

OMBUDSMAN TRAINEE INTERNSHIP
State Office Evaluation

Name of Intern

Local Program

Facility Assignment for Internship

Rating scale for observation of the intern in the facility:

- 1=all of the time 4=never
2=most of the time 0=no opportunity for observation
3=some of the time

COMMUNICATION WITH THE RESIDENTS:

Does the intern:		1	2	3	4	0
1.	knock?					
2.	request permission to enter?					
3.	use last names?					
4.	attempt to comp for impairments? (e.g., write notes for deaf residents, tell a blind person how many persons are present.)					
5.	avoid impaired/unresponsive residents?					
6.	use condescending language?					
7.	make promises he/she cannot keep?					
8.	explain his/her role clearly?					
9.	dismiss complaints?					
10.	use platitudes?					
11.	cut off conversations if the residents express negative emotions?					
12.	use touch appropriately?					
13.	spend enough time with residents to elicit complaints?					

Comments:

COMMUNICATION WITH THE STAFF:

Does the intern:		1	2	3	4	0
1.	make his/her presence known to appropriate staff?					
2.	keep questions brief and concise?					
3.	choose appropriate times to approach staff?					
4.	explain his/her role clearly?					
5.	make unreasonable demands?					

Comments:

OBSERVATION SKILLS:

Does the Intern:		1	2	3	4	0
1.	recognize when complaints are being made?					
2.	check for physical indications of inadequate care of the resident?					
3.	check for hazards/physical indications of inadequate maintenance of the facility?					

Comments:

ORAL EXAMINATION:

Does the intern:		1	2	3	4	0
1.	identify complaints?					X
2.	recognize violations of Residents Rights?					X
3.	formulate a reasonable plan of action?					X
4.	demonstrate an understanding of confidentiality requirements?					X
5.	demonstrate an understanding of training content as it applies to given cases?					X

Comments:

CERTIFICATION GRANTED ___ YES ___ NO

EXPLANATION OF DECISION:

SIGNATURE _____

DATE _____