

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: _____