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| --- | --- | --- |
| **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** | | |
|  |  |  |