

# New Hampshire Office of the Long-Term Care Ombudsman



Name \_\_\_\_\_

We Can Help

## **Certification Tasks and Competencies Check List**

(Comprises the final 10 hours of the Volunteer Certification program)

<input type="checkbox"/>	1. Met all the facility's Department Heads and other key staff members.
<input type="checkbox"/>	2. Met all the elected officers of the Resident Council and informal resident leaders.
<input type="checkbox"/>	3. Attended a meeting of the Resident Council, introduced self and explained role in the facility.
<input type="checkbox"/>	4. Participated in fire procedures of facility.
<input type="checkbox"/>	5. Demonstrates understanding of the various parts of the facility and the services provided there. (Special Care Units, Skilled Care, LT Care)
<input type="checkbox"/>	6. Demonstrates awareness of basic nursing home equipment.
	<input type="checkbox"/> 1. tub chair and various other chairs, recliners, etc.
	<input type="checkbox"/> 2. call bell and other alarm systems
	<input type="checkbox"/> 3. Hoyer Lift
	<input type="checkbox"/> 4. Protective/Safety Equipment
<input type="checkbox"/>	7. Demonstrates knowledge of what a resident's room should look like.
<input type="checkbox"/>	8. Demonstrates ability to introduce self and explain role.
<input type="checkbox"/>	9. Demonstrates ability to establish rapport with the residents.
<input type="checkbox"/>	10. Demonstrates effective communication/listening skills.
<input type="checkbox"/>	11. Demonstrates skills necessary to establishing trusting relationships.
<input type="checkbox"/>	12. Demonstrates ability to approach and visit with cognitively impaired residents.
<input type="checkbox"/>	13. Displays skills in information gathering.
<input type="checkbox"/>	14. Demonstrates ability to take appropriate notes in an unobtrusive manner.
<input type="checkbox"/>	15. Recognizes what matters should be reported to the Volunteer Program Coordinator and what matters need to be reported immediately.
<input type="checkbox"/>	16. Displays skills in assessing quality of care and life in the home.
<input type="checkbox"/>	17. Demonstrates professional courtesy and respect in contacts with staff and administration.
<input type="checkbox"/>	18. Demonstrates understanding of the Volunteer Ombudsman's role.
<input type="checkbox"/>	19. Demonstrates full respect for confidentiality.
<input type="checkbox"/>	20. Demonstrates understanding of procedures for visiting a facility.

I hereby certify that \_\_\_\_\_ has satisfactorily completed the Certification Tasks and has demonstrated Competency in all the indicated areas. I recommend this candidate for Certification as a Long-Term Care Ombudsman Volunteer Representative.

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

I offer the following recommendations for the continued growth of \_\_\_\_\_ in his/her role as a Certified Long-Term Care Ombudsman Volunteer Representative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have the following concerns regarding the performance of \_\_\_\_\_ over the \_\_\_\_\_ weeks I have been working with him/her as preceptor (*please be as specific as possible*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the reasons indicated above, I am unable to recommended certification of this candidate at this time. I recommend:

- additional perceptored field experience;
- additional education/training

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

For the reasons indicated above, I do not recommend this candidate for the role of Certified Ombudsman Volunteer Representative. \_\_\_\_\_

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date