners to identify and drive actionable improvements. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*.

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GETTING STARTED

Welcome

This guide is designed to support teams in learning from patient experiences through reflection, conversation, and planning for improvement. It offers flexible questions, facilitation activities, and planning tools that can be adapted to different audiences, learning goals, and available time. While intended to support team learning and processes, this guide can also support individual engagement with the personas.

The personas in this guide were developed using survey data from Health Quality Alberta's Primary Care Patient Experience Survey and in-depth interviews with patients whose experiences offered additional insight into patterns identified through the survey. Each persona brings together experiences and perspectives shared across multiple interviews, helping make visible the context, complexity, strengths, and challenges that numbers alone cannot capture.

As you move through the guide, we invite you to approach these stories and conversations with curiosity and openness, recognizing that different questions, ideas, and experiences may resonate with different people. Together, these conversations can deepen understanding, bring different perspectives into view, and help identify opportunities to strengthen care and the health system.

ABOUT THE PERSONAS

Each persona is a composite of experiences and perspectives shared by multiple people and does not represent a single individual or interview. The experiences and quotes reflected in the personas are grounded in interviews with real Albertans who gave permission for their stories to be shared.

To protect participants' privacy and anonymity, the names, photographs, and narrated voices are fictional representations. They were created to reflect the experiences shared through interviews and surveys while safeguarding the identities of those who contributed.

Learn more about how the personas were developed on the [Health Quality Alberta's Primary Care Persona website](#).

Who this guide is for

This guide is intended for people working in primary care who want to use patient experiences to support learning, reflection, conversation, and improvement.

It may be useful to healthcare providers, practice facilitators, quality improvement and education teams, leaders, patient and family partners, and others supporting care teams and services.

You do not need to be an experienced facilitator or quality improvement specialist to use this guide.

How to use this guide

The personas in this guide can support many kinds of learning — from a brief team huddle or facilitated conversation to an education session or quality improvement workshop. You do not need to work through every section, question, or activity. Choose and adapt what best supports your participants, purpose, and available time.

THE LEARNING JOURNEY

Each persona chapter follows a shared learning journey:

- **Meet**
Get to know the persona through their story and lived experiences.
- **Understand**
Learn about the broader contexts, relationships, and circumstances that shape their experience.
- **Reflect**
Pause to consider what comes into view, what stands out, and what questions begin to emerge.
- **Explore**
Look at the experience through the [Alberta Quality Dimensions for Health](#) to consider different perspectives and opportunities for strengthening care.
- **Plan**
Consider what these learnings might mean within your own context and identify opportunities to strengthen care.

You can move through the learning journey together in one session or use different parts at different times. Your purpose and available time can shape which parts you use and how deeply you engage with them.

USING THE GUIDE AND WEBSITE TOGETHER

The facilitation guide and persona website are designed to be used together or independently. Each persona is available as a printable version in this guide and as an interactive experience on the website, where you and your team can also listen to narrated audio and explore additional content.

Depending on your setting, people might read the printable persona, listen to selected audio, explore the website, or combine these approaches. The website can also be shared before or after a facilitated session, allowing everyone to engage with the persona and related resources at their own pace.

TWO WAYS TO BEGIN

The learning journey can begin together as a group, or individuals can complete some sections independently before coming together.

Beginning with pre-work can create more space for collective exploration and planning. Individual reflections do not need to be submitted or shared; they are intended to give people time to consider the experience before entering into conversation with others.

Begin together	Begin before you meet
Move through Meet → Understand → Reflect → Explore → Plan as part of the facilitated session, adapting the depth of each section to the time available.	Invite participants to complete Meet → Understand → Reflect independently using the guide and/or website. When you come together, briefly reconnect with what participants noticed before moving into collective Explore → Plan activities.

CHOOSE A PATH THAT WORKS FOR YOU

The learning journey can be adapted to different settings and amounts of time. You do not need to use every question, activity, or piece of content. The examples below offer starting points that can be adapted to your participants, purpose, and conversation.

Options	Meet	Understand	Reflect	Explore	Plan
15 min: Quick conversation Huddles, brief learning moments	5 min — Get to know the persona by reading or listening to a selected part of a persona story	3 min — Learn about one or two pieces of context that help to deepen understanding	7 min — Reflect individually on one selected question and invite participants to share what they noticed	—	—
30 min: Focused conversation Team meetings, education sessions	5 min — Get to know the persona by reading or listening to selected parts of a persona story	5 min — Learn about selected context that helps deepen understanding	10 min — Reflect individually on one or two selected questions, then invite participants to share what they noticed	10 min — Explore one Alberta Quality Dimension and its accompanying question	—
60 min: Deeper discussion Team learning, facilitated discussions, quality improvement conversations	10 min — Get to know a persona by using the guide, website, audio, or a combination	10 min — Learn about selected contexts, relationships, and circumstances that shape the experience	10 min — Reflect individually on selected questions and invite participants to share what they noticed	20 min — Explore selected Alberta Quality Dimensions and questions, engage in suggested mapping activities	10 min — Identify an insight or opportunity to strengthen care within your context

Options	Meet	Understand	Reflect	Explore	Plan
90 min: Extended dialogue Workshops, team development, quality improvement planning	10 min — Get to know a persona by using the guide, website, audio, or a combination	15 min — Learn about the broader contexts, relationships, and circumstances that shape the experience	15 min — Reflect individually on selected questions and invite participants to share different perspectives and insights	30 min — Explore selected Alberta Quality Dimensions and questions in greater depth, engage in suggested mapping activities	20 min — Identify and prioritize an opportunity to strengthen care and begin outlining practical next steps

These pathways are starting points. Adjust the time, questions, activities, and depth of discussion to what is most useful for your group. If individuals complete **Meet**, **Understand**, and **Reflect** before the session, more of your time can be used for collective **Explore** and **Plan** activities.

Creating the conditions for conversation

The personas may invite conversations about experiences, assumptions, identities, inequities, trust, and the ways care is experienced differently by different people. Facilitators can help create conditions that support reflection, curiosity, and learning, while recognizing that participants may bring different perspectives, experiences, and levels of comfort to the conversation. As you facilitate, you might consider:

- **Allowing time for reflection.** Some questions may benefit from a quiet moment to think before moving into shared conversation.
- **Staying connected to the persona.** If the conversation becomes abstract or begins to move toward generalizations, it may be helpful to return to the persona's experience, strengths, needs, and priorities.
- **Making room for different perspectives.** Individuals may notice or interpret different things in the same story. These differences can offer opportunities for further reflection and learning.
- **Being attentive to what emerges.** Questions, uncertainty, discomfort, or tensions do not always need to be resolved immediately. They may point toward something worth exploring further.
- **Adapting as you go.** Consider what your group needs at the moment and adjust the questions, pace, or activities accordingly.

BEGINNING THE CONVERSATION

Before engaging with a persona, you may want to take a few moments to discuss together how you would like to approach the conversation. Rather than establishing a fixed set of expectations, consider opening up the space by encouraging:

- Approaching the conversation with curiosity and openness to perspectives that differ from your own.
- Noticing what assumptions are present and staying open to questioning or revisiting them.

- Listening for understanding and making space for different voices and ways of interpreting the experience.
- Reminding that personal disclosure is always optional.
- Acknowledging the potential for discomfort and the opportunity to learn from it
- Leaving room for questions, uncertainty, and ideas that are still taking shape.

You might also invite participants to consider: What else might help us create a space for thoughtful and meaningful conversation?

PERSONA CHAPTERS

These chapters introduce the primary care patient personas, providing insight into their diverse experiences along with opportunities to reflect on and learn from their stories.

Jesse – Seeking rural solutions for chronic pain

MEET

Get to know Jesse through their story and lived experiences.

Jesse's experience

You might choose to read the printable persona on the next page, [explore Jesse's experience on the website](#) where you can listen to selected audio, or combine these approaches.



Seeking rural solutions for chronic pain

Jesse

Age: 41

Location: Treaty 7: Rural community, southern Alberta

Family/supports: Single parent of two school-aged children; limited support from extended family/friends

Financial status: Tight, but making do

Provider visits: 1-3 times every few months



Primary Care Patient Personas

Amplifying patient voices to improve care



Relationship with healthcare team

I've been with my doctor for about 13 years. He's kind and personable but **not as proactive as I'd like**.

I stay with him mostly because we've been together so long now, and **finding a new doctor along with the specialists and healthcare services to manage chronic pain isn't easy** – especially in rural Alberta.



Health concerns and history

I have **recurring shoulder pain**. I see my doctor for testing, prescription renewals, and pain management. Over the years, I've had other health issues that come on suddenly and usually don't last very long. These have been **difficult to diagnose**. Sometimes I end up in emergency.



How I prepare for appointments

I've learned **how** I present my concerns is crucial to advocating for my care. I **research my health issues and carefully prepare questions** to guide the conversation, so my concerns are heard, but this **isn't always met with meaningful engagement or helpful solutions**.



“It’s like running on a treadmill that never stops – no matter how hard I try, I never seem to get any closer to relief.”



How I feel about my care

I feel frustrated because **medication** is often the only solution offered, which concerns me due to my history with addiction. My **concerns aren’t taken seriously or explored**. I rarely get asked questions. I don’t feel like I have a real choice with my doctor, and I’m left **wondering if I’ll get referrals or care I need**.

While my children’s concerns seem to be addressed (thankfully), I often feel **overlooked, unheard, and unsure** if my doctor is understanding.

Small-town challenges add to my frustrations, especially after my divorce when I felt I was **treated differently** and later discovered a **breach of my healthcare privacy**.

I want my healthcare team to...

- 1 Listen fully** before prescribing, take my concerns seriously, and **work with me** to find solutions.
- 2 Communicate open and honestly** – especially when there’s no clear answer. I want to **feel heard**.
- 3 And I want a clear explanation of treatment options**, including how they work, and what to expect.

Jesse’s patient experience

Poor Fair Good Very Good Excellent

Time spent

How would you rate the amount of **time** your care provider gave you in your most recent visit?



Listening

How would you rate the way your care provider **listened** to you in your most recent visit?



Clear explanations

How would you rate the way your care provider **explained** things in a way you could understand in your most recent visit?



Involvement in decisions

How would you rate the way your care provider **involved you in decisions** about your care in your most recent visit?



Knowledge of medical history

How would you rate your care provider’s **knowledge of your medical history** in your most recent visit?



Respect

How would you rate the way your care provider showed **respect** for what you had to say in your most recent visit?



Availability

In the last 12 months, how would you rate the **availability** of your doctor?



See more of Jesse’s story, along with additional resources to support better care.

UNDERSTAND

Learn about the broader contexts, relationships, and circumstances that shape Jesse's experience.

Framing chronic pain in rural contexts: Experience, access, and complexity

Chronic pain is a complex and deeply personal experience. For some people, it is constant; for others, it fluctuates. Its causes may be known or uncertain, and its effects can extend across mobility, sleep, mental health, employment, relationships, and everyday life. There is no single way to experience or manage chronic pain.

