**Module 3 Stewardship: Team Care Plan**

**Case Study Number:** \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals to be Addressed** | **Outcome to be Achieved** | **Interventions** | **Health Care Professionals Assigned** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |