Office of the Long-Term Care Ombudsman: Trainee Journal

Trainee Name: ____________________________________________________________

Date of Activity: ___________  Facility: __________________________________________

Date of Journal Entry: _________  Activity Observed: Facility Visit (for visits occurring after Initial Visit for purposes of orientation)

Complete and attach the Facility Visit Form

Describe some of the challenges encountered in regards to resident confidentiality: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe facility staff behaviors/attitudes in their interactions with the residents: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What would you want to explore further on subsequent visits: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What were your impressions of the “exit conversation” with staff at conclusion of the visit: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Mentor Comments: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date Reviewed by Mentor: ___________________  Mentor Signature: ___________________

Trainee Signature: ____________________________  Date: ____________________________