**Personal See Care Share Plan**

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| **Name:** |  | **Review Date 1 (1 Week):** |
| **Date:** |  | **Review Date 2 (1 Month):** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **Objectives** | **By When** | **Who Can Help / What resources do I need?** | **Completed** |
| **See****What would my unit / me benefit from to improve culture** |  |  |  |  |
| **Care****What can I change?**  | * Today:
* In a week:
* In a month
 | * Today
* 1 Week
* 1 Month
 |  |  |
| **Share****How can I best Introduce See Care Share into my unit** |  |  |  |  |