To: Veteran Ombudsman  
From: Ronni Abramovitz  
Re: Mentoring for newly trained Ombudsman  

As a courtesy, please mention the Mentoring/Shadowing Program to your contact person at your facility. Make sure that both of you are wearing your ombudsman badges.

You determine how you wish to handle the mentoring process. If you would like to give a facility tour the first time and then have the new ombudsman return to see you interview people, fine. Or you may wish to do it all at once. **We are requesting that you assist the newly trained ombudsman by working with them at least twice and if requested up to four visits.** Be flexible. Listen to the interests of the individual new ombudsman shadowing you and respond in your own style. Also, consider your own needs and time constraints. If you have any concerns, get in touch with me at 244-8400 ext. 114.

Show special regard for your residents. Introduce the newly trained ombudsman and explain why they are working with you. If a resident does not wish to share a conversation, please ask the new ombudsman to excuse you briefly.

Discuss your feelings about ombudsman work. Let the new ombudsman know your anxieties and your satisfactions. Share what works for you.

Share any difficulties or special successes that you have encountered with facility staff or resident’s family members.

Answer new ombudsmen’s questions as honestly as you can. If you don’t know an answer, please refer the matter to me.

Please feel free to contact me with your thoughts on specific experiences with the new ombudsmen or the shadowing process. We are all sharing the effort to make the new ombudsmen more comfortable in their advocacy role and to maximize volunteer retention.

I appreciate your taking the time to help with this important part of the Ombudsman training. Thank you for your loyalty to the program.
May 9, 2005  
To: Newly Trained Ombudsman  
From: Ronni Abramovitz

Once the classroom portion of your Ombudsman training has been completed, you will have the opportunity to “mentor” a veteran Ombudsman. The initial 36-hour training has given you an overview on aging issues and the Ombudsman Program. As our role-play demonstrated, you will continue to develop and refine your Ombudsman skills with experience. Mentoring will give you some insight into the working operations of the nursing/adult home while observing and networking with veteran Ombudsmen. Please initiate contact with the veteran ombudsman with whom you will work as soon as possible to arrange your shadowing appointments. We suggest that you work with your assigned veteran Ombudsman two to four times. If you would like to work with an additional Ombudsman and/or a different type of facility please contact me.

YOUR ASSIGNED OMBUDSMAN IS AS FOLLOWS:

NAME: _______________

PHONE #: _________________

FACILITY: ___

Be observant as you shadow. Note the sounds and smells around you. Watch the ways people react to you and one another. Discussing what you observe with the veteran ombudsman is an effective way to practice your observation skills.

Ask questions of the veteran Ombudsman, but remember to do so carefully. For example, don’t talk about the residents, the facility, or the experience of the ombudsman in front of residents or facility staff.

Share your concerns about what you have seen and heard with the veteran Ombudsman.

Veteran Ombudsmen can serve as models and can advise you from their experiences. Every veteran Ombudsman has a personal style; your style will emerge with practice.

The last step is the formal placement at your assigned facility. Upon completion of the mentoring process please contact Ronni at 244-8400 ext. 114 to discuss your experience and your placement. We will make every attempt to locate you at the facility of your choice.
(tear here and return to Ronni or Lori)

Your name _______________________________

I would like to shadow at: (please check)

   A. Nursing Home ______

   B. Adult Home      ______

   C. Would prefer both ______

After reviewing the list of facilities available for placement, I am interested in having
__________________________________________  my assigned facility. (If you do
not have a preference please state so.)