For people living in rural or remote communities, these experiences may also be shaped by structural and systemic conditions, including:

- **Limited access** to primary care, specialists, or allied health professionals.
- **Long wait times and travel distances** for non-pharmacological treatments and supports such as physiotherapy, psychology, or pain clinics.
- **Challenges with continuity and relationship-based care** due to system strain, provider turnover, or limited availability.
- **Concerns about being judged, dismissed, or stigmatized**, particularly when pain is chronic or invisible, or when substance use or trauma are part of a person's history.

Rural experiences are also diverse. Some communities have strong provider relationships, creative community-based supports, or culturally grounded care, while others might experience significant resource gaps. Individual, community, structural, and systemic factors can all shape how care is accessed and experienced.

This persona was created to reflect the experiences shared by people living with chronic pain in rural and remote communities. It does not aim to speak for all individuals with chronic pain, nor does it represent every perspective on rural healthcare. Instead, it brings forward patterns, challenges, and insights that emerged across a series of patient interviews related to their experiences with primary care.

What can Jesse's experience help us notice?

Jesse's story brings several interconnected tensions into view:

- **Invisible pain, visible consequences:** Pain may not be outwardly apparent, yet it can significantly affect everyday life, including mobility, sleep, employment, relationships, and well-being.
- **Independence and support:** People living with chronic pain may work hard to remain independent and manage their health while also needing meaningful access to treatment, guidance, and support.
- **Self-advocacy and vulnerability:** Seeking care may require repeatedly explaining, justifying, or advocating for experiences that can be difficult to measure or describe.

- **Rural resilience and constrained choice:** Strong community relationships and resourcefulness can exist alongside limited access to providers, treatments, and second opinions.
- **Trust that feels fragile:** Patients may deeply value continuity and relationship-based care, yet experiences or concerns about stigma, dismissal, or judgment can influence their willingness to discuss pain, medications, or past experiences and shape how they approach future interactions.

How can we support diverse patient experiences with chronic pain and substance use in rural communities?

Some patients who informed this persona shared how a history of substance use influenced their experiences of pain management and decisions about care. These intersections can create complex dynamics for both patients and healthcare providers, particularly when considering medications, treatment options, trust, and concerns about stigma or judgment.

Chronic pain and substance-use histories are both diverse, and no single approach to care will be appropriate for everyone. Jesse's experience invites attention to **how pain, past experiences, treatment preferences, available options, and rural context can come together to shape care.**

Approaching these conversations with curiosity, compassion, and an awareness of the broader context can help create space for patients and providers to navigate these complexities together.

Together, these contexts invite attention to what patients may need from healthcare providers to feel understood, supported, and able to participate meaningfully in decisions about their care.

REFLECT

Reflect on Jesse's experience, considering what comes into view, what stands out, and what questions begin to emerge.

Reflection questions

These questions are intended to encourage individual reflection on Jesse's experience before, or as part of, a broader conversation.

- What part of Jesse's story stayed with you the most?
- In addition to managing pain, what needs, goals, or priorities are important to Jesse?
- What strengths does Jesse demonstrate in preparing for appointments, navigating the healthcare system, and managing their health?
- What assumptions might you make about Jesse or their history? How could those assumptions influence the care you provide?
- What additional information or questions would help you better understand Jesse's needs, priorities, and circumstances?

Facilitation ideas

The reflection questions can be explored in different ways depending on your group and available time:

 Individual reflection

 Small group discussion

 Whole group conversation

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

EXPLORE

Explore Jesse's experience through the Alberta Quality Dimensions for Health to consider different perspectives and opportunities for strengthening care.

The Alberta Quality Dimensions for Health

The [Alberta Quality Dimensions for Health](#) provide a common language for understanding quality as it should be experienced by people.

The questions that follow invite you to consider Jesse's experience through the interconnected dimensions of **People-centred**, **Accessible and timely**, and **Effective**, while recognizing that other dimensions may also be relevant.

People-centred: The wholistic preferences, needs, and strengths of people and communities matter.

Jesse is a single parent balancing work, raising two children, and living with chronic pain. They prepare carefully for appointments, consult trusted health information, and actively follow up on referrals and test results. Because of a history of substance use, Jesse hopes to explore effective alternatives to prescription medication where appropriate. While managing pain remains important, they also want to be heard, involved in decisions, and treated as an active partner in their care.

- What aspects of Jesse's responsibilities, priorities, and lived experience must be understood to support care that reflects what matters most to Jesse?

Accessible and timely: People can readily access services that meet their needs.

Living in a rural community shapes Jesse's healthcare options. Limited access to providers and specialists means Jesse often takes responsibility for following up on referrals, test results, and appointments to keep their care moving forward. Over time, this creates the exhausting experience of "chasing care."

- How does Jesse's experience of "chasing care" affect their ability to care for themselves, support their children, and manage their overall well-being?

Effective: Decisions are based on current evidence and lived experience.

Although Jesse consistently prepares for appointments and follows through on care team recommendations, they feel their care focuses primarily on symptom management rather than understanding the underlying causes of their pain. Jesse is looking for honest conversations, meaningful options, and a shared plan that brings together their lived experience with the healthcare team's clinical expertise.

- Based on Jesse's experience, what might care look like if it is both clinically appropriate and meaningful in the context of Jesse's life?

Looking through other dimensions

- Are there other [Alberta Quality Dimensions](#) that are also relevant to Jesse's experience?

Facilitation ideas

The Quality Dimensions can be explored through conversation or paired with a facilitation activity to look more deeply at Jesse's experience:

 Journey mapping

 Team mapping

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

PLAN

Identify opportunities to strengthen care that are meaningful within your own context.

Planning questions

These questions invite you to consider how the insights gained through reflection and exploration could inform improvements within your own practice, team, organization, community, or the broader health system.

- What could Jesse's care team have done differently for Jesse to feel heard, involved, and supported?
- What could you do differently to help someone like Jesse feel heard, believed, and involved in decisions about their care?
- How could communication, continuity, and coordination of care be strengthened to better support people with experiences similar to Jesse's?
- What knowledge, skills, resources, or supports might help you, your team, or your organization provide more effective care for people with experiences like Jesse's?
- What opportunities exist within your team, organization, or community to reduce the burden of 'chasing care' for people with experiences similar to Jesse's?

Facilitation ideas

The planning questions can be used to identify what feels most important to carry forward and, where appropriate, translate that learning into actionable next steps:

★ Prioritization

📝 Action planning

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

Morgan – Experiencing weight stigma in primary care

MEET

Get to know Morgan through their story and lived experiences.

Morgan's experience

You might choose to read the printable persona on the next page, [explore Morgan's experience on the website](#), listen to selected audio, or combine these approaches.

Primary Care Patient Personas

Amplifying patient voices to improve care

Experiencing weight stigma in primary care

Morgan

Age: 49

Location: Treaty 6: Metropolitan region, central Alberta

Family/supports: Single, limited social supports

Profession: Works in health research

Financial status: Struggling to make ends meet

Provider visits: Occasional - every six months



Relationship with healthcare team

Since my previous doctor retired, I've seen a number of providers but **I haven't found one that truly gets me**. I often leave feeling **unheard and dismissed**, as if my concerns don't matter. Most providers seem **more focused on my body size** than on what I'm actually there to discuss. It's **hard to build trust when the weight stigma is constant**.



Health concerns and history

My appointments are often routine – things like annual checkups or prescription renewals. I have a congenital chronic heart condition but that's now in maintenance. Lately, **I've struggled with multiple symptoms of high-grade inflammation** – but it's frustrating that **no one seems to know the cause**.



How I feel about my care

I often feel **dismissed and disrespected** in the healthcare system. Many primary care clinics seem built around weight, not wellness. The **first thing they do is weigh you**, even when it's irrelevant to why you're there. When I refuse, I'm treated poorly. Doctors often assume every issue I have is caused by my size instead of listening or looking at evidence. Some admit they don't even read current research. It's **exhausting having to advocate for myself just to be taken seriously**. I leave appointments feeling **unheard and worried about my future** – especially about being denied care or surgery as I age. The system feels outdated, **weight-centric**, and unprepared to provide respectful, evidence-based care for larger people.



“I just keep hoping that one day, someone will meet me with curiosity instead of judgment.”



How I prepare for appointments

I **research evidence-based information** so I can distinguish between weight-loss advice and true health recommendations. I plan how to frame questions and requests. I also **prepare emotionally**, knowing I may face anti-fat bias, and practise scripts to stay calm and assertive. I lean on **online groups and peers for advice**, and I bring notes to guide discussion.

I want my healthcare team to...

- 1 Treat me with **safety and respect**, and provide **evidence-based information** so I can make informed decisions.
- 2 Make healthcare a **true partnership**, where my knowledge and lived experience are valued alongside your medical expertise.
- 3 **Listen, show empathy, and never assume** weight is the cause of every issue – I want my concerns to be taken seriously.
- 4 Ask me about **my goals for my health and work with me** to achieve them.



See more of Morgan's story, along with additional resources to support better care.

Morgan's patient experience

Poor Fair Good Very Good Excellent

Time spent

How would you rate the amount of **time** your care provider gave you in your most recent visit?



Listening

How would you rate the way your care provider **listened** to you in your most recent visit?



Clear explanations

How would you rate the way your care provider **explained** things in a way you could understand in your most recent visit?



Involvement in decisions

How would you rate the way your care provider **involved you in decisions** about your care in your most recent visit?



Knowledge of medical history

How would you rate your care provider's **knowledge of your medical history** in your most recent visit?



Respect

How would you rate the way your care provider showed **respect** for what you had to say in your most recent visit?



Availability

In the last 12 months, how would you rate the **availability** of your doctor?



UNDERSTAND

Learn about the broader contexts, relationships, and circumstances that shape Morgan's experience.

Framing weight stigma in primary care: Language, lived experience, and care context

Weight bias and stigma can shape how people experience healthcare. Patients living in larger bodies may describe feeling judged, dismissed, or misunderstood, or having health concerns attributed primarily to weight before other possibilities are fully explored. These experiences can affect not only individual healthcare interactions, but also trust, willingness to seek care, and access to appropriate assessment and treatment.

Weight stigma is also shaped by broader social and systemic conditions. Assumptions about body size, health, behaviour, motivation, or lifestyle can influence how concerns are understood and responded to, sometimes in ways that patients themselves may anticipate before they enter a healthcare interaction.

This persona story was developed to reflect the experiences shared by patients who have encountered weight-related stigma and bias in primary care. It does not represent every person living in a larger body, nor does it attempt to capture all perspectives on weight, health, or care. Instead, it brings forward patterns, challenges, and insights that emerged through patient interviews related to their experiences with primary care.

What can Morgan's experience help us notice?

Morgan's story brings several interconnected tensions into view:

- **Partnership rather than presumption:** People living in larger bodies may experience health concerns that are related or unrelated to weight. When weight becomes the starting point for understanding symptoms, other information or possibilities may receive less attention. Morgan's experience invites curiosity about the person's concerns, experiences, health practices, and goals rather than assumptions about them.
- **Trust and avoidance:** Experiences of judgment, stigma, or repeated focus on weight can influence whether people seek care, disclose concerns, or return for follow-up. Previous healthcare experiences can therefore shape future decisions about when and how to engage with care.
- **Consent and collaboration:** Conversations about weight may be relevant in some healthcare contexts, but how and when those conversations happen matters. Asking permission to discuss weight and approaching these conversations collaboratively can help create conditions in which patients feel respected and able to participate in decisions about their care.
- **Holding the full picture:** Body size is one aspect of a person's life and health. Morgan's story invites attention to symptoms, concerns, goals, identities, strengths, and lived experiences alongside any discussion of weight.

