

# PEER COACHING FOR KIDNEY PATIENTS



**FORMS AND DOCUMENTATION**

# CONFIDENTIALITY FORM

Confidentiality and the consumer right to privacy are legal and ethical rights. Coaches, social workers, transplant coordinators and anyone else involved in the \_\_\_\_\_ unit's program have the responsibility to protect consumer confidentiality. This means that medical information regarding a consumer is privileged and may only be shared with individuals involved directly in their care. Information regarding suicide risk and homicide, by law, must be reported to appropriate legal authorities.

All Coach Information forms, notes and logs are confidential and should not be left unattended. All required paperwork must be turned over to the Coordinator in a timely manner so that records are secure.

Discussions concerning a consumer should not be conducted in public areas.

Violators of the confidentiality rule will be subject to immediate dismissal from the program.

\_\_\_\_\_ I HAVE READ AND UNDERSTAND THE ABOVE CONFIDENTIALITY STATEMENT

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

# MENTEE CONSENT FORM

## Mentee Consent Form

\_\_\_\_\_ (insert name of your unit program) is a coaching support program of the \_\_\_\_\_ unit. It is designed to link patients who are new to dealing with chronic illness or having difficulty adjusting to life on dialysis, to individuals who are “veterans” to dealing with chronic illness. A volunteer can talk with you and/or your family, listen to your concerns, and share information with you.

If you are interested in being contacted in this program, please indicate your approval by signing and printing your name, as well as providing contact information for the coach to get in touch with you.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

Phone Number E-Mail

Treatment Facility (Name and City)

You may at any time withdraw your consent to participate in this program.

To be retained by Program Coordinator

Please return to:

## PROGRAM EVALUATION FORM FOR MENTEES

We would like to have your opinion of the mentor program so that we may evaluate and strengthen our program for the future. Please complete the questions below and return the survey to the program coordinator. (Please circle your response)

1. How would you rate the mentor program?

excellent                  very good                  good                  poor

2. Did you enjoy being part of this program?

yes                  somewhat                  not much                  no

3. Did you like your coach?

yes                  somewhat                  not much                  no

4. Did you think meeting with a coach was useful?

yes                  somewhat                  not really                  no

5. Would you have liked to meet with your coach more often?

yes                  a bit more                  not much more                  no

6. Did you learn new things from your coach?

yes                  somewhat                  not much                  no

7. Did you feel comfortable talking to your coach about things, either good or bad?

yes                  somewhat                  not really                  no

8. Did you feel comfortable talking to your mentor program coordinator about your experiences, either good or bad?

yes

somewhat

not really

no

9. List something (if anything) that you learned from your mentor.

10. What did you like best about the mentor program?

11. What did you not like about the mentor program?

12. What do you think we should change or do differently?

Courtesy of Mass Mentoring Partnership, Mentoring A-Z Training Manual.

# COACH EVALUATION FORM

(MENTOR IMPACT)

Thank you very much for taking a few minutes to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring on mentors and mentees. All the individual data from this survey will be kept anonymous.

Date \_\_\_\_\_ Name of Coach \_\_\_\_\_

Name of Mentee: \_\_\_\_\_

WHAT IS YOUR GENERAL ASSESSMENT OF THE MENTOR PROGRAM?

Very Successful     Successful     Moderately Successful     Unsuccessful

HOW SATISFIED WERE YOU WITH YOUR MENTEE MATCH?

Very Satisfied     Satisfied     Dissatisfied

DID YOU RECEIVE ADEQUATE ASSISTANCE FROM UNIT STAFF?

Yes     No    Please Explain: \_\_\_\_\_

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Please rate each of the following program components:    Not Enough    Just Right    Too Much

Information about the program at the recruitment session

Information about the mentee

Coach training

Regular coach support

Interaction with the program coordinator

Networking with other mentors

B. MENTORING EXPERIENCE ASSESSMENT

How satisfied were you with your experience as a coach?

