

DATE \_\_\_\_\_

**Certified Partner Evaluation of PFPP**

Evaluating the KFCP Patient and Family Partner Program is an essential part of insuring its high quality. Please take a few minutes to complete this form and return it in the enclosed, stamped envelope to KFCP. Thank you!

As a Certified Partner, how many assignments to Mentees have you had to date? (Please fill out an evaluation for EACH Mentee, making copies of this evaluation for each.)

\_\_\_\_\_ Mentees

How long have you had this Mentee assignment?

\_\_\_\_\_ year(s) \_\_\_\_\_ month(s) \_\_\_\_\_ week(s)

How many times have you contacted this Mentee (approximately)?

\_\_\_\_\_ by phone \_\_\_\_\_ by personal visit

Do you feel your partnership has helped this Mentee?

\_\_\_\_\_ yes \_\_\_\_\_ no

Specifically, in what ways has your partnership helped your Mentee?

Do you feel your PFPP training has prepared you to serve effectively as a Certified Partner?

\_\_\_\_\_ yes \_\_\_\_\_ no

If your answer to Question #6 is "NO," what suggestions do you have to improve the training?

Do you feel comfortable speaking with your Mentee?

\_\_\_\_\_ yes \_\_\_\_\_ no

Whether you answered "Yes" or "No," has your comfort level increased during the time that you have been in the Program?

\_\_\_\_\_ yes \_\_\_\_\_ no

Do you feel you have successfully stayed within the role-limits of a CP in the following area? (Please answer with "Yes" or "No".)

1. \_\_\_\_ providing emotional support and practical tips?
2. \_\_\_\_ avoiding what might be interpreted as medical advice?
3. \_\_\_\_ avoiding the other "Don'ts" of mentoring?  
You may want to refer to your notebook list of Dos and DON'Ts)
4. \_\_\_\_ contacting the PFPP Coordinator promptly regarding serious concerns?

If you answered "No" to any of these four questions, please explain:

Has the PFPP Coordinator been available and has she assisted you to your satisfaction?  
\_\_\_\_ yes      \_\_\_\_no

If the answer to Question #11 is "No," please suggest ways the PFPP Coordinator can be more effective. (Your suggestions are VERY important.)

The success and improvement of the PFPP depends heavily on feedback of the CPs. If you have other suggestions to improve the overall program, please indicate them on the reverse side of this page. We are all working toward the same goal, so please be as candid as possible!

You may submit this form without listing your name. However, we would appreciate having your name so that we can more completely address specific concerns.

Name of Certified Partner: \_\_\_\_\_

Thank you for your time!

Tabitha Semancik, LSW, MSW  
Program Coordinator  
The Kidney Foundation of Central Pennsylvania

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