How can intentional language support better care and ongoing learning?

Language related to weight is complex, and there is no single term that will feel appropriate to everyone. Some people may use terms such as *fat*, *higher weight*, *larger-bodied*, or *person living with obesity*, while others may not use weight-based labels at all.

Clinical terms such as *obese* and *obesity* continue to be used in healthcare, research, and medical education. At the same time, some patients experience these terms as stigmatizing, pathologizing, or disconnected from how they understand themselves and their health.

The language used in Morgan's persona reflects the experiences and preferences shared by the patients who informed its development. Morgan's story invites attention not only to which words are used, but also to **how language, assumptions, consent, and curiosity shape the experience of care.**

Language alone cannot address weight stigma or anti-fat bias, but thoughtful attention to language can be one part of creating healthcare interactions in which people feel heard, respected, and understood.

Together, these contexts invite attention to how weight stigma can shape communication, trust, care-seeking, assessment, and treatment — and what may help people feel safe bringing forward their health concerns.

REFLECT

Reflect on Morgan's experience, considering what comes into view, what stands out, and what questions begin to emerge.

Reflection questions

These questions are intended to encourage individual reflection on Morgan's experience before, or as part of, a broader conversation.

- What part of Morgan's story stayed with you the most?
- What would a healthcare conversation that reflects Morgan's needs and priorities look like?
- What strengths does Morgan demonstrate in preparing for appointments, advocating for their health, and navigating the health system?
- What assumptions might you make about Morgan or their health? How could those assumptions influence the way Morgan's concerns are understood or responded to?
- What additional questions or information would help you better understand and respond to Morgan's needs, concerns, and experiences?

Facilitation ideas

The reflection questions can be explored in different ways depending on your group and available time:

 Individual reflection

 Small group discussion

 Whole group conversation

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

EXPLORE

Explore Morgan's experience through the Alberta Quality Dimensions for Health to consider different perspectives and opportunities for strengthening care.

The Alberta Quality Dimensions for Health

The [Alberta Quality Dimensions for Health](#) provide a common language for understanding quality as it should be experienced by people.

The questions that follow invite you to consider Morgan's experience through the interconnected dimensions of **People-centred**, **Safe**, and **Equitable**, while recognizing that other dimensions may also be relevant.

People-centred: The wholistic preferences, needs, and strengths of people and communities matter.

Morgan has learned that healthcare conversations often begin with assumptions about body size before they have an opportunity to discuss their symptoms, concerns, or health goals. They come to appointments well-prepared, drawing on both their professional expertise as a health researcher and their lived experience, yet still worry that important concerns will be overlooked. Morgan hopes to be understood as a whole person, recognized as a knowledgeable partner, and included in decisions about their care.

- What aspects of Morgan's goals, strengths, and lived experience must be understood to support care that reflects what matters most to Morgan?

Safe: Trust and feelings of security are fostered, and all forms of preventable harm are avoided.

Morgan's experiences with healthcare have changed how they approach future appointments. They prepare carefully, anticipate needing to advocate for themselves, and worry that assumptions about weight could influence access to investigations, treatments, or life-saving care. Morgan hopes for healthcare interactions that build trust, create a sense of safety, and respect their preferences and consent, allowing them to focus on their health rather than preparing to defend it.

- How do Morgan's experiences influence trust, feelings of safety, and their willingness to seek care?

Equitable: Services see and respond to the preferences and needs of communities to reduce and prevent unfair differences in experiences and outcomes.

Morgan's experiences suggest that body size can sometimes become the starting point for healthcare conversations, making it difficult for their symptoms and health concerns to be fully

explored. Although they understand that weight may sometimes be clinically relevant, Morgan hopes for care that begins with curiosity, considers the full context of their health, and responds to their individual needs rather than assumptions.

- What might care look like when Morgan's symptoms, goals, and individual needs are explored without being overshadowed by assumptions about body size?

Looking through other dimensions

- Are there other [Alberta Quality Dimensions](#) that are also relevant to Morgan's experience?

Facilitation ideas

The Quality Dimensions can be explored through conversation or paired with a facilitation activity to look more deeply at Morgan's experience:

 Journey mapping

 Team mapping

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

PLAN

Identify opportunities to strengthen care that are meaningful within your own context.

Planning questions

These questions invite you to consider how the insights gained through reflection and exploration could inform improvements within your own practice, team, organization, community, or the broader health system.

- What could Morgan's care team have done differently for Morgan to feel heard, involved, and supported?
- What changes would you make to help support someone like Morgan feel acknowledged, validated, and involved in decisions about their care?
- How could communication and interactions with the healthcare system be strengthened to build trust and help people with experiences similar to Morgan's feel safe seeking and receiving care?
- What knowledge, skills, resources, or supports might help you, your team, or your organization provide more effective care for people with experiences like Morgan's?
- What opportunities exist within your team, organization, or community to ensure care responds to people's individual needs rather than assumptions?

Facilitation ideas

The planning questions can be used to identify what feels most important to carry forward and, where appropriate, translate that learning into actionable next steps:

★ Prioritization

 Action planning

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

Terry – Seeking integrated, safe, and accessible care

MEET

Get to know Terry through their story and lived experiences.

Terry's experience

You might choose to read the printable persona on the next page, [explore Terry's experience on the website](#), [listen to selected audio](#), or combine these approaches.

Primary Care Patient Personas

Amplifying patient voices to improve care

Seeking integrated, safe & accessible care

Terry

Age: 66

Location: Treaty 7: Rural community, southern Alberta

Family/supports: Single, caregiver for elderly mother who requires home care services.

Financial status: Retired, recently eligible for seniors benefit. Struggles to make ends meet with added transportation costs for medical care.

Provider visits: Frequent. One or more times per month.



Health concerns and history

Over the years, I've picked up a few things – **breast cancer, diabetes, osteoporosis – and some long-term complications from treatment that didn't go as planned.** I'm still managing nerve damage from the radiation. So there's **a lot of hands in my file, you know – lots of appointments, specialists, tests, medications, and follow-ups to keep track of,** and then other things that come up – like I got bitten by a dog a little while ago too. Some people have hobbies – mine seems to be appointments.



Relationship with healthcare team

I did have a family doc, but **I kinda stopped going unless I really had to –** between taking care of mom and never knowing what I was gonna get from him, it just didn't feel worth it. **It was always rushed, and he'd yell, boy did he yell.** I was just about out of my mind. A lot of things got missed and he'd change stuff on me – like what about the plan we had? Is anyone really keeping track? **I actually found out I had breast cancer from the report online, not from him –** like holy crow! I probably stayed longer than I should've but there's not a lot of options out here... they always leave. **I went without a regular doc for a while after that, but I've got this nurse practitioner now, and she's good at keeping things connected for me.**



“I know it’s a lot. I do... But if I could ask for anything... it’d be to just make this a bit easier on me.”



Creating my circle of care

These days, I’ve got a bit of a mix of people when it comes to care – not just one doctor. **My surgeon told me straight up, “Find your own people, get the right people,”** and he helped me get **connected to a specialist** a little closer to home who actually took the time and picked things up right away – ordered all the tests, explained everything, didn’t rush me. And **my nurse practitioner keeps things moving**, pulls in doctors when she needs to – she’s really good. I’m not insecure about not having a regular doctor anymore – I think I get better service. **The pharmacist’s been a big help too** – making sure I can actually afford what I need and even delivering it on weekends. So yeah, there’s a few of them now... **but I’m still the one keeping track of it all.**



How I feel about my care

For a long time, things have been pretty shaky. **I’ve had care that felt rough – rushed, dismissive, even aggressive** – and after enough of that you start going in with your guard up. Sometimes I’m **tired before the appointment even starts** – thinking about what to say, what not to say, and whether they’re actually gonna hear me. **When it comes to who I am – my identity, my family, and all the history you know – I don’t fully know all that myself.** Makes you wonder if you should tell them because of the genetic component in there, but there’s also **no time or safety. We get treated differently. I see it all the time.** It’s gotten better with the team I have now. **I feel more looked after and believed, like someone’s actually paying attention. I still wouldn’t call it easy though.** So yeah, there is more trust now – but I had to build it carefully. It’s not something I just hand over anymore.



How I prepare for appointments

Getting to an appointment is half the battle, honestly. **There’s a lot of driving to different towns or into the city – sometimes even in the same day.** It gets kinda crazy. And in the winter, it’s the worst. Not to mention expensive – **gas, insurance, keeping the car running... it all adds up.** If I didn’t have a vehicle, I wouldn’t be going anywhere. **I call it my “medical tourism.” I do a lot of the work ahead of time too** – keeping track of my tests, medications, appointments, making sure I’ve got my questions ready – **because if I don’t, things get missed.** You don’t always get much time either, so you gotta come in prepared and try to guide things a bit. **And then there’s my mom – she’s in her 90s, hey – so I’m helping her with her appointments, groceries, checking in.** Sometimes my stuff has to wait, even if they’re not too happy about that. It helps I’ve got patience and a good sense of humour, you know.



“It’s gotten better with the team I have now. I feel more looked after and believed, like someone’s actually paying attention. I still wouldn’t call it easy though.”

I want my healthcare team to...

- 1 Help me plan this in a way that actually works for my life.** Try to get tests done before winter, and don’t send me all over the place in one day. If something can be done closer to home or without me having to come in, that makes a big difference.
- 2 Keep me in the loop – just let me know what’s going on.** Be clear about what the next step is and call me with results when you have them.
- 3 Take our time and work through this with me.** I’m not expecting everything to be fixed in one visit. I just need you to listen and help me understand what we’re doing and why.
- 4 See the whole picture and make it feel safe to share.** My story’s not always straightforward – sometimes I don’t know how much to say, or if there’s time for it.



See more of Terry’s story, along with additional resources to support better care.

Terry’s patient experience

Poor Fair Good Very Good Excellent

Time spent

How would you rate the amount of **time** your care provider gave you in your most recent visit?



Listening

How would you rate the way your care provider **listened** to you in your most recent visit?



Clear explanations

How would you rate the way your care provider **explained** things in a way you could understand in your most recent visit?



Involvement in decisions

How would you rate the way your care provider **involved you in decisions** about your care in your most recent visit?



Knowledge of medical history

How would you rate your care provider’s **knowledge of your medical history** in your most recent visit?



Respect

How would you rate the way your care provider showed **respect** for what you had to say in your most recent visit?



Availability

In the last 12 months, how would you rate the **availability** of your doctor?



UNDERSTAND

Learn about the broader contexts, relationships, and circumstances that shape Terry's experience.

Framing safety, trust, and the work of holding it all together

Experiences of navigating care across rural and regional health systems while living with complex and chronic health conditions can be particularly challenging and costly. Geography, travel, weather, caregiving responsibilities, and limited provider availability can all shape how care is accessed, while a lack of continuity can leave patients carrying much of the work of coordinating care themselves.