Very Satisfied     Satisfied     Slightly Satisfied     Dissatisfied

How effective do you feel as a coach?

Very Effective     Effective     Not Very Effective     Not at All Effective

Please indicate the reasons for your feelings: \_\_\_\_\_

\_\_\_\_\_

How did coaching affect you personally?

(please check all applicable responses)     To a Great Extent     Somewhat     Not At All

I learned new things about myself.

I found it easy to be a coach.

I have a better understanding of other patient's concerns.

I have a better understanding of diversity issues.

What is the single most important thing you got out of the program?

\_\_\_\_\_

What advice do you have for your company regarding the program?

# COACH EVALUATION FORM

(MENTEE IMPACT)

How long have you been matched with your mentee (years or months)? \_\_\_\_\_

On average, how many hours per month do you spend with your mentee? \_\_\_\_\_

We are interested in your perceptions of the impact your mentoring relationship had on your mentee in the following areas. Please check one response for each item.

BECAUSE OF OUR RELATIONSHIP, I THINK MY MENTEE . . . True False Did Not Need  
Changing (Fine to Begin With) Don't Know

SUPPORT:

- Feels that there are more staff members who care about him or her
- Feels that there are more people who will help him or her

EMPOWERMENT:

- Feels he or she has more future options
- Feels he or she has more control

BOUNDARIES AND EXPECTATIONS:

- Sees himself or herself as more responsible
- Has higher expectations of him- or herself

CONSTRUCTIVE USE OF TIME:

- Has more interests and hobbies
- Is involved in her or her medical care

COMMITMENT TO LEARNING:

- Has a better attitude toward dialysis

- Has better lab scores
- Comes to dialysis better prepared (on time, completes dialysis)
- Has better unit behavior (such as paying attention and not being disruptive)

What do you think your mentee has gained or learned from your relationship?

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What have you gained or learned through your relationship?

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Has your relationship changed your attitudes, values and understanding? If so, in what ways?

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What is easy about having a mentee? What worked well?

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What is hard about having a mentee? What didn't work?

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## PROGRAM EVALUATION FORM FOR COACHES

We would like to have your opinion of the mentor program so that we may evaluate and strengthen our program for the future. Please complete the questions below and return the survey to the program coordinator. (Please circle your response)

1. How would you rate the mentor program?

excellent                  very good                  good                  poor

2. How would you describe the quality of your experience as a participant in the program?

excellent                  very good                  good                  poor

3. Will you volunteer to serve as a coach again next year or in the future?

yes                  possibly                  not sure                  no

4. Did the coach training session help you prepare for your mentoring experience?

yes                  somewhat                  not sure                  no

5. Would you have liked additional training for coaches?

yes                  maybe                  probably not                  no

6. How clearly defined were your coaching responsibilities?

very clear                  moderately clear                  a little unclear                  very unclear

7. The mentor program coordinators were accessible and easy to talk to and seek advice from when necessary.

always                  somewhat                  not much                  never

8. How would you describe your relationship with your mentee?

very good                  good                  fair                  poor

9. Do you think that the time you spent with your mentee was sufficient?

yes                  almost                  not really                  no

10. Do you think that the time you spent together was helpful for your mentee?

yes                  somewhat                  not really                  no

11. Did you gain personally from this relationship?

yes                  somewhat                  not much                  no

12. I would have preferred to meet less often with my mentee.

yes                  sometimes                  rarely                  no

13. I would have preferred to meet more often with my mentee.

Yes                  sometimes                  rarely                  no

14. What was most satisfying about the mentor program?

15. What was least satisfying about the mentor program?

16. What would you suggest to improve the mentor program?

# TERMINATION FORM

I, \_\_\_\_\_ and I, \_\_\_\_\_

Agree to terminate our formal relationship in the \_\_\_\_\_ Program as of \_\_\_\_\_ day of \_\_\_\_\_ month, \_\_\_\_\_ (year).

Reason For Termination:

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

Coach Signature

Date

Mentee Signature

Date

Coordinator Signature

Date