Training

Ombudsman training begins during the recruitment process with the careful creation and crafting of informational materials and recruitment messages. These materials are the first glimpse that potential ombudsmen have into the role and responsibilities of a long-term care advocate. Training however, like recruitment, is a continuous process.

In addition to classroom style training, ombudsmen need to receive hands-on (or on-the-job) instruction and frequent opportunities to discuss case work. Training programs need to be designed to impart basic information early-on through training that communicates ombudsman core values and emphasizes the role of the ombudsman. Training design should also include plans for continuing education that provides topic specific instruction on issues that ombudsmen encounter on the job such as transfer/discharge, mental health issues, and Medicare Part D. This type of continuing education design helps ombudsmen as they continue to advance and sharpen their advocacy skills.

Training programs and curriculums should be consistently evaluated to gauge their effectiveness. This feedback is essential in identifying problem areas as well as areas where different training strategies would result in better comprehension of material. After all, effective training programs and strategies promote retention of effective ombudsmen!

The purpose of this section is to help ombudsmen plan and develop training programs by sharing guidance and materials that engage individuals and provide skills needed to be competent resident advocates.

This chapter is divided into 2 broad sections: Design & Implementation and Management & Evaluation.

Note: For the purposes of this Compendium, we will focus on paid and volunteer ombudsmen who are complaint investigators. These materials may need to be adapted if they are to be used with volunteers who are operating as "friendly visitors."

**Design & Implementation**

- Training Program Design (basic training, core values, core competencies) ........................................................................................................................................p.4
- Training Tools/Exercises (agendas, quizzes, other handouts/exercises) .................................................................................................................................p.12
• Training Techniques (case studies, self-study, mentorships/internships).................................................................p.15

Management & Evaluation

• Organizational Tools (tools to track training requirements)..........................................................................................p.21
• Examinations (pre & post test exams; certification exams)........p.22
• Program Evaluation Tools (training evaluation forms)............p.28
• Designation and Certification Processes.................................p.28
Design and Implementation

While initial information about the Ombudsman program and duties is communicated during the recruitment stage, basic training and continuing education are opportunities for ombudsmen to learn more about the roles and responsibilities of the position as well as further refine skills and build upon knowledge that will help with case work.

The ombudsman position has many levels of complexity. To be effective, an individual must have a wide array of skills that include the ability to communicate with residents who may have challenges such as hearing impairments, vision loss, and dementia. An ombudsman must also be able to diffuse emotionally charged situations involving family members and staff or administration of long-term care facilities. Ombudsmen must have the tenacity to point out problems with government systems and diplomacy in taking these concerns to appropriate agencies to persuade them to correct these problems.

Additionally, the long-term care system is constantly changing. The ombudsman must stay alert to changes in laws, regulations, and policies that affect residents. Facility bankruptcies, closures, changes in administration, staff turnover, and the complexity of payment sources like Medicare and Medicaid are just some of the areas for which ombudsmen need ongoing and regular training.

Because of ongoing changes to the issues facing residents, training materials, even for basic training, must be consistently reviewed for accuracy and updated with the latest information. And continuing education programs need to be tailored to provide knowledge and skills that are timely and will be most useful in the field.

Effective training programs are based on a set of core values or competencies for ombudsmen (both paid and volunteer) 1. These common values and philosophies relate to the ombudsman's role, including her relationship to the long-term care resident, and therefore must be reflected in training programs as well as modeled in ombudsman interventions. The successful understanding and use of these values in the recruitment and training process will lead to higher retention of effective long-term care ombudsmen.

This section of the Compendium will explain the core values and competencies of long-term care ombudsmen and will provide examples of how these are carried out through the training design and implementation process.

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1 The core values concept is put forth by Dr. Wayne Nelson in "Ombudsman Training and Certification: Toward a Standard of Best Practices" from "The LTCOP: Rethinking and Retooling for the Future." Nelson has designed a Role Perception Profile Instrument (referred to in the Recruitment chapter of the Compendium). This self-assessment instrument focuses on the key concepts that shape the LTCOP's philosophy and values.
Training Program Design

While the Older Americans Act stipulates training content areas, there is no federally mandated design for ombudsman training. State training programs vary in the number of hours required for both basic and continuing education, the topics included in basic training programs, and the ways in which training is provided. Some states have different requirements regarding training for paid staff than for volunteers. Despite these differences, basic elements of training can be identified and core competencies have been determined.

These basic elements or core ombudsman competencies come from the duties of the ombudsman described in the Older Americans Act and have been supported by research presented in the 1995 Institute of Medicine Study, "Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act," and Dr. Wayne Nelson's paper "Training and Qualifications for the LTCOP" included in "The Long-Term Care Ombudsman Program: Rethinking and Retooling for the Future."²

The training design must include a strategy for delivering continuing education. This design must include a mechanism for gathering feedback from ombudsmen about topics of interest and current trends that suggest the need for additional training. Successful continuing education programs routinely ask for input and feedback and incorporate these suggestions into the design and implementation of continuing education programming.