Terry's story illustrates what can happen when care becomes fragmented, inconsistent, or difficult to access — particularly in rural contexts where geography, weather, and limited provider availability shape every aspect of care. Travel is not simply an inconvenience; it is a financial, physical, and emotional burden that must be navigated repeatedly to access testing, follow-up, and specialist care.

In the absence of stable and continuous primary care, Terry has had to assemble and coordinate a care team across multiple providers, locations, and systems. This includes managing appointments, tracking results, advocating for follow-up, and ensuring information is shared across providers. This labour is not optional, it is necessary to avoid gaps, delays, or harm.

Terry's experience is also shaped by identity, ancestry, family history, and previous experiences within healthcare. What a person chooses to share about themselves — and when — can depend on whether a healthcare interaction feels safe and trustworthy. These decisions take place within broader histories and ongoing experiences of colonialism, systemic racism, and inequitable treatment in healthcare.

This persona story was developed to reflect experiences shared by Indigenous patients navigating care while living with complex and chronic conditions. It also reflects the layered ways experience shapes how care is accessed, understood, and communicated. Terry does not represent a single individual, community, or Nation. Rather, this persona brings forward patterns, tensions, and insights that emerged across interviews.

What can Terry's experience help us notice?

Terry's story brings several interconnected tensions into view:

- **Access and effort:** Getting to care can require significant planning, travel, time, and financial resources. Weather, geography, caregiving responsibilities, and other circumstances can further shape whether and when care is possible.
- **Preparation as necessity:** Keeping lists, tracking medications and test results, preparing for appointments, and following up across providers can become ways of managing risk when information does not always move seamlessly and follow-up is not guaranteed.

- **Trust as conditional:** Experiences of being rushed, dismissed, treated harshly, or treated differently can shape how people enter future healthcare interactions. Trust may develop through listening, consistency, and follow-through, but it cannot necessarily be assumed.
- **Identity and safety:** Decisions about whether to share family history, identity, or lived experience can be shaped by whether a healthcare interaction feels safe and respectful. What is visible or known to a provider may not reflect the complexity of how a person understands or chooses to share their identity.
- **Self-navigation as a necessity:** When care spans multiple providers, communities, and healthcare settings, patients may find themselves connecting information, appointments, results, and recommendations that might otherwise remain fragmented.

How can we better understand the intersections of identity, complexity, and care?

Terry's story reflects a complex relationship with identity, ancestry, and family history — including what is known, what remains uncertain, and what may or may not feel safe to share. These experiences exist within the broader context of colonialism and systemic inequities that continue to shape healthcare experiences for First Nations, Métis, and Inuit peoples.

Terry's story is not intended to define or represent an Indigenous experience or any particular First Nation, Métis, or Inuit community. Instead, it invites attention to how identity, history, previous healthcare experiences, and perceptions of safety can intersect with decisions about disclosure, trust, and participation in care.

As you move through Terry's story, **you may want to pause with this broader context and consider how historical and ongoing experiences within healthcare can shape what safety and trust mean in the present.**

At the same time, Terry's experience highlights how these relational dimensions intersect with structural ones. When care is spread across locations and providers, the work of coordinating appointments, information, tests, medications, and follow-up can fall heavily on the person receiving care. What may appear to be individual resourcefulness can also point toward places where the health system is relying on patients to hold disconnected pieces together.

Together, these contexts invite attention to the relational, communicative, and structural conditions that can help people feel safe, supported, and able to participate meaningfully in their care.

REFLECT

Reflect on Terry's experience, considering what comes into view, what stands out, and what questions begin to emerge.

Reflection questions

These questions are intended to encourage individual reflection on Terry's experience before, or as part of, a broader conversation.

- What part of Terry's story stayed with you the most?

- Terry says, ‘I’m still the one keeping track of it all.’ What do you think would help Terry feel safe trusting others to share this responsibility?
- How might the historical and ongoing experiences of many First Nations, Métis, and Inuit peoples influence trust in healthcare and interactions within the health system?
- What strengths does Terry demonstrate in preparing for appointments, advocating for their health, and coordinating their circle of care?
- What aspects of Terry’s life, identity, health, or responsibilities might not be immediately visible during an appointment?
- What additional information or questions would help you better understand Terry’s needs, concerns, or experiences?

Facilitation ideas

The reflection questions can be explored in different ways depending on your group and available time:

-  Individual reflection
-  Small group discussion
-  Whole group conversation

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

EXPLORE

Explore Terry’s experience through the Alberta Quality Dimensions for Health to consider different perspectives and opportunities for strengthening care.

The Alberta Quality Dimensions for Health

The [Alberta Quality Dimensions for Health](#) provide a common language for understanding quality as it should be experienced by people.

The questions that follow invite you to consider Terry’s experience through the interconnected dimensions of **People-centred**, **Safe**, and **Integrated**, while recognizing that other dimensions may also be relevant.

People-centred: The wholistic preferences, needs, and strengths of people and communities matter.

Terry is living with multiple chronic health conditions while balancing caregiving responsibilities and navigating care across providers, communities, and healthcare settings. They carefully prepare for appointments, track tests and medications, advocate for follow-up, and work to ensure nothing gets missed. By the time they arrive, they have already invested significant time and effort into preparing for the visit. Terry hopes to work with their healthcare team to make decisions that

reflect the whole picture of their life, recognizing that care needs to fit alongside their responsibilities, priorities, and goals—not just the health conditions they are managing.

- What aspects of Terry’s identity, responsibilities, and evolving health needs must be understood to support care that reflects what matters most to Terry?

Safe: Trust and feelings of security are fostered, and all forms of preventable harm are avoided.

Terry describes entering appointments with caution after experiences of being rushed, dismissed, and treated differently. Decisions about what to share — including family history, identity, symptoms, and concerns — are shaped by whether the interaction feels respectful, safe, and worth the vulnerability it requires. Although Terry has developed trusting relationships with members of their current care team, trust remains something that is built over time through listening, follow-through, and consistent communication. Terry hopes healthcare interactions create enough time and space to share what matters without feeling rushed or like they are asking for too much.

- How do Terry’s experiences influence trust, feelings of safety, and decisions about what to share during healthcare interactions?

Integrated: People, teams, sectors, organizations, and communities are interconnected.

Terry’s healthcare experience spans multiple providers, communities, and healthcare settings. Although each provider contributes an important piece of Terry’s care, Terry is often left connecting those pieces — tracking appointments, following up on results, sharing information between providers, and reconciling recommendations. Geography, travel, weather, caregiving responsibilities, and the financial, time, and emotional demands of multiple appointments, medications, and tests add further complexity. Terry needs care that recognizes these cumulative burdens and feels connected and coordinated, rather than care that relies on an individual to hold everything together alone.

- What opportunities exist to reduce the coordination work Terry carries and create a more connected experience of care?

Looking through other dimensions

- Are there other [Alberta Quality Dimensions](#) that are also relevant to Terry’s experience?

Facilitation ideas

The Quality Dimensions can be explored through conversation or paired with a facilitation activity to look more deeply at Terry’s experience:

 Journey mapping

 Team mapping

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

PLAN

Identify opportunities to strengthen care that are meaningful within your own context.

Planning questions

These questions invite you to consider how the insights gained through reflection and exploration could inform improvements within your own practice, team, organization, community, or the broader health system.

- What could Terry's care team have done differently for Terry to feel heard, supported, and confident in the coordination of their care?
- What could you do differently to better understand someone's priorities, responsibilities, and the challenges they are navigating before making decisions about their care?
- How could care be better coordinated so people like Terry are not left to carry the responsibility of connecting information, appointments, and recommendations?
- What knowledge, skills, resources, or supports might help you, your team, or your organization provide more responsive, culturally safe, and coordinated care for people with experiences like Terry's?
- What opportunities exist within your team, organization, or community to reduce the work people like Terry do to connect information, providers, appointments, and recommendations?

Facilitation ideas

The planning questions can be used to identify what feels most important to carry forward and, where appropriate, translate that learning into actionable next steps:

★ Prioritization

📝 Action planning

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

Robin – Navigating aging, disability, and health complexities

MEET

Get to know Robin through their story and lived experiences.

Robin's experience

You might choose to read the printable persona on the next page, [explore Robin's experience on the website](#), listen to selected audio, or combine these approaches.

Primary Care Patient Personas

Amplifying patient voices to improve care

Navigating disability, aging, and health complexities

Robin

Age: 59

Location: Treaty 6: Rural satellite community, central Alberta

Family/supports: Divorced, with two adult children (one living at home)

Financial status: Unemployed due to disability. On Assured Income for Severely Handicapped (AISH). Finances are tight.

Provider visits: Frequent. About once a month.



Relationship with healthcare team

I've had the same care team since moving here 10 years ago. **Finding someone who would take me and my family was – and still is – hard. The relationship is adequate, but it's not a good fit. The trust isn't really there.** I stay because I need care and the clinic is close. I can get seen in a reasonable amount of time, but I'm still looking for another provider.



How I feel about my care

I thought moving closer to the city would get us better care, but that hasn't been the case. My health has gone downhill in the last year, and my care experience is suffering too. Things have just gone awry. I rarely come in with just one issue, so **it's frustrating when visits are rushed. I have trepidation with each visit.** I'm not normally an anxious person but I get the impression I'm wasting her time. She knows I'm physically disabled but she speaks to me like I have a cognitive impairment. I'm not sure if that's age-related, but **I expect to be treated with respect.** I've lived a long life, managed a lot, and know my body well. I understand she's in a difficult situation, but **I'm depending on her. If she misses something, that's my life.** She's supposed to be there to help me manage my health. I'm on board with being one half of the team, **I just can't do it all on my own.**



Health concerns and history

As I get older, my health needs are more complex. It's never just one thing. I have rheumatoid arthritis and live with a disability from an accident. It's harder to get around now and I can't work anymore. **I rarely feel 100 per cent,** so I manage what I can. I rely on my doctor for medications, monitoring, and referrals – especially when my conditions and symptoms change.



“As I get older, my health needs are more complex. It’s never just one thing.”



How I prepare for appointments

I prepare carefully for every appointment. I make **detailed lists** so I can cover everything I need to say, since appointments can feel rushed and one-sided. I bring medication names and dosages, lab timelines, and written notes. I also **coordinate travel, pharmacies, and medical records** for myself and my family. **It’s very stressful** but over time I’ve learned that **being organized and informed matters** – because if you don’t push and advocate for yourself, things can easily fall through the cracks.

I want my healthcare team to...

- 1** Take time to **listen beyond the first concern**. With aging and a disability, **my health is more complex**.
- 2** **Be prepared and follow through**. Know my history, close the loop on tests and referrals, and **value the effort** I put into managing my health and my family’s care.
- 3** **Bring kindness and presence into the room**. Tone, body language, and small acknowledgements can **help me settle and feel safe**.



See more of Robin’s story, along with additional resources to support better care.

Robin’s patient experience

Poor Fair Good Very Good Excellent

Time spent

How would you rate the amount of **time** your care provider gave you in your most recent visit?



Listening

How would you rate the way your care provider **listened** to you in your most recent visit?



