

Volunteer Ombudsman Program Evaluation 6-Month Follow-Up Evaluation

Since you as a volunteer are an essential component to the success of the Ombudsman Program, your responses to the following questions will help us to make our program more effective. Please be as complete and honest as you can. All of the information collected will be kept strictly confidential.

Name: _____ Date: _____

- 1) Did your training give you:
- a. A basic understanding of the procedures and protocols of an Ombudsman?
- No Somewhat Yes
- b. An understanding of becoming comfortable in approaching residents?
- No Somewhat Yes
- c. An understanding of what staff responsibilities are within the facility?
- No Somewhat Yes
- d. An understanding of the differences between skilled nursing, adult home and enriched housing?
- No Somewhat Yes
- e. Good knowledge of resident's rights?
- No Somewhat Yes
- f. An understanding of how to investigate complaints and resolve problems?
- No Somewhat Yes
- g. An understanding of how to complete monthly reports?
- No Somewhat Yes
- h. Did the material covered in training meet your needs in your role as an Ombudsman?
- No Somewhat Yes

2) Are you able to discern between isolated, individual complaints and those that are unit/facility wide problems?

No

Somewhat

Yes

If answering No or Somewhat, please explain

3) Do you believe that the Ombudsman Program and/or Staff give you the support you need to do your work effectively?

No

Somewhat

Yes

4) What additional support/training is needed?

5) Was your mentoring/shadowing experience a beneficial part of your training?

No

Somewhat

Yes

Please explain

6) Have you been able to apply what you learned in your training sessions to your work as an Ombudsman?

No

Somewhat

Yes

Please explain