Older Americans Act (OAA) Requirements

- The duties and responsibilities of the long-term care ombudsman are some of the most clearly defined portions of the Older Americans' Act. This section was carefully crafted to ensure that the advocacy role of this position was clearly and concisely accentuated. [42USC3058g(a)(5)(B)]

(B) Duties--An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency--
(i) provide services to protect the health, safety, welfare and rights of residents;

² This reference also commonly referred to as the "Bader Report" is a compilation of materials and recommendations from a 2002 retreat that was held by the National Association of State Ombudsman Programs (NASOP). The retreat and report were funded by the Helen Bader Foundation and provided an opportunity for State Ombudsmen to evaluate whether the LTCOP was fulfilling its mission under the Older Americans Act. The report includes analyses from noted experts and researchers and recommendations for meeting the challenges of the future.
(ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
(iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;
(iv) represent the interests of residents before government agencies and seek administrative legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
(v)(I) review, and if necessary, comment on any existing and proposed laws, regulations, policies, and actions;
(II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
(vi) support the development of resident and family councils; and
(vii) carry out other activities that the Ombudsman determines to be appropriate.

Institute of Medicine (IoM) Guidance

The following excerpts from the Institute of Medicine Study reflect guidance in the area of ombudsman practice that relates to training:

- p. 164 - **exemplary practices** - "Representatives have backgrounds in advocacy, problem solving, consumer education, LTC, or community organizing. All representatives with supervisory responsibilities have experience with management and program administration."
- p. 165 - **exemplary practices** - "The program maintains a reputation as one staffed by well-prepared, knowledgeable workers familiar with the latest developments and trends and generously able to help others learn its knowledge and skills. Training is conducted in a manner developed to foster and encourage the ongoing improvement and skills of every representative of the Office."
- p. 165 - **essential practices** - "Representatives have in-depth initial training prior to performing any duties, are assessed for competence prior to acting directly without direct supervision, and receive ongoing training and supervision to improve skills and to stay abreast of program and LTC developments."
The LTCOP: Rethinking & Retooling Recommendations (Bader Report)

The following recommendations from Dr. Wayne Nelson's paper "Training Qualifications for the LTCOP" from "The LTCOP: Rethinking and Retooling for the Future" relate to training of ombudsmen. They have been broken down to recommendations in the areas of training hours, training topics, and teaching methods:

Related to Training Hours:
- Mandate a minimum 60 hours basic certification training covering core concepts and critical attributes of an investigative advocate: 36 hours must be in the classroom; 24 hours can be home study, including reading assignments and written exercises to check understanding. Students should log their self study time.\(^3\)
- Program directed in-facility service learning opportunities of between 8 and 16 hours should be made available to all ombudsmen following the initial certification training program.
- Provide regular programs of ongoing education comprising day-long seminars offered on a bimonthly or quarterly basis.

Related to Training Topics:
- Ombudsmen must develop knowledge and skills-based training processes to develop and hone the advocacy skill of persuasion.
- Develop detailed protocols for advocacy mediation and promote this as a consciously distinct preference to classic mediation in situations of imbalanced power.
- Provide continuing education comprised of back-to-basics refreshers and practice intensives on subjects identified in the needs analysis, as well as advanced training opportunities. Attendance at two out of three of programs should be required for continued volunteer certification.
- Include education on autonomy and paternalism in all introductory sessions.
- Teach the Precedence Protocol for Advocacy as the foundation for all problem solving. (see Appendix A)
- Incorporate policies and procedures into the training process - communicating them here gets them into practice.

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\(^3\) This recommendation put forth by Dr. Wayne Nelson was not based on scientific research or theory. The recommendation was intended to inspire ombudsman discussion about minimum requirements for ombudsman basic training.
• Personnel policy handbooks should be part of the standard materials given to all new ombudsmen - rules, protocol, conditions of duties, and consequences of failing to follow protocol, etc.
• Elements of basic training should include: orientation, knowledge and skills essential to role, and an opportunity for practical application. The purpose of orientation is:
  ▪ to provide information about policies, rules and expectations,
  ▪ to create an atmosphere for learning, and
  ▪ to create a sense of belonging.
• Classroom training should focus on the acquisition of factual knowledge and honing of skills. The practicum allows for practice if placed under the guidance of a skilled mentor.
• Elements of continuing education should include refreshers on basic role and values, skill refinement, specific content areas, as well as address deficits.

Related to Teaching Methods:
• Severely limit the practice of using facility employees and other non-ombudsman personnel to teach ombudsman roles, values, protocols and procedures. These core management functions require ombudsman expertise.
• Reduce lectures in length and in terms of the overall percentage of instructional time. Reserve lectures for motivational, values based subjects. Substitute lecture content with home study requirements whenever possible.
• Use strong modeling components: mentor modeling, film, intense practice sessions through role play, triads, simulations, and feedback mechanisms - (triad with coaches, video feedback, instructor critiques), and periodic practice refresher courses.
• Provide a post-service reflection seminar to assess and validate or redirect volunteer on-the-job learning between 6 weeks and 2 months after the newly assigned volunteer has been working along in the facility.
• Explore developing web-enhanced or fully on-line versions of basic training programs to serve geographically dispersed areas in order to meet the needs of an increasingly technology tolerant volunteer pool. Or utilize self-study materials such as videos accompanied by questions for a low tech alternative.
• Different volunteer roles demand different training focus - may be addressed through use of career ladders.
• Career ladders such as lead investigators, recruiter/screener, mentor offer chances for growth & recognition & aid in retention.
• Incorporate more skill based learning approaches especially when teaching components on resident communication and problem solving (approaches such as mentor, modeling, practice/role play, simulation).
• Utilize the case study, videos, and practice based simulation for complaint handling skills.

Basic statistics regarding variation in training programs (training survey conducted by NASOP in 2002 - 33 states responding):

• 28 states require basic training with classroom instruction - ranges from 14 - 100 hours; avg of 34 hours
• 17 states require continuing education for volunteers (avg 14 hours; range 6 - 35 hours); 20 states require continuing education for paid staff (avg 27 hours; range 6 - 60 hours); 7 states require the same number of hours for volunteer and paid staff; 8 states require more hours for paid staff than for volunteers
Elements of Basic Training

The Older Americans Act provides general guidance on the elements of basic training for ombudsmen as detailed in Title VII, Chapter 2, Sec. 712 (a)(5)(B) (see previous section on program design). It assigns responsibility to the Office of the State Ombudsman for ensuring program training standards and gives responsibility to the State Ombudsmen for ensuring that representatives of the program are adequately trained before they begin their duties.

Older Americans Act (OAA) Requirements

- The OAA provides basic requirements related to the training of ombudsmen. [42 USC 3058g (h)(4)]

(h)Administration.--The State agency shall require the Office to--
(4)strengthen and update procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that--
(A)specify a minimum number of hours of initial training;
(B)specify the content of the training, including training related to--
(i)Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
(ii)investigative techniques; and
(iii)such other matters as the State determines to be appropriate; and
(C)specify an annual number of hours of in-service training for all designated representatives;
(5)prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) unless the representative--
(A) has received the training required under paragraph (4); and
(B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;
Ombudsman Core Values

- are referenced in guidance from the OAA, the IoM, and the Bader Report
- are communicated in the NASOP mission statement: "As mandated by the Older Americans Act, the mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents."
- are further supported by the NASOP Code of Ethics (see Appendix A)

Core Values:

- resident directed approach to problem solving
- resident autonomy (self-determination) perspective versus best interest (paternalistic) perspective
- confidentiality
- freedom from conflicts of interest
- resident advocate (not impartial mediator)

Core Competencies:

- History of the LTC Ombudsman Program
- Residents' Rights
- Federal and State Laws/Regulations (OAA, Nursing Home Reform Law or OBRA '87)
- Conflict Resolution and Problem Solving (includes investigation protocols, negotiation, mediation, persuasion & other communication techniques)
- Systems Advocacy
- Documentation - includes reporting requirements (NORS training, state/local forms)
- Other: Ethics (Precedence Protocol for Advocacy - see Appendix A), Aging Process, Assessment and Care Planning, Culture Change

Training Program Implementation

Largely due to the efforts of the National Association of State Ombudsman Programs and the work of the National Ombudsman Resource Center there has been an effort to develop a national curriculum that includes the basic elements a training program for long-term care ombudsmen. This training curriculum, developed by Sara Hunt, NORC
Consultant, is titled "Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum." The curriculum stresses the use of adult learning techniques and includes items for self-study.

The following curriculum modules have been completed and are available through the National Ombudsman Resource Center:

- History and Role of the Long-Term Care Ombudsman Program
- The Aging Process
- Residents' Rights
- The Problems Solving Process: Investigation

The following module was currently under development at the time of publishing:
- The Problem-Solving Process: Resolution

Note: A variety of training materials, including training manuals, curriculum modules, and handouts, can be found on the NORC website.

Appendix A - Sample Items:

1. NASOP Code of Ethics for Long-Term Care Ombudsmen

   - a handout taken from "Working Through Ethical Dilemmas in Ombudsman Practice," written by Sara Hunt, 1989

3. Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum - An Overview
   - provides an overview of the ombudsman curriculum being developed by Sara Hunt in coordination with NORC and NASOP
   - includes detailed course outline including topics, major teaching points, and methods

4. Guidelines to Adult Learning
   - handout taken from Train the Trainer by Susan Hosch for the Florida Long-Term Care Ombudsman Program

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4 NORC Curriculum modules are available in hard copy or can be downloaded from the website at www.ltcombudsman.org
**Training Tools/Exercises**

The following training tools and items were shared by programs across the country and provide examples of materials that exemplify many of the principles covered in this Chapter.

**Appendix B-1 - Sample Items:**

**Agendas** - provide examples of how states spread out key subjects/topics:

1. Georgia Training Requirements (GA SLTCOP)
   - break down of classroom training, on-site training, and continuing ed training topics
   - intended for paid ombudsmen - includes info about certification exam requirement

2. Ohio State Training Agenda (OH SLTCOP)
   - includes 14 sessions; referred to as "Professional Development Program;" agenda includes teaching program policies & procedures

3. Volunteer Training Agenda (Salt Lake County, UT LTCOP)
   - incorporates the Nelson Role Perception Profile into initial training; indicates homework assignments; uses case studies; prep for certification exam

4. Volunteer Training Agenda (KIPDA District, KY LTCOP)
   - concise layout; includes training goals and requirements

5. Volunteer Training Agenda (Snohomish County, WA LTCOP)
   - 4 day training agenda; uses several videos w/ discussion; utilizes homework assignments; includes facility visits

6. Volunteer Training Agenda (OK SLTCOP)
   - 2 day training agenda; clear and simple lay out
Appendix B-2 - Sample Items:

Training Tools/Exercises - sample training materials for the basics and beyond

Role of the Ombudsman:
1. Ombudsmen: Frequent Misconceptions (OR SLTCOP Training Manual)
   • presents several myths about ombudsmen and provides the facts about the role of an ombudsman

2. Volunteer Do's and Don'ts handout (WI SLTCOP Volunteer Training Manual)
   • provides a good break down of how the role/work of the volunteer differs from that of a paid ombudsman (unique to Wisconsin program)
   • delineates types of complaints handled by a regional ombudsman versus volunteer

3. Advocate's Responsibilities in Problem Solving (OK LTCO Training Manual)
   • good basic handout to further communicate core values and the role of the ombudsman

4. Appropriate Ombudsman Volunteer Activities (OK LTCO Training Manual)
   • communicates the volunteer's role and responsibilities

5. Ombudsman Volunteer Rules & Guidelines (OK LTCO Training Manual)
   • an example of ways to incorporate protocol or policies and procedures into training

Communication Techniques:
1. Ombudsman Effectiveness handout (OR LTCO Training Manual)
   • covers dealing with authority figures; positive steps to changing someone's mind; using the "point, evidence, repeat point" method; dealing with resistance

2. Persuasion and Communication handout (OR LTCO Training Manual)
   • covers five forms of persuasion

3. Ombudsman Logic handout (OR LTCO Training Manual)
   • lists widely used but invalid arguments; could be useful in advanced training on problem solving
4. Listening Dos and Don'ts (OK LTCO Training)
   • basic skill communicating protocol

5. Basic Interviewing Skills handout (OR SLTCOP Training Manual)
   • includes guidance on being aware of possible biases; explains the 2 different forms of a question; includes an example resident interview; covers questioning techniques

   • includes guiding principles with examples

7. Interviewing a Resident handout (OK LTCO Training Manual)
   • good basic protocol; emphasis on residents' rights in practice

Quizzes & Exercises:
1. "Name that Right" Quiz (Snohomish County, WA LTCOP)
   • exercise for applying residents rights to "real" life situations

2. LTCOP True or False Questions & Answers (Snohomish County, WA LTCOP)
   • questions relate to basic ombudsman practice, the role of the ombudsman
   • has some state specific items/issues

3. What Do You Know About Aging? A Quiz & Answer Sheet
   • updated version of Erdman Palmore's landmark "Facts on Aging Quiz" - from the Center on Aging Studies at the University of Missouri - Kansas City website
   • might be used as a pre-test to gauge knowledge and skill level in aging or as a self-exploration tool to explore perceptions about aging

Unique items to enhance training:
1. Rogue or Zombie: Both Gotta Go! (handout by Dr. Wayne Nelson)
   • handout that might be used to inspire discussion about Ombudsman Effectiveness
   • could be used with veteran ombudsmen as a part of continuing education

2. How Many Ombudsmen Does it Take to Change a Light Bulb? (author unknown)
   • humorous handout that might be used as continuing ed piece
   • a refresher/review of ombudsman guiding principles
Training Techniques

The nature of the ombudsman position and the typical ombudsman candidate must be considered in the planning and design of ombudsman education programs. Many aspects of the ombudsman position require knowledge that can be gained by home study or reading assignments. However, there are also many elements of the position that require skills that must be practiced and refined. All ombudsman candidates can be considered "adult learners" and therefore adult learning theory related to training approaches is highly relevant. Training programs should offer a variety of approaches and styles including classroom style lectures, observation, modeling, and homework.

Guidelines to Adult Learning

Some of the important facts that research has uncovered about the way in which adults learn include the following:

1. Adults must want to learn
2. Adults will learn only what they feel they need to learn
3. Adults expect information to be useful immediately
4. Adults learn by doing
5. Adult learning centers around solving realistic problems
6. Segment information into manageable portions
7. Experience affects adult learning
8. Adults learn best in an informal environment
9. Learning experiences should be structured for learner's success
10. A variety of methods should be used
11. Repetition improves retention
12. Adults want guidance not grades

These guidelines are taken from Train the Trainer by Susan Hosch for the Florida Long-Term Care Ombudsman Program. See the full document in Appendix A.

The LTCOP: Rethinking and Retooling Recommendations (Bader Report)

The following recommendations from Dr. Wayne Nelson's paper "Training and Qualifications for the LTCOP" relate to training techniques for Ombudsman Education programs.
• Use the Role Perception Profile to teach/learn about personal orientations - attitudes/values that may shape an individual's approach to problem solving.
• Reduce time spent on lecture - use it to teach key values instead. Assign more exercises for home - reading & answering questions.
• Regular bi-monthly or quarterly training/education sessions improve retention and address the learning curve.
• Use case study, prepared film presentations, and practice-based simulations employing mock records checks, mock interviews, and so forth to teach problem identification.
• Establish regular community support group meetings where local volunteers can discuss and analyze problems encountered in the facilities.
• Teach LTCOs tactics best suited to the environment.
• Long distance learning such as virtual lectures, quizzes, discussion topics, chat rooms, etc. offer variety in terms of time investment and cost. They are easy to update and good for teaching some skills, but not all (for example communication).

Case Studies
Case studies are an important tool in ombudsman education. They make training material relevant and allow an opportunity for ombudsmen to practice skills and share creative approaches to case work.

Appendix B-3 - Sample Items:

For Basic Training - Role of the Ombudsman:
1. Cases to Discuss (OH SLTCOP)
   • challenges the individual to decide if they have the authority to handle the complaint
   • asks them to identify the residents' rights involved
   • questions the individual about the process they would use in resolving the complaint

2. Case studies (Snohomish County, WA LTCOP)
   • each case study is followed by questions regarding the type of resident right violation and questions regarding the complaint resolution process
3. Investigation Case Studies (OR LTCOP)
   - each case study is followed by a series of questions relating to the information presented

4. Case Planning Worksheet/Exercise (LA SLTCOP)
   - exercise that takes the individual through each stage of an ombudsman complaint process
   - forms are used to help ombudsmen think through the steps and the sources of information they will need to address a complaint

5. Concerned Visitor Exercise (LA SLTCOP)
   - one page exercise; could be used as a scripted role play or read
   - questions follow re: the communication techniques utilized

6. Problem Resolution Case Studies (OR LTCOP)
   - case studies that cover the mechanics of complaint resolution
   - each scenario is followed by a set of questions

7. Residents' Rights Case Studies (OR LTCOP)
   - case studies relating to residents' rights; each scenario is followed by a series of questions

8. Involuntary Transfer Case Studies (OR LTCOP)
   - series of case studies each related to the topic of transfer/discharge

For Continuing Education/Skill refinement:

1. Case Study: Mrs. Smith (OH SLTCOP)
   - scenario includes ethical dilemmas
   - promotes discussion of the role of the ombudsman

2. Scripted Role Plays (MO SLTCOP)
   - sample item is 1 of 10 skits from this resource
   - scripted role play topics include: call lights, communicating with facility staff, guardians, loss and theft, physical restraints, resident assessment protocol/care plan, resident choice/resident's right to participate in activities, roommate conflict, transfer/discharge issues and wandering residents
   - each script includes learning objectives; excellent for modeling ombudsman role and protocol; perfect to lead thoughtful discussion

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5 All 10 skits from the Missouri Scripted Role Plays can be viewed on the NORC website at http://www.ltcombudsman.org/uploads/MORoleplays.pdf
3. National Ombudsman Reporting System Training materials overview
   - NORS training materials available on the NORC website at http://www.ltcombudsman.org/ombpublic/49_506_1786.CFM#nors
     use case studies to teach ombudsmen the basic principles of complaint reporting
   - Divided into 3 sections: Part I (Case, Complaint and Consultation), Part II (Complaint Coding and Verification), and Part III (Complaint Disposition and Closing a Case)

Self-study or homework

Many programs incorporate self-study or homework assignments such as supplemental reading into basic and continuing education programs. Self-study assignments may include reading a chapter or viewing a video and answering questions related to key concepts communicated in the video or book. Other methods might be to assign supplemental reading and engage individuals in follow-up or group discussion related to the ideas and knowledge they acquired from the assignment. Either method should involve questions that relate to how an ombudsman will apply the knowledge they gained through the assignment to the work that they are doing.

Appendix B-4 - Sample Items:
   1. Training Videos Used by Ombudsmen
      - this list compiled by the NORC contains a selection of videos used by local and state ombudsman programs
      - each description includes order information
   2. Supplemental Reading list
      - this list compiled by the Ombudsman Compendium Advisory Committee includes suggestions for supplemental reading items intended for self-study
   3. Self-Study Module (Salt Lake County, UT LTCOP)
      - an example of a self-study companion to accompany a homework assignment to read Ombudsman Best Practices: Confidentiality

Mentorships/Internships

Mentorships and/or internships are excellent ways to provide on-the-job training to new ombudsmen. Some states require internships as a part of the basic training program. Other programs have ombudsmen complete basic training and then continue to learn under the guidance of an experienced mentor ombudsman.
Appendix B-5 - Sample Items:

1. Volunteer Ombudsman Training - Mentoring Protocol (ID SLTCOP)
   - agenda includes a section on mentoring; explains how this part of the training process prepares volunteers for their work
   - handout provides a framework for ombudsman visitation protocol

2. Ombudsman Trainee Internship Materials (IN SLTCOP)
   - materials are comprised of 3 sections: Section A - Facility Visitation, Section B - Ombudsman Experience, and Section C - Observed Activity
   - interview forms to be used by the ombudsman during an internship process include questions for the Nursing Home Administrator, Director of Nurses, Social Worker, Activities Professional, Dietary Supervisor, Housekeeping Supervisor, Resident, Staff Ombudsman, and Area Agency on Aging Director

3. Ombudsman Trainee Internship (LA SLTCOP)
   - form utilized for observation of an ombudsman trainee during the internship component
   - instructor uses the form to rate several areas of ombudsman performance related to communicating with residents and staff

4. Volunteer Shadow (Salt Lake County, UT LTCOP)
   - evaluation form used by an observer to rate a volunteer ombudsman's performance during a facility visit

5. Shadowing Experience Evaluation (Salt Lake County, UT LTCOP)
   - form used by a volunteer ombudsman to provide feedback on the value of a shadow experience
Management and Evaluation

The success of ombudsman education programs rely on the proper management of basic and continuing training programs; continuous evaluation of both individual ombudsmen; and the effectiveness of the ombudsman education program itself. Programs have various ways of managing training requirements through organization tools that track and document training accomplishments.

Individual ombudsman evaluation is accomplished in some states through the use of exams. Training program evaluation generally occurs through a survey of ombudsmen who have recently completed training. Ultimately, all of the effort put into training design and implementation prepares the way for an individual's official designation as a representative of the State Ombudsman Program.

The LTCOP: Rethinking and Retooling Recommendations (Bader Report)

Dr. Wayne Nelson's paper "Training and Qualifications for the LTCOP" offers the following recommendations related to the management and evaluation of ombudsman education programs:

- Systematically evaluate LTCOP training practices with the goal of recommending a values-based model of core content.
- Base certification on the satisfactory completion of the instructional program as evidenced by a passing score on an exam that measures the learner's mastery of ombudsman core concepts. The exam should assess the learner's knowledge and ability to correctly identify problems and to select situationally appropriate problem resolution techniques. Ombudsmen should not serve in facilities without completing this basic process.
- Perform regular training needs assessments of staff to determine performance discrepancies susceptible to training correction through continuing education workshops. A secondary analysis of identified needs will determine appropriate methods, aids, resources, and training evaluation format.
- Provide continuing education comprised of back-to-basics refreshers and practice intensives on subjects identified in the needs analysis, as well as advanced training opportunities. Attendance at two out of three programs should be required for continued volunteer certification.
Organizational Tools

The responsibility of designing and implementing training programs also comes with responsibilities for documenting training accomplishments. The following forms were created by Ombudsman programs to track training processes and requirements.

Appendix C-1 - Sample Items:

1. Volunteer Placement Conference (TX SLTCOP)
   - provides outline/agenda for volunteer/volunteer manager discussion to finalize formal arrangements prior to facility assignment

2. Format for the Volunteer Ombudsman Placement Meeting (Northern VA LTCOP)
   - provides guidance for finalizing volunteer requirements prior to facility assignment

3. Ombudsman Volunteer Check List (HI SLTCOP)
   - tracking tool that monitors the volunteer's training requirements and attendance at monthly meetings

4. Volunteer Advocate Orientation Verification (MN STLCOP)
   - form used to verify training requirements have been met
   - form also formalizes the agreement between the SLTCOP and the volunteer in regards to meeting the duties of the position and other program expectations

5. Volunteer Ombudsman Monthly Report (WI SLTCOP)
   - report form used to document volunteer activities such as facility visits and work with resident/family councils
   - form also has a space to request contact with a regional ombudsman

6. Long-Term Care Ombudsman Training Hours & Certification Checklist (WV SLTCOP)
   - tool to track ombudsman training hours & form used by regional ombudsmen to track certification training accomplishments
   - sent to the state ombudsman for formal certification
Examinations

Some programs use examinations to gauge ombudsman comprehension of topics covered during training. In some cases, this feedback is used to determine whether an individual is ready to begin their ombudsman duties (particularly in the areas of complaint handling and problem solving). Additionally, some states require individuals to pass a certification exam in order to be formally designated as a representative of the program.

If programs use examinations, the policies and procedures regarding testing should be communicated to ombudsman candidates both verbally and in writing (ie. how exams will be used, consequences of failure, number of retakes, etc.).

- Tests used by ombudsman programs differ in terms of style, but most utilize a combination of one of the following: multiple choice questions, true/false questions, and case studies with essay questions.
- The best exams are application based (see the examples below).

Sample questions:

I. Examples of questions related to core ombudsman principles such as confidentiality and freedom from conflict of interest:

- Describe the ombudsman confidentiality requirement including its extent and limits.
- When screening a representative of the Office for a conflict of interest, what should the ombudsman program director consider with regard to that representative?
  a. previous employers
  b. investments in long-term care providers
  c. organizational memberships
  d. all of the above

II. Examples of questions related to the role of the ombudsman or ombudsman protocol:

- You need access to a resident's medical records but the resident cannot give you written permission. How can you get access to this resident's records?
- What limitations, if any, are there on the ombudsman's access to:
  a. Long-term care facilities
  b. Residents
  c. Facility records
  d. Resident records

- What is the first step in the investigation process?

- Which of the following is an example of a systemic complaint?
  a. The medical director of facility X does not respond to phone calls from residents.
  b. The resident complains that her $30 personal needs allowance no longer meets her personal needs due to the increased cost of items and services she purchases.
  c. The LTCOP receives 5 complaints in one day about the adult day care center's smoking policy.

- If the ombudsman handling a case receives a subpoena for records, what should he do first?
  a. immediately reject the request on the basis of confidentiality
  b. contact the State Ombudsman
  c. hire a private attorney
  d. immediately comply with the request

- Why does the LTCOP use a philosophy of client advocacy rather than the neutral third-party stance taken by the classical ombudsman?
  a. most older adults are capable of speaking for themselves
  b. ombudsman clients are not on an equal power basis with providers
  c. regulatory mechanisms are inadequate, so the ombudsman must enforce the law
  d. b and c

- Generally, what is the preferred way for an ombudsman to resolve a complaint?
  a. empower the client or family to resolve the problem themselves
  b. confront the provider with the problem and seek a resolution
  c. approach the regulatory agency about enforcing the standards
  d. make a referral to legal services

- Which of the following complaints is not appropriate for the ombudsman program to handle?
  a. A resident complains that her roommate takes up more than half of the room.
b. The resident council members feel their concerns are not heard by the staff.
c. A nurse aide is disciplined by her supervisor.
d. None of the above.

- An ombudsman may decline to investigate a complaint for which of the following reasons?
  a. The complaint was made so long after the alleged occurrence that an adequate investigation cannot be conducted.
b. The complainant has involved an attorney to pursue legal action against a provider.
c. The complaint does not fit within the top ten complaint-handling priorities of the program.

- Can an ombudsman address problems he/she sees with the facility without a complainant?  **YES  NO**

- **Essay question:** How do you conduct a complaint investigation? (What do you do from beginning to end?)

- **Essay question:** What do you include in your documentation? (for your case record and/or referral). Be specific.

- Mr. Edwards, who is diabetic, is a resident of your assigned nursing home. He may have to have his foot amputated because of a wound that is not healing. The wound will not get better unless Mr. Edwards can keep his blood sugar at a healthy level. The staff tells you that Mr. Edwards is refusing to have his blood sugar checked. As Mr. Edward's Ombudsman, you should:
  a. Do nothing. Mr. Edwards has the right to refuse medical treatment.
b. Insist that the staff notify Mr. Edward's doctor of his refusal.
c. Talk to Mr. Edwards to find out why he is refusing to have his blood sugar checked.

- Certified Ombudsmen should familiarize themselves with the care plans for each resident in their assigned facility. Resident permission is **not** needed to review care plans.
  a. True.
b. False. Care plans are too technical for Certified Ombudsmen to review.
c. False. Certified Ombudsmen need resident permission before reviewing a care plan.
III. *Examples of questions related to laws or regulations (including residents' rights):*

- What are the general requirements for an appropriate **internal** (room-to-room) nursing facility resident relocation?

- In order to investigate complaints, ombudsmen must have access to fact sources. What are the three areas of **access authority** that are the basis for the ombudsman program's investigative authority?

- When are regional programs required to refer complaints to the State Long-Term Care Ombudsman?
  
  a. the State Ombudsman is the best person to handle the complaint.
  b. the complaint is frivolous, vexatious, not made in good faith
  c. an adequate investigation cannot be conducted
  d. b and c

- The nursing facility enforcement matrix developed as a result of the nursing home reform law (OBRA '87) considers:
  
  a. scope of the violation
  b. whether the facility **intended** to harm the resident
  c. severity of the violation
  d. a and c

- What may the Personal Needs Allowance of a Medicaid nursing home resident be used for?
  
  a. laundry
  b. cigarettes
  c. medical care
  d. showers

- Before discharging a resident, a facility must try to avoid the discharge by providing reasonable accommodations for the resident's needs. **T**  **F**

- Communications with an ombudsman are confidential. **T**  **F**

- It is unlawful to willfully interfere with ombudsmen in the performance of their duties. **T**  **F**

- Name two things that could indicate a lack of "quality of care" in the facility.

- Name two things that could indicate a lack of "quality of life" for residents in the facility.
• Mrs. Bernstein cannot sit up for more than 10 minutes at a time because of muscle weakness. Her doctor orders her to wear a vest that can be tied to her wheelchair so that she can sit up for longer periods of time. This order:
  a. May be an inappropriate restraint order and should be questioned by the ombudsman.
  b. Is not considered a restraint. The vest is being used as an enabler.
  c. Must be followed. Certified Ombudsmen should not question a doctor's order.

IV. Examples of questions related to long-term care resident characteristics:

• All people with dementia are incompetent to make decisions about their care.  
  T  F
• Depression is a natural part of getting old and nothing can be done to help elderly people who are depressed.  
  T  F
• If a resident wanders in the facility and is at risk of falling, the best course of action is to give him medication to stop the wandering.  
  T  F

V. Examples of questions related to National Ombudsman Reporting System Data

• A woman calls asking for information on care planning and how to select a nursing home for her mother. Would this be coded as a case or consultation?

• Ms. Miller, a resident of Sunny Valley Assisted Living Facility, stops you in the hall and tells you she has a problem: her son, who lives at home, has just been terminated from the Medicaid program and she is concerned he won’t be able to pay for his medication. As she wheels off in her wheelchair, you notice that the wheelchair keeps veering to the left and hitting the wall. You ask if she would like your assistance in getting it fixed, or getting a new chair. She replies, “yes.” What is the complaint and who is the complainant?

• The personal care home did not give the resident information on residents’ rights when he came to the home. Using the NORS codes, how would you code this complaint?

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6 Training materials focusing on consistency in data reporting have been developed by the Administration on Aging in coordination with the NASOP. These materials are available on the NORC website at www.ltcombudsman.org.
• A nursing home forces a resident to change rooms and roommates without telling her in advance that this was going to happen. Using the NORS codes, how would you code this complaint?

• Ms. Douglas’s daughter, Karen, calls you to complain that the nursing home is refusing to take her mother to the dining room for the noon meal. She tells you that she’s talked to the facility several times, but when she calls at noon her mother is always in her room eating her dinner. You visit Ms. Douglas. She tells you that she likes to eat dinner in her room because it is so nice and quiet. It’s the only time she gets to be alone. The aides always want to take her to the dining room at noon, but she refuses. She eats her evening meal in the dining room.
  a. Is the complaint verified? Yes ____ No ____
  b. Should the case be closed? Yes ____ No ____

• A daughter calls complaining that her mother, a nursing home resident, needs to be moved to a room closer to the nurse’s station. The daughter has a health care power of attorney for her mother. The mother agrees that she would feel safer in one of the two rooms near the nurses. You investigate and find that there are no empty beds in either of those rooms. The daughter insists that they move one of the other residents to make room for her mother. The resident tells you that she just wants to forget the whole thing. Her current room is OK and all the commotion about moving is upsetting her. Using the NORS disposition categories, how would you code this complaint?

Appendix C-2 - Sample items:

1. Content and Administration of Certification Exams (OH SLTCOP)
   • legal code related to the content and administration of certification exams
   • spells out the procedures for test giving and scoring of exams as well as guidance for retakes

2. Certification Requirements for Long-Term Care Ombudsmen (GA STLCOP)
   • spells out items related to training including taking the certification exam and official certification by the program

3. Sample case studies with essay questions (OH SLTCOP)
Program Evaluation Tools

The following examples of program evaluation tools fall into two categories: 1) those related to training that has just been provided and 2) those that seek feedback on a range of items related to program management. The overall goal of each of these types of evaluation is to gain feedback on what works, what doesn't work, and what ombudsmen still need from the program. Ombudsman programs should use this feedback to revise and improve the success of ombudsman education programs.

Note: Program Evaluation will be covered more broadly in the third and final chapter of the Ombudsman Compendium titled Retention.

Appendix C-3 - Sample items:

1. New Volunteer Training Evaluation (Snohomish County, WA LTCOP)
   - seeks feedback on orientation or basic training program
   - requests information on preferences for future training topics

2. Statewide Conference Evaluation (author unknown)
   - uses a forced answer style with room for additional comments
   - evaluates learning setting and accommodations

3. Statewide Conference Evaluation (author unknown)
   - evaluation uses a Likert Rating Scale (A rating scale measuring the strength of agreement with a clear statement. Often administered in the form of a questionnaire used to gauge attitudes or reactions.)
   - evaluates quality of presentations and material

4. Designation and Service Review (OH SLTCOP)
   - comprehensive evaluation that covers everything from training, quality improvement, and input for a statewide systemic advocacy agenda

Designation & Certification Processes

All ombudsmen who carry out the responsibilities of the State Ombudsman at the local level must be designated by the State Ombudsman Program.

Designation is the process used by State Long-Term Care Ombudsman Programs to indicate that an individual who has fulfilled the certification requirements AND any
additional requirements, such as being free from conflict of interest, can participate as a long-term care ombudsman in the Ombudsman Program.

Certification is achieved when an individual successfully fulfills the requirements of the training process to become a long-term care ombudsman. It is a multiple step process in some states that may include classroom work and passing a certification exam. Certification is one aspect of being designated.

The Older Americans Act gives State Ombudsmen the authority to revoke designation when an individual is unable to meet program requirements related to the position. State Ombudsman Program policies and procedures should address the protocol for de-designation when an individual is either unable or unwilling to comply with program requirements. Additional information regarding de-designation will be provided in Chapter III of the Ombudsman Compendium titled "Retention."

**Older Americans Act (OAA) Requirements**

- The Older Americans Act (OAA) gives State Ombudsmen the power to designate individuals to carry out the duties of the Ombudsman at the local level [42 USC 3058g (a)(5)(A)].

**AoA Policy Interpretation on State Ombudsman Authority** – The State Ombudsman has the authority to designate local Ombudsman entities and ombudsman representatives to participate in the statewide Ombudsman Program and to revoke designation, if necessary.

**Local Ombudsman Entities and Representatives**

(a)(5) Designation of local ombudsman entities and representatives.--

(A) Designation.--In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.

(B) Duties.--An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency--

(i) provide services to protect the health, safety, welfare and rights of residents;

(ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
(iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;
(iv) represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
(v)(I) review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and (II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
(vi) support the development of resident and family councils; and
(vii) carry out other activities that the Ombudsman determines to be appropriate.
(C) Eligibility for designation.--Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall--
(i) have demonstrated capability to carry out the responsibilities of the Office;
(ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves;

Appendix C-4 - Sample items:

1. Ombudsman Designation Letter (OK SLTCOP)
   • letter explains the designation process as it complies with OAA requirements

2. Sample Designation Letter to New Volunteers (MN SLTCOP)
   • letter used in designating a volunteer

3. Request for Renewal of Ombudsman Designation (MN SLTCOP)
   • form used by an ombudsman to record continuing education participation
   • requiring ombudsmen to renew their designations formalizes a process for ensuring that SLTCOP requirements are upheld

4. Volunteer Advocate Request for Renewal of Designation (MN SLTCOP)
   • form used for designation renewal of volunteers
Conclusion

Training is the second step in the ultimate quest for finding and keeping effective ombudsmen. This chapter has covered essential principles of designing and implementing ombudsman education programs. These principles include incorporating a shared set of core values into every training session. Basic values must be shared by ombudsmen and modeled in every aspect of ombudsman practice.

The success of ombudsman training programs also hinges upon the proper management and evaluation of education tools. Ombudsman Programs must track their progress in training prospective ombudsmen and routinely ask for feedback on the content of training and training approaches.

Successful training programs result in ombudsmen who understand and communicate core ombudsman values and are highly skillful in their approach to advocacy work. Investing in the continuing education of this skilled workforce contributes to retention which is the next step on our journey.

Chapter three of the Ombudsman Compendium will focus on retention of effective ombudsmen. In this chapter we will explore the importance of providing opportunities for professional advancement, evaluating performance, recognizing achievements, and using exit interviews.