

Note taker: _____



Provider Rounds

Please remember to not record participant names or anything that would tie specific individuals to comments made during the Round.

Rounds Theme: _____

Note taker: _____

Date: ____/____/____ Page #: ____



SELF-CARE

Provider Rounds

SYNTHESIS NOTES

Record the key takeaways from this Round. These will be transferred to the learnings poster and displayed in your facility.

Please remember to not record participant names or anything that would tie specific individuals to comments made during the Round.

Suggested topics for the next Rounds