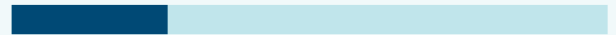
Clear explanations

How would you rate the way your care provider **explained** things in a way you could understand in your most recent visit?



Involvement in decisions

How would you rate the way your care provider **involved you in decisions** about your care in your most recent visit?



Knowledge of medical history

How would you rate your care provider’s **knowledge of your medical history** in your most recent visit?



Respect

How would you rate the way your care provider showed **respect** for what you had to say in your most recent visit?



Availability

In the last 12 months, how would you rate the **availability** of your doctor?



UNDERSTAND

Learn about the broader contexts, relationships, and circumstances that shape Robin's experience.

Framing aging, disability, caregiving, and system navigation: Complexity, coordination, and relational care

Robin's story reflects experiences of navigating healthcare as health needs become more complex over time. Aging, disability, changing symptoms, caregiving responsibilities, financial circumstances, and where someone lives can intersect in ways that shape what care they need and how they are able to access it.

Health concerns are not always experienced one at a time. Chronic conditions may evolve, new symptoms may emerge, and what once felt manageable may begin to require more monitoring, coordination, or follow-up. Yet healthcare interactions may still be organized around a single concern or limited amount of time, making it difficult to communicate or respond to the full picture.

Disability, financial, and geographic circumstances can also shape much more than a person's health. Changes in mobility or function may affect employment, fixed or disability-based income, transportation, daily routines, time off work (for oneself or family members), the practical work required to access care, and the emotional bandwidth required to navigate appointments all carry weight.

For someone who is also supporting a family member with health, disability, or mental health needs, being both a patient and a caregiver can add further layers of preparation, advocacy, and coordination. These pressures are not always apparent or acknowledged within the clinical encounter. Moving closer to services may improve physical proximity without necessarily creating continuity, fit, or trusted relationships.

This persona story was developed to reflect experiences shared by patients whose health needs have become more complex over time due to aging, disability, and changing life circumstances. It does not represent all older adults, all people living with disability, or all individuals living outside urban centres. Rather, it brings forward patterns, tensions, and insights that emerged across patient interviews that demonstrate the cumulative and contextual nature of complex care needs.

What can Robin's experience help us notice?

Robin's story brings several interconnected tensions into view:

- **Dependence and dignity:** Needing more support or increasingly coordinated care does not diminish a person's knowledge, competence, or agency. Robin's experience invites attention to how people can be supported while continuing to be recognized as capable partners in their care.
- **Complexity and one-issue care:** Health concerns, disability, caregiving, finances, and everyday responsibilities may be experienced as interconnected even when healthcare encounters address them separately. For Robin, understanding a current concern may also

depend on knowing their medical history and how their health and circumstances have changed over time. What appears to be one concern may be part of a much larger picture.

- **Continuity that feels fragile:** A long-standing relationship with a healthcare provider does not necessarily mean that a person experiences continuity in every interaction. Limited time, missed follow-up, or fragmented communication can gradually affect trust and confidence in care.
- **Preparation as protection:** Keeping detailed lists, tracking medications, gathering records, and carefully preparing for appointments can be ways of helping ensure that important information or concerns are not missed. For Robin, this preparation also helps carry their medical history from one healthcare interaction to the next when they are uncertain how much of that history is already known.
- **Proximity without ease:** Living closer to healthcare services can reduce travel while other barriers remain. Access can also depend on continuity, time, follow-up, affordability, transportation, and whether available care meets a person's changing needs.

What can we learn about complex experiences and shared care responsibilities?

Robin's experience highlights how health and care needs can accumulate and change rather than remaining static. Aging, disability, caregiving responsibilities, financial circumstances, and evolving health concerns may each be manageable at one point in time, but their intersections can create new demands and require different forms of support.

These circumstances may not be immediately visible during a healthcare interaction. A carefully prepared patient may appear to be managing well while **carrying considerable responsibility for ensuring their medical history is understood, explaining how their health has changed over time, coordinating appointments, monitoring changes, supporting a family member, and ensuring that concerns are followed through.**

Robin's story invites attention to the difference between recognizing complexity and assuming incapacity. As needs change, people may require additional support, coordination, or accommodation while continuing to bring substantial knowledge, strengths, and experience to decisions about their own health.

Together, these contexts invite attention to what can help people with layered and evolving needs feel respected, safe, and supported as capable partners in their care.

REFLECT

Reflect on Robin's experience, considering what comes into view, what stands out, and what questions begin to emerge.

Reflection questions

These questions are intended to encourage individual reflection on Robin's experience before, or as part of, a broader conversation.

- What part of Robin's story stayed with you?
- Robin describes how their health needs are 'never just one thing.' What would a healthcare conversation that reflects their needs and priorities look like?
- What strengths does Robin demonstrate in preparing for appointments, advocating for their health, and navigating the health system?
- What aspects of Robin's life, health, or responsibilities might not be immediately visible during an appointment?
- What additional information or questions would help you better understand Robin's medical history, evolving needs, responsibilities, and experiences?

Facilitation ideas

The reflection questions can be explored in different ways depending on your group and available time:

 Individual reflection

 Small group discussion

 Whole group conversation

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

EXPLORE

Explore Robin's experience through the Alberta Quality Dimensions for Health to consider different perspectives and opportunities for strengthening care.

The Alberta Quality Dimensions for Health

The [Alberta Quality Dimensions for Health](#) provide a common language for understanding quality as it should be experienced by people.

The questions that follow invite you to consider Robin's experience through the interconnected dimensions of **People-centred**, **Accessible and timely**, and **Safe**, while recognizing that other dimensions may also be relevant.

People-centred: The wholistic preferences, needs, and strengths of people and communities matter.

Robin is living with evolving health needs as they age, alongside a physical disability, financial constraints, and caregiving responsibilities. Together, these interconnected experiences shape how they navigate healthcare. They prepare carefully for appointments, actively participate in managing their health, and work hard to communicate the full picture, yet often feel there isn't enough time or continuity for their history and the complexity of their life and health to be fully understood. Robin hopes to be recognized as a capable partner whose priorities, strengths, and experiences are considered alongside their medical needs.

- What aspects of Robin's responsibilities, strengths, and evolving health needs must be understood to support care that reflects what matters most to Robin?

Accessible and timely: People can readily access services that meet their needs.

Robin carefully plans appointments, tests, prescriptions, and travel to make the most of each healthcare interaction. Although living closer to the city has improved proximity to services, Robin's experience shows that access involves more than location or getting an appointment. Care truly meets Robin's needs and preferences when care teams have time to address multiple concerns, provide clear follow-up, maintain continuity of care, and recognize the realities of managing evolving health needs.

- Based on Robin's experience, what would help them receive the care they need when they need it?

Safe: Trust and feelings of security are fostered, and all forms of preventable harm are avoided.

Robin describes a growing sense of uncertainty as missed follow-up, rushed appointments, and fragmented communication accumulate over time. Although they understand the pressures facing healthcare providers, these experiences leave them questioning whether important concerns are being seen, understood, and followed through. Robin hopes for healthcare interactions that build trust, create a sense of safety, and help them feel like they are part of a team rather than carrying responsibility for managing their care alone.

- How do Robin's experiences influence trust, feelings of safety, and confidence that their care will be coordinated and followed through?

Looking through other dimensions

- Are there other [Alberta Quality Dimensions](#) that are also relevant to Robin's experience?

Facilitation ideas

The Quality Dimensions can be explored through conversation or paired with a facilitation activity to look more deeply at Robin's experience:

 Journey mapping

 Team mapping

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

PLAN

Identify opportunities to strengthen care that are meaningful within your own context.

Planning questions

These questions invite you to consider how the insights gained through reflection and exploration could inform improvements within your own practice, team, organization, community, or the broader health system.

- What could Robin's care team have done differently for Robin to feel heard, involved, and supported?
- What could you do differently to better understand and respond to someone like Robin whose health needs are layered and evolving over time?
- How could communication, continuity, and follow-up be strengthened to help people like Robin feel supported throughout their care?
- What knowledge, skills, resources, or supports might help you, your team, or your organization provide more effective care for people with experiences like Robin's?
- What opportunities exist within your team, organization, or community to make it easier for people with layered and evolving needs to navigate care over time?

Facilitation ideas

The planning questions can be used to identify what feels most important to carry forward and, where appropriate, translate that learning into actionable next steps:

★ Prioritization

 Action planning

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

Kai – Living with uncertainty while searching for answers

MEET

Get to know Kai through their story and lived experiences.

Kai's experience

You might choose to read the printable persona on the next page, [explore Kai's experience on the website](#), listen to selected audio, or combine these approaches.



Living with uncertainty while searching for answers

Kai

Age: 29

Location: Treaty 7: Metropolitan region, southern Alberta

Family/supports: Currently living with parents; support from trusted friends and family

Financial status: Struggling financially and trying to apply for Assured Income for Severely Handicapped (AISH)

Provider visits: Monthly or more, mostly phone or virtual visits



Primary Care Patient Personas

Amplifying patient voices
to improve care



Relationship with healthcare team

I had the same family doctor growing up. In university I started going to walk-in and sexual health clinics, they felt **less judgmental and easier to access**. I had a specialist during my gender transition who was great, I still see them occasionally. Last year, my sister got me connected with a **nurse practitioner** but we're still getting to know each other.



Health concerns and history

I've been trying to figure out what's going on with my health for awhile. I'm pretty sure I have chronic fatigue syndrome or long COVID, but **I'm still waiting for answers**. I deal with **brain fog, fatigue, chronic pain, increased sensitivity, and mental health** stuff too. I never feel fully awake or alive anymore. **It feels connected somehow, but the pieces still aren't coming together**. I finally got diagnosed with **autism after five years of waiting, but my doctor still doesn't seem to acknowledge that**. It's just been really hard. I've been unable to work and trying to get my AISH application approved, but it seems like doctors know less about how AISH works than I do.



“Sometimes I leave appointments feeling that they think I’m making things up or that things aren’t as bad as they are.”



How I feel about my care

I’m pretty much an open book. I’ll tell providers about my mental health, my transition, and my drug use history. I’m just trying to get the help I need, **but I don’t always feel fully believed.** A lot of what I’m dealing with isn’t visible. Sometimes I leave appointments feeling that they think I’m making things up or that things aren’t as bad as they are. **Being on the spectrum, having ADHD, brain fog, anxiety and other stuff makes communication really hard. I can know exactly what I mean, but then not know how to explain it in a way that makes sense to someone else.** Or I’ll forget to mention something because there’s too many things. It seems like I’m expected to communicate super clearly and quickly, but I’m struggling to make sense of it myself.

I think they have good intentions and I don’t think they mean to be dismissive. I’m still building a relationship and trust with my nurse practitioner. I guess things could be worse, **I’m just not 100 per cent sure I feel understood most of the time.** Appointments tend to feel like a lot of work and not a lot of movement. I’m trying to figure out when I should talk about physical health stuff, mental health, or the paperwork, and the cost of everything, but also I need to make sure things are moving forward. **Being poor makes everything feel super urgent.** It feels like they understand I’m waiting but not really the urgency of what waiting means **when you’re broke today and worried about tomorrow.**



How I prepare for appointments

I’ll spend hours researching symptoms, medications, forms, or just trying to find free resources. I **basically script my appointments.** I’ll write notes and questions, and sometimes just read right off the page. **There’s just too much to keep track of.**

Even though I’m prepared it feels awkward figuring out where to start. **Like I’m waiting for her to ask me questions and she’s waiting for me say stuff.** It kinda feels like when you’re at a drive-thru and they ask “is that all?” and then you’re thinking oh wait and one more thing, but they’ve already moved onto the next person. A lot of the time **I’m trying to decide what I can live without having addressed.**

And when it’s all over, **I’m exhausted from all the masking, planning, and tasking, and still don’t really have the answers I need.**



“I know these things are connected somehow. I just need someone to help me figure out how.”

I want my healthcare team to...

- 1 Help me make sense of things.** Ask me questions, give me time, and help me work through what I’m trying to explain.
- 2 Believe me and connect the dots.** I need you to take my concerns seriously. A lot of what I’m dealing with is invisible but connected, and I need help figuring that out.
- 3 Understand the consequences of waiting and help me move things along.** When you’re dealing with health issues, AISH, paperwork and being broke at the same time, every delay matters.

Kai’s patient experience

Poor Fair Good Very Good Excellent

Time spent

How would you rate the amount of **time** your care provider gave you in your most recent visit?



Listening

How would you rate the way your care provider **listened** to you in your most recent visit?



Clear explanations

How would you rate the way your care provider **explained** things in a way you could understand in your most recent visit?



Involvement in decisions

How would you rate the way your care provider **involved you in decisions** about your care in your most recent visit?



Knowledge of medical history

How would you rate your care provider’s **knowledge of your medical history** in your most recent visit?



Respect

How would you rate the way your care provider showed **respect** for what you had to say in your most recent visit?



Availability

In the last 12 months, how would you rate the **availability** of your doctor?



See more of Kai’s story, along with additional resources to support better care.

UNDERSTAND

Learn about the broader contexts, relationships, and circumstances that shape Kai's experience.

Framing uncertainty, neurodivergence, and financial strain: Shared understanding amid evolving health concerns

For some patients, healthcare is not centred on managing a known diagnosis but on trying to understand what is happening in the first place. Symptoms such as fatigue, brain fog, cognitive challenges, mental health concerns, chronic pain, or other difficult-to-measure experiences may not fit neatly within diagnostic categories or single-issue appointment structures. Patients may spend months or years searching for answers while simultaneously managing employment, finances, housing, relationships, and the practical realities of daily life.

For some neurodivergent patients, communication itself can require significant planning and effort. Kai spends considerable time researching symptoms and treatments, tracking changes over time, preparing notes or scripts, gathering paperwork, and trying to connect information from multiple providers, tests, and appointments. This work often goes unseen because much of it happens before, between, and after clinical encounters. For Kai, explaining symptoms, identifying priorities, processing information in real time, and translating internal experiences into language that makes sense to others may not be straightforward, particularly when fatigue, anxiety, or cognitive challenges are present. Kai may arrive well-prepared yet still struggle to determine what is most important to discuss or how seemingly separate concerns fit together.

Kai's story reflects financial impacts and the costs associated with medications, assessments, disability supports, transportation, and reduced employment opportunities, creating pressures that may not always be visible within healthcare encounters. Waiting for referrals, diagnoses, benefits, or approvals is not simply an administrative process — it occurs alongside ongoing financial, practical, and emotional strain.

Diagnostic uncertainty can be difficult for patients and healthcare providers. Decisions often need to be made with incomplete information, and symptoms may not quickly lead to a clear diagnosis. Yet uncertainty about a diagnosis does not make the symptoms themselves uncertain. Over time, repeated interactions without answers can shape trust, communication, and the effort required to keep seeking understanding and support.

This persona reflects experiences shared by patients living with complex and often difficult-to-explain health concerns. It highlights how uncertainty, neurodivergence, financial strain, and challenges accessing diagnosis, treatment, or support can shape interactions with healthcare. Kai does not represent all neurodivergent individuals, all transgender or queer patients, all young adults experiencing chronic illness, or all people facing financial hardship. Rather, this persona draws on patterns and insights from patient interviews that illustrate what it can be like to navigate care when symptoms are difficult to describe, answers remain uncertain, and multiple aspects of life are deeply interconnected.

What can Kai's experience help us notice?

Kai's story brings several interconnected tensions into view:

- **Uncertainty and validation:** Not having a diagnosis does not mean that a person's symptoms or their effects are not real. Kai's experience invites attention to how people can feel heard and supported even when healthcare providers do not yet have clear answers.
- **Persistence and exhaustion:** Continuing to seek care, ask questions, follow recommendations, and pursue referrals can demonstrate considerable persistence. It can also become exhausting when people repeatedly have to explain what they are experiencing or advocate for further investigation.
- **Clinical evidence and lived experience:** Tests, assessments, and clinical evidence are important sources of information, but they may not always fully capture what a person is experiencing. Kai brings another form of knowledge: What has changed, how symptoms feel and fluctuate, and how they affect everyday life.
- **Reassurance and dismissal:** Reassurance can be valuable when serious concerns have been ruled out, but it may feel different when symptoms continue without explanation. How uncertainty is communicated can influence whether someone leaves an interaction feeling reassured and supported or unheard and dismissed.
- **Searching for answers and living in the meantime:** The search for a diagnosis or explanation can become a significant part of a person's healthcare experience. At the same time, people may need support to manage symptoms, function, and everyday life while that search continues.

How can we better understand the experience of living with uncertainty?

Diagnostic uncertainty is not necessarily a sign that something has gone wrong in care. Symptoms can have multiple possible causes, presentations may change over time, and reaching a diagnosis can require observation, investigation, and the involvement of different healthcare providers.

How a person's uncertainty is experienced, however, can be shaped by what happens along the way. Clear communication about what is known and not yet known, acknowledgement of the person's experience, opportunities to ask questions, and a shared understanding of what happens next can help people remain involved in their care even when answers are incomplete.

Kai's experience invites attention to **the difference between not yet knowing what is causing a symptom and not believing or responding to the person experiencing it**. Supporting someone through uncertainty may therefore involve both continuing to seek appropriate clinical understanding and responding to what the person is experiencing in the present.

Together, these contexts invite attention to how people can feel heard, believed, supported, and meaningfully involved in their care even when there is not yet a clear diagnosis or explanation.

REFLECT

Reflect on Kai's experience, considering what comes into view, what stands out, and what questions begin to emerge.

Reflection questions

These questions are intended to encourage individual reflection on Kai's experience before, or as part of, a broader conversation.

- What part of Kai's story stayed with you the most?
- What needs, goals, or priorities are important to Kai?
- What strengths does Kai demonstrate in preparing for, participating in, and navigating healthcare?
- What assumptions might you make about Kai based on their age, gender identity, neurodivergence, or life circumstances? How could those assumptions influence the care you provide?
- What additional information or questions would help you to better understand Kai's experiences, priorities, and the challenges they face navigating healthcare?

Facilitation ideas

The reflection questions can be explored in different ways depending on your group and available time:

 Individual reflection

 Small group discussion

 Whole group conversation

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

EXPLORE

Explore Kai's experience through the Alberta Quality Dimensions for Health to consider different perspectives and opportunities for strengthening care.

The Alberta Quality Dimensions for Health

The [Alberta Quality Dimensions for Health](#) provide a common language for understanding quality as it should be experienced by people.

The questions that follow invite you to consider Kai's experience through the interconnected dimensions of **People-centred**, **Equitable**, and **Effective**, while recognizing that other dimensions may also be relevant.

People-centred: The wholistic preferences, needs, and strengths of people and communities matter.

Kai is living with uncertainty as neurodivergence, physical and mental health concerns, financial strain, and the demands of daily life intersect. They invest significant time and energy preparing for appointments and translating their experiences into words, often leaving appointments exhausted and still uncertain. Kai hopes healthcare providers will recognize this effort, communicate in ways that work for them, and take time to understand what they are experiencing and what matters most.

- What aspects of Kai's lived experience, communication preferences, and priorities must be understood to support care that reflects what matters most to Kai?

Equitable: Services see and respond to the preferences and needs of communities to reduce and prevent unfair differences in experiences and outcomes.

Kai brings deep knowledge of their own experiences and has developed many strategies to navigate healthcare. Yet communication differences, invisible and evolving health concerns, identity, financial strain, and the consequences of waiting can shape whether they are believed, understood, and able to access the care and supports they need. Kai hopes healthcare providers will recognize and respond to the broader circumstances influencing their health and ability to access care, not only the concerns raised during a single appointment.

- How can healthcare teams and systems recognize and respond to the diverse identities, circumstances, and strengths that shape Kai's experience of care?

Effective: Decisions are based on current evidence and lived experience.

Kai brings extensive lived knowledge, research, and careful observation of their symptoms to healthcare appointments. Although clear answers may not always be available, they hope their healthcare team will explore what they are experiencing with them, ask questions that help identify patterns and priorities, and bring clinical knowledge together with Kai's experience to determine meaningful next steps.

- How can Kai and their healthcare team bring together Kai's lived experience with clinical knowledge to support shared understanding and determine the best way forward?

Looking through other dimensions

- Are there other [Alberta Quality Dimensions](#) that are also relevant to Kai's experience?

Facilitation ideas

The Quality Dimensions can be explored through conversation or paired with a facilitation activity to look more deeply at Kai's experience:

 Journey mapping

 Team mapping

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

PLAN

Identify opportunities to strengthen care that are meaningful within your own context.

Planning questions

These questions invite you to consider how the insights gained through reflection and exploration could inform improvements within your own practice, team, organization, community, or the broader health system.

- What could Kai's care team have done differently to help Kai make sense of their evolving health concerns?
- What could you do differently to support shared understanding, collaborative problem-solving, and meaningful progress for someone like Kai?
- How could communication, assessment, and follow-up be strengthened to better understand and support needs that may not be obvious or visible?
- What knowledge, skills, resources, or supports might help you, your team, or your organization provide more effective care for people with experiences like Kai's?
- What opportunities exist within your team, organization, or community to better support people like Kai who are living with uncertainty and interconnected health, social, and financial concerns?

Facilitation ideas

The planning questions can be used to identify what feels most important to carry forward and, where appropriate, translate that learning into actionable next steps:

★ Prioritization

 Action planning

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

Pat – Worries about overburdening the healthcare system

MEET

Get to know Pat through their story and lived experiences.

Pat's experience

You might choose to read the printable persona on the next page, [explore Pat's experience on the website](#), listen to selected audio, or combine these approaches.

Primary Care Patient Personas

Amplifying patient voices to improve care

Worries about overburdening
the healthcare system

Pat

Age: 68

Location: Treaty 7: Urban community, southern Alberta

Family/supports: Married, some social supports

Financial status: Semi-retired; stretched at times

Provider visits: Once a year



Relationship with healthcare team

I've been with the same family doctor for about **20 years**. I don't go very often, but the care is fine when I do go. I **feel privileged to have anyone available for me**. So much so that even if I moved from one end of the city to another, I probably wouldn't change clinics. Although I suspect I might be going even less than I do now.



How I feel about my care

I can get appointments, but it's on me to **plan around the system**. I've learned the strategies – call or email early, expect some waiting, and being patient. There's a fair bit of consideration involved in deciding **when something is serious enough to book**. Once I'm in the room, the care feels focused and professional. I trust my doctor, though sometimes **it feels like my past follows me in, even though I've made changes**.



Health concerns and history

Fortunately, I'm **feeling fairly healthy now**. I usually only go when things seem off. And even then, I'll wait another week to see if it'll pass. I **never want to stress the system**. It already seems so stressed. Sure, I would like to use my provider for **preventative checks**. There was a time you could get routine lab work done, but that doesn't seem to be the case any **more**.



“The system feels tired, and I hesitate to add to its weight unless I really need to.”



How I prepare for appointments

I try to **come prepared out of respect for the doctor's time and the system itself**. I think things through, make a short list, maybe do a bit of reading. I used to accept whatever was recommended and walk out the door. If they said jump on one foot, I probably would have. I **still trust their expertise**, but I will **ask a few questions to understand, not to challenge**. If something isn't working, it's my responsibility to say so.

I want my healthcare team to...

- 1 Meet me where I am today**, not who I was years ago, and **take time to notice what's changed** in my life and health.
- 2 Balance efficiency with curiosity**, making space for a few questions that help uncover what might be sitting beneath the surface. I really like when I can have a conversation.
- 3 Make better use of virtual and hybrid options**, so routine things don't always mean an in-person visit. It feels like we should be able to handle some of this in a more modern way and **save time for everyone**.

I want a health system that...

- 1 Makes access feel acceptable**, so I'm not second-guessing whether I should come in, or feel like I'm **adding to the strain just by needing care**.
- 2 Gives providers time with us when we need it**, so visits don't feel rushed and **prevention and follow-up are valued — not just volume and speed**.



See more of Pat's story, along with additional resources to support better care.

Pat's patient experience

Poor Fair Good Very Good Excellent

Time spent

How would you rate the amount of **time** your care provider gave you in your most recent visit?



Listening

How would you rate the way your care provider **listened** to you in your most recent visit?



Clear explanations

How would you rate the way your care provider **explained** things in a way you could understand in your most recent visit?



Involvement in decisions

How would you rate the way your care provider **involved you in decisions** about your care in your most recent visit?



Knowledge of medical history

How would you rate your care provider's **knowledge of your medical history** in your most recent visit?



Respect

How would you rate the way your care provider showed **respect** for what you had to say in your most recent visit?



Availability

In the last 12 months, how would you rate the **availability** of your doctor?



UNDERSTAND

Learn about the broader contexts, relationships, and circumstances that shape Pat's experience.

Framing care hesitation: Trust, timing, and the hidden work of access

Many health system conversations focus on people who need frequent care, are navigating complex health conditions, or are actively struggling to access services. Pat's experience brings forward a different, often less visible pattern: Someone who generally feels well, has a long-standing relationship with a primary care provider, and uses healthcare relatively infrequently — partly because they have learned to wait, self-monitor, and manage concerns on their own.

Pat trusts the healthcare system, respects providers, and wants to use healthcare resources responsibly. At the same time, awareness of crowded emergency departments, provider shortages, long wait times, and pressures on clinicians can shape how they decide whether and when to seek care. Concern about taking up time or resources that someone else may need more can become part of judging whether a concern is important enough to bring forward.

This means that having access to care does not necessarily make accessing it feel straightforward. Pat can get appointments, but deciding to make one involves its own work: Monitoring symptoms, waiting to see whether they improve, deciding what can be managed independently, preparing questions, and sometimes even delaying care all together.

Pat's experience also reflects the complexity of a long-standing relationship with a family doctor. Continuity can offer familiarity, trust, and knowledge built over time, particularly when alternatives may be difficult to find. At the same time, a relationship developed over many years also needs room to evolve. Pat wants changes in their health, lifestyle, priorities, and understanding of themselves to be recognized rather than feeling that past assumptions continue to shape present care. This persona story was developed to reflect the experiences shared by patients who generally feel okay day-to-day, have a long-standing relationship with a primary care provider, and use the healthcare system less frequently — often because they've learned to *wait, self-monitor, and manage concerns on their own*. This persona brings forward patterns, tensions, and insights that emerged across patient interviews related to communication, access, and decision-making in primary care — especially for people who are mindful of how busy the health system can be and often take a careful, measured approach to seeking care.

What can Pat's experience help us notice?

Pat's story brings several interconnected tensions into view:

- **Respect and restraint:** Respect for healthcare providers and awareness of system pressures can lead people to prepare carefully, minimize concerns, or try not to take up more time than they feel is necessary.
- **Access that exists but takes work:** Being able to get an appointment does not mean the decision to seek care is simple. Waiting, self-monitoring, planning, and deciding when a concern warrants attention can become part of the work of accessing care.

- **Need and permission to seek care:** People may assess not only whether they need care, but whether their concern feels important enough to bring forward. What feels like responsible healthcare use can sometimes become hesitation, self-silencing, or delayed care, with consequences for prevention, timely treatment, and health outcomes.
- **Efficiency and curiosity:** Focused appointments can help make good use of limited time, while still leaving room for questions, changing circumstances, preventative care, and concerns that may not be immediately obvious. Virtual care and other technology-enabled options may also offer ways to use healthcare resources more efficiently while supporting timely access and connection to care.
- **Continuity and change:** A long-standing relationship can provide trust and stability while also requiring ongoing curiosity so that a person is understood as they are now, not only through their past health history.
- **System pressures and personal choices:** Messages about healthcare capacity, wait times, shortages, and appropriate use of services can influence individual behaviour. What appears to be a personal decision to wait or manage alone may also reflect broader system conditions and messages.

What can we learn about the experience of accessibility in a strained health system?

Pat's experience highlights how decisions about seeking and participating in care can be shaped by both concern for the healthcare system and the choices a person feels are available to them. Feeling that one's needs are less important than those of others, worrying about taking up a provider's time, or knowing that changing providers may mean losing access to regular primary care can all influence how people think about seeking and participating in care.

This story invites attention to a less visible dimension of accessibility: Whether people feel that it is acceptable to use the care that is available to them. A person may have a regular provider, trust that provider, and know how to access care, while still doing considerable work to decide whether their concerns warrant an appointment. Pat values continuity and the relationship they have built with their family doctor, while also wanting space for curiosity about who they are now and how their health, priorities, and circumstances have changed over time. Importantly, Pat's story asks us to consider: **What happens when people who do trust the health system no longer feel like it is acceptable to use it?**

Together, these contexts invite us to consider what helps people feel confident seeking care when they need it, bringing forward questions before concerns become more serious, and participating in relationships where both continuity and curiosity are possible.

REFLECT

Reflect on Pat's experience, considering what comes into view, what stands out, and what questions begin to emerge.

Reflection questions

These questions are intended to encourage individual reflection on Pat's experience before, or as part of, a broader conversation.

- What part of Pat's story stayed with you the most?
- What needs, goals, or priorities are important to Pat?
- What strengths does Pat demonstrate in managing their health and preparing to engage with the health system?
- What assumptions might you make about Pat based on their age, health history, or previous lifestyle? How could those assumptions influence the care you provide?
- What additional information or questions would help you better understand Pat's experiences, priorities, and hesitations about seeking care?

Facilitation ideas

The reflection questions can be explored in different ways depending on your group and available time:

 Individual reflection

 Small group discussion

 Whole group conversation

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

EXPLORE

Explore Pat's experience through the Alberta Quality Dimensions for Health to consider different perspectives and opportunities for strengthening care.

The Alberta Quality Dimensions for Health

The [Alberta Quality Dimensions for Health](#) provide a common language for understanding quality as it should be experienced by people.

The questions that follow invite you to consider Pat's experience through the interconnected dimensions of **People-centred**, **Efficient and sustainable**, and **Accessible and timely**, while recognizing that other dimensions may also be relevant.

People-centred: The wholistic preferences, needs, and strengths of people and communities matter.

Pat values the trusting relationship they have built with their family physician and appreciates opportunities to ask questions, discuss changes in their health, and participate in decisions about their care. While Pat's past health history is part of their story, they hope to be seen as the person they are today.

- What aspects of Pat's lived experience, priorities, and changing circumstances must be understood to support care that reflects what matters most to Pat?

Efficient and sustainable: Resource use balances individual, population, systemic, social, and environmental factors to benefit current and future generations.

Pat understands that healthcare resources are limited and wants to use them responsibly. They are curious about how the health system works, wonder how resources can be used wisely, and see opportunities to create more space for prevention while making better use of approaches such as virtual care.

- How can healthcare teams and systems support responsible use of healthcare resources without discouraging people from seeking care when they need it?

Accessible and timely: People can readily access services that meet their needs.

Pat has a trusted family physician and generally feels confident in the care they receive. Yet before booking an appointment, they carefully consider whether their concern is serious enough and whether they should wait longer or manage it themselves. Pat's desire to avoid burdening the system sometimes leads them to delay seeking care.

- What messages — spoken or unspoken — might influence when patients like Pat decide it is appropriate to seek care?

Looking through other dimensions

- Are there other [Alberta Quality Dimensions](#) that are also relevant to Pat's experience?

Facilitation ideas

The Quality Dimensions can be explored through conversation or paired with a facilitation activity to look more deeply at Pat's experience:

 Journey mapping

 Team mapping

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

PLAN

Identify opportunities to strengthen care that are meaningful within your own context.

Planning questions

These questions invite you to consider how the insights gained through reflection and exploration could inform improvements within your own practice, team, organization, community, or the broader health system.

- What could Pat's care team have done differently to better support Pat over time?

- What could you do differently to help someone like Pat feel confident seeking care when they need it and be actively involved in decisions about their care?
- How could communication, continuity, and coordination of care be strengthened to better support people with experiences similar to Pat?
- What knowledge, skills, resources, or supports might help you, your team, or your organization provide more effective care for people with experiences like Pat's?
- What opportunities exist within your team, organization, or community to make it easier for people like Pat to seek care early and support prevention before health concerns become more serious?

Facilitation ideas

The planning questions can be used to identify what feels most important to carry forward and, where appropriate, translate that learning into actionable next steps:

★ Prioritization

📝 Action Planning

See the Facilitation Toolkit (p. 51) for suggested processes and facilitation tips.

FACILITATION TOOLKIT

The facilitation ideas throughout this guide offer different ways to engage with the personas. Choose and adapt the approaches that best fit your team, purpose, available time, and context. Some activities can be used on their own, while others can be combined as part of a longer conversation or improvement session. Some activities have also been adapted from established facilitation methods.

Individual reflection

WHAT AM I NOTICING?

Individual reflection offers people time to pause with the persona and notice their own responses before entering into conversation with others. It can happen during a session or independently beforehand.

You might invite the team to:

- Engage with the persona and relevant context through the **Meet** and **Understand** sections.
- Consider one or more Reflection questions.
- Notice what stands out, what questions arise, or what assumptions they become aware of.
- Jot down thoughts/feelings if that is helpful.

If the reflection is part of a group session, individuals can be invited to share what they noticed, while recognizing that those reflections do not need to be shared.

FACILITATION TIPS

- Allow enough time for everyone to think before moving into conversation.
- Silence can support reflection.
- Individuals may find it useful to notice questions without needing to resolve them.
- Personal reflection can remain private.

Small group discussion

WHAT ARE OTHERS NOTICING?

Small group discussion creates an opportunity to hear different perspectives and consider how understanding may shift or deepen through conversation with others.

You might invite the team to:

- Reconnect with something that stood out in their individual reflection.
- Explore one or more questions together.
- Listen for similarities, differences, new perspectives, or questions that emerge.

- Bring forward any insights or questions they would like to share with the larger group.

FACILITATION TIPS

- Smaller groups can make it easier for different voices to enter the conversation.
- Curiosity may be more important than trying to reach agreement.
- People can choose what, if anything, they want to share from their individual reflection.
- Notice themes or tensions that may be worth carrying forward.

Whole group conversation

WHAT ARE WE BEGINNING TO SEE TOGETHER?

Whole group conversation brings different perspectives into a shared space and creates an opportunity to notice connections, tensions, and questions across the group.

You might invite your team to:

- Share something that stayed with them from the persona or earlier conversation.
- Explore one or more questions together.
- Build on, question, or add to what they are hearing.
- Notice themes, differences, or connections that are beginning to emerge.
- Consider what the conversation may invite the group to explore further.

FACILITATION TIPS

- Allow time for reflection before responding.
- Make room for different perspectives without requiring agreement.
- If the conversation becomes abstract, it may be helpful to return to the persona's experience.
- Notice whose perspectives are being heard and where there may be room for others.
- Questions or tensions can remain open.

Journey mapping

WHAT DO WE NOTICE WHEN WE LOOK ACROSS THE PERSONA'S EXPERIENCE OF CARE?

Journey mapping invites the team to look across the persona's experience of seeking and receiving care. By considering different moments, interactions, transitions, and periods of waiting, participants can notice what supported the persona's experience, where challenges or additional burdens emerged, and where there may be opportunities to strengthen care.

SUGGESTED PROCESS

1. Begin with the persona's experience

Invite everyone to return to the persona and identify the parts of their healthcare experience that feel important to include in the journey.

You might ask:

- What moments or experiences seem important to the persona's story?
- Where might their journey begin?

2. Build the journey

Invite the team to place key moments across a whiteboard, flip chart, or virtual workspace. These might include appointments, referrals, tests, treatments, transitions, follow-up, periods of waiting, or experiences outside formal healthcare that are relevant to the persona's journey.

You might ask:

- What happens along the way?
- Are there moments of waiting, transition, follow-up, or self-navigation that we want to make visible?

3. Consider the experience along the way

Pause at different points in the journey and consider what the persona may be experiencing and what matters to them.

You might ask:

- What might this be like from the persona's perspective?
- What seems to be supporting them here?
- Where might additional effort, uncertainty, or burden be showing up?

4. Notice quality across the journey

Invite the team to consider what the journey reveals in relation to the [Alberta Quality Dimensions](#) explored earlier.

You might ask:

- Where do you see quality being supported in this journey?
- Where do you notice gaps, tensions, or opportunities?
- Do other Alberta Quality Dimensions come into view as you look across the journey?

5. Step back and reflect together

Invite the team to look at the journey as a whole and consider what becomes more visible when the different parts are viewed together.

You might ask:

- What stands out to you as you look across the journey?
- What patterns or connections are you noticing?
- What might we still not understand about the persona's experience?
- What opportunities for strengthening care are beginning to come into view?

FACILITATION TIPS

- Keep the persona's experience at the centre rather than focusing only on healthcare processes.
- The journey does not need to be complete or perfectly linear.
- Make room for waiting, uncertainty, self-management, caregiving, and experiences between formal healthcare interactions.
- Stay curious about what the map reveals before moving toward solutions.

LEARN MORE

Bulto, L. N., Davies, E., Kelly, J., & Hendriks, J. M. (2024). Patient journey mapping: Emerging methods for understanding and improving patient experiences of health systems and services. *European Journal of Cardiovascular Nursing*, 23(4), 429–433.

<https://doi.org/10.1093/eurjcn/zvae012>

CONNECTING TO YOUR EXISTING WORK

Journey mapping can also be used alongside approaches already familiar within your primary care context. For example, teams working with the **Patient's Medical Home** may notice connections between what emerges through the persona and their ongoing work related to continuity, access, comprehensive and team-based care, coordination, and relationships. You might consider:

- What aspects of the persona's journey connect with work already underway in your setting?
- What does the journey help make more visible?
- Where might it reinforce, challenge, or deepen what your team is already noticing?

Team mapping

Team Mapping invites groups to explore the people, teams, organizations, services, and other supports connected to the persona's experience of care. By making these relationships and connections visible, teams can consider where collaboration and coordination are supporting quality and where there may be opportunities to strengthen how care is connected.

Adapted from the Team Mapping method developed by Morgan Price and colleagues at the UBC Innovation Support Unit.

SUGGESTED PROCESS

1. Begin with what you have noticed

Invite the team to briefly revisit what has emerged through their exploration of the persona and the Alberta Quality Dimensions for Health.

You might ask:

- Which aspects of the persona's experience stand out to you?
- What strengths, tensions, or opportunities would you like to explore further?

2. Place the persona at the centre

Place the persona at the centre of a whiteboard, flip chart, or virtual workspace. Begin considering the people, teams, organizations, services, and other supports connected to their experience.

You might ask:

- Who contributes to the persona's experience of care?
- Who else supports their health and well-being?
- Who or what might be missing from our initial view?

3. Build out the map

Add the people, teams, organizations, services, and supports around the persona. As the map develops, consider the different roles and contributions represented.

You might ask:

- What role does each play in the persona's experience?
- Where are responsibilities shared?
- Are there important relationships or supports that may be less visible?

4. Notice the connections

Consider the relationships, communication pathways, referrals, transitions, and other connections among what has been mapped.

You might ask:

- Where do relationships and connections appear to be supporting quality?
- Where might communication, coordination, or transitions be difficult?
- Where does the persona appear to be doing the work of connecting different parts of their care?

5. Step back and reflect together

Invite the team to consider what becomes visible when they look at the map as a whole.

You might ask:

- What stands out to you?
- What does the map help us see that may not have been visible when looking at individual interactions?
- How do the Alberta Quality Dimensions show up across these relationships and connections?
- What opportunities for strengthening care are beginning to come into view?

FACILITATION TIPS

- Keep the persona and their experience at the centre of the map.
- Look beyond formal healthcare roles to include community, family, caregivers, and other supports where relevant.
- Focus on relationships and connections rather than creating a formal organizational chart.
- Stay curious about what the map reveals before moving toward solutions.

LEARN MORE

Price, M., Bellwood, P., Hill, T. T., & Fletcher, S. (2020). Team Mapping: A Novel Method to Help Community Primary Healthcare Practices Transition to Team-Based Care. *Healthcare Quarterly*, 22(4), 33–39.

CONNECTING TO THE FRAMEWORK

The Alberta Quality Dimensions for Health help us consider how quality is experienced by people. Team Mapping can help make visible some of the relationships, connections, and conditions that contribute to those experiences.

As you reflect on what emerges, you may also begin to notice connections to the broader **Framework for an Integrated People-centred Health System** — including the conditions that enable quality and the shared responsibilities that support how people participate in and strengthen the health system. You might consider:

- What conditions seem to be supporting or making quality more difficult to achieve?
- What relationships or connections appear especially important?
- What shared responsibilities might matter in strengthening how different parts of the system work together?

★ Prioritization

WHAT FEELS MOST IMPORTANT AND POSSIBLE TO ACT ON?

Prioritization invites the team to step back from the ideas and opportunities that have emerged and consider where they might focus their attention first. The aim is not necessarily to address everything that has come into view, but to identify an opportunity that feels meaningful, relevant, and possible within the team's context.

SUGGESTED PROCESS

1. Gather what has emerged

Invite the team to revisit the strengths, gaps, tensions, questions, and opportunities that surfaced through their exploration of the persona.

You might ask:

- What opportunities for strengthening care have come into view?
- Which feel especially important to the persona's experience?
- Are there ideas or opportunities that seem connected?

2. Consider what matters most

Invite the team to consider the potential significance of the different opportunities.

You might ask:

- Where could change make a meaningful difference?
- Which opportunities feel most important to the people experiencing care?

- Is there something we already know or suspect needs attention?

3. Consider fit and possibility

Explore what may be realistic within the team's context.

You might ask:

- Is there work already happening that could be built on?
- What influence does your team have in this area?
- What resources or supports might be needed?
- Who else may need to be involved?
- Are there possible unintended effects we should consider?

4. Choose a place to begin

Invite the team to identify one opportunity they would like to carry forward.

You might ask:

- Where is there both meaningful potential and a reasonable opportunity to act?
- What feels like a useful place to begin?
- Could a small change help us learn more before taking on something larger?

FACILITATION TIPS

- Keep the persona's experience visible as priorities are discussed.
- Distinguish between what feels **important** and what feels **possible right now**.
- Look for themes or connections before narrowing the options.
- One meaningful place to begin can be enough.

Action planning

WHAT MIGHT IT TAKE TO MOVE THIS OPPORTUNITY FORWARD?

Action planning helps translate a selected opportunity into a practical next step. The level of planning can be adapted to the purpose of the session—from identifying one initial action to outlining a more detailed quality improvement plan.

SUGGESTED PROCESS

1. Clarify the opportunity

Invite the team to describe what they hope to strengthen and why it matters.

You might ask:

- What are we hoping will be different?
- How does this connect back to what we learned from the persona?
- Who would experience the difference if this improved?

2. Identify a first step

Consider what could be tried or done next.

You might ask:

- What is one practical action we could take?
- Could we begin on a small scale?
- What might we need to learn before going further?

3. Consider what will support the work

Invite the team to think about the people, resources, and conditions needed to move forward.

You might ask:

- Who needs to be involved?
- What resources or supports will be needed?
- What barriers might we encounter?
- How might we work with those barriers?

4. Decide how you will know

Consider how the team might learn whether the change is helping.

You might ask:

- What might tell us that this is making a difference?
- Are there existing measures or information we could use?
- How might we hear from people affected by the change along the way?

5. Make the next steps visible

Invite the team to capture what will happen next.

You might ask:

- What will happen?
- Who will be involved or take the lead?
- When will it happen?
- When will we reconnect to see what was learned?

- Who else needs to know about the work?

FACILITATION TIPS

- Keep the proposed action connected to what was learned from the persona.
- Match the level of planning to the time and purpose of the session.
- Consider a small, practical first step rather than designing the full solution at once.
- Build in a point to reconnect, learn, and adapt.

NEXT STEPS AND ADDITIONAL RESOURCES

The personas and facilitation guide can be a starting point for continued learning, conversation, and improvement.

If your conversation is moving into a more formal quality improvement initiative, [Health Quality Alberta's Improvement Guide for Using Survey Results](#) offers additional guidance for selecting an improvement idea, developing an action plan, identifying measures, testing changes, and monitoring progress.

You can also visit the [Primary Care Patient Personas website](#) to further explore the personas, access topic-specific supporting resources for providers and for patients and families, and learn about other relevant Health Quality Alberta resources to support improvement.



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