



Welcome to our workshop. This interactive learning experience has been designed to build medical decision-making competence and confidence for professionals and family members who are responsible for surrogate medical decisions.

By the end of this training, participants will be able to:

1. Explain what is expected of you as a surrogate decision-maker by a long list of different sources.
2. Use the 6-Box Professional Q&A Tool to thoroughly assess medical situations and options so that you can come to a well-thought-out decision.
3. Demonstrate information gathering techniques that build trust and camaraderie while maintaining efficiency.
4. Document your process and decisions to show you were thorough, thoughtful and in keeping with professional standards.

What is the definition of "Medical Decision?" Is there more than 1 definition?

PART 1: EXPECTATIONS

Who has expectations of you?

Based on your role, there are many different interested parties who have expectations about your work and its results. Consider the importance and impact of a medical decision and it is no surprise that many eyes may be on you.

- ☐ Client
- ☐ Family or Friends
- ☐ Medical and Service Providers
- ☐ Court
- ☐ Your State
- ☐ Your Direct Supervisor
- ☐ Attorney
- ☐ National Guardianship Association
- ☐ Center for Guardianship Certification
- ☐ National Association of Social Work
- ☐ Other _____

What are you expected to know about your client?

Foundational information is typically uncovered and organized by professional guardians. Some folks use software. Others use a document similar to our “Face/Fact Sheet.” Ideally, key facts about the adult’s life are documented in one place so a guardian can access it easily. Sometimes, this information is filled in gradually over time. So, a guardian may not have all details right away.

However, before making medical decisions, here are the highlights of what a guardian is expected to know:

- ✓ Client name and contact information
- ✓ Medical insurance including identification numbers
- ✓ Code Status (and any facts about authorization to change code status)
- ✓ Medical history including diagnoses, treatments, or current medications
- ✓ Previously stated medical wishes/Advance Directives
- ✓ Medical providers’ names and contact information
- ✓ Emergency contacts

- Ages 24, 25, 29, Miscarriages
- Age 34, Hysterectomy
- Age 37, Broken shoulder, skydiving
- Age 51, Broken leg, horseback riding
- Age 63, Osteoporosis, vitamins
- Age 64, Living will, friend Will
- Age 74, Broken hand, dancing
- Age 78, Mild cognitive impairment
- Age 80, Friend Will died
- Age 82, Alzheimer’s diagnosis, Aricept
- Age 82, full legal guardian
- Age 83, Hypertension, Metoprolol



Vera is 93, lives in memory care facility, no family

Guardianship Face-Fact Sheet

PERSONAL INFORMATION

Person's Name	VERA VICTOR	Phone	XXXX
Street Address	XXXX	Email	XXXX
City, ST Zip	XXXX	Other Contact Info	XXXX
Date of Birth	1/12/1931	SSN	XXXX

Intake date address/contact

Insurance Name	UXSUP	Insurance ID#	XXXX
Medicaid #		Medicare #	XXXX
Income	XXXX	Income Source	XXXX

Education XXXX

Military Service ☐ YES ☒ NO Branch of Service XXXX

Dates of Service

Code Status ☒ Full Code ☐ DNR ☐ DNI ☐ DNH ☐ CMO

If not Full Code, date of Authority to consent to code change:

Notes on Individual's Preferences, Habits and Current Situation

Vera has Living Will. She states she does not want machines breathing for her to keep her alive.

Guardianship Face-Fact Sheet

FAMILY + FRIENDS

Marital Status ☐ Married ☐ Divorced ☐ Separated ☒ Widowed ☐ Never Married

Spouse Name XXXX

Spouse Phone XXXX

Spouse Street Address XXXX

Spouse Email XXXX

Spouse City, ST, Zip XXXX

Spouse Other Contact Info

Emergency Contact Info

Important Contact Name XXXX

Important Contact Phone XXXX

Important Contact Street Addr XXXX

Important Contact Email XXXX

Important Contact City, ST, Zip XXXX

Important Contact Other Contact Info

LIVING ARRANGEMENTS

Lives Alone or Not ☐ Alone ☐ With Family ☐ With Non-Family ☒ In Facility

Facility Type ☒ Nursing Home ☐ Rest Home ☐ Assisted Living ☐ Group Home

Facility Name VanElegant

Facility Phone XXXX

Facility Address 1000 VanElegant Drive

Facility Nurse Vivian Vann

Nurse Contact Info XXXX

Social Worker Veronica Daski

Social Worker Phone XXXX

If anyone regularly provides personal care or does chores for the person, provide name and contact info

Additional Notes

Guardianship Face-Fact Sheet

MEDICAL DIAGNOSES + MEDICATIONS

Diagnosis 1	Alzheimer's Dementia	Medication 1	Aricept, 10Mg nighttime
Diagnosis 2	Hypertension	Medication 2	Metoprolol, 75Mg nighttime
Diagnosis 3	Osteoporosis	Medication 3	Actonel, 35 Mg weekly dosage
Diagnosis 4		Medications 4	
Medical Diagnosis Notes	2021, Increasingly frail, increased Actonel. 2022, Sleeps more, less social. 2023, Occasionally very sad. Occasionally very loud and upset. No medication recommended for outbursts (she is so calm most of the time and sleeps a lot.)		

PHARMACY

Pharmacy Name	XXXX	Pharmacy Phone	XXXX
Pharmacy Street	XXXX	City, ST, Zip	XXXX

MEDICAL CONTACTS

PCP Name	Dr. Vong	PCP Phone	XXXX
PCP Street Address	XXXX	PCP Email	XXXX
PCP City, ST, Zip	XXXX		
Specialist 1 Specialty	Geriatrician		
Specialist Name	Dr. Vega	Specialist Phone	XXXX
Street Address	XXXX	Specialist Email	XXXX
City, ST, Zip	XXXX		
Specialist 2 Specialty			
Specialist Name		Specialist Phone	
Street Address		Specialist Email	
City, ST, Zip			

Guardianship Face-Fact Sheet

EMPLOYMENT INFORMATION

Is individual employed? ☐ YES ☐ NO

Title/Work Description

Employer XXXX

Address XXXX

Phone XXXX

Other Employment Info XXXX

KNOWN HISTORY OF MENTAL HEALTH ISSUES?

If yes, describe

IS INDIVIDUAL FOLLOWED BY AN AGENCY SUCH AS DDS OR DMH?

If yes, describe

Case Worker XXXX

Address XXXX

Phone XXXX

Email XXXX

Are you expected to know any of these medical terms?

Term	Definition
COMMON TESTS	
1. Basic Metabolic Panel (BMP)	
2. Biopsy	
3. Complete Blood Count (CBC)	
4. High Density Lipoprotein (HDL)	
5. Low Density Lipoprotein (LDL)	
6. Hemoglobin A1c (HbA1c)	
7. Liver Function Test (LFT)	
DIAGNOSