|  |
| --- |
| **ADOB (date of clinic)** |
| **MEMBERS:** (Names of residents, preceptor, BHS, RD)   | **STUDENTS:**(Number of medical students, or other learners) | **GUESTS:** |

| **TOPIC** | **OWNER** | **NOTES / ACTION ITEMS** |
| --- | --- | --- |
| **MISSION INSPIRED** |
|  |  |  |
| **Debrief** | Any member(s)Of the Team | * Patient’s first name
* Summary of information discussed by the team
* Important follow-up steps needed
 |
| **Action Item / Follow-Up Log** **WWW** |
| WWW | Any member(s)Of the Team | Action items regarding any aspects of the program, schedule or other |
|  **Next meeting** |
| Meeting  |  | Date: |
| What patients need next time |  | Patient assignments for BHS and RD |
| **MISCELLANEOUS** |
|  |  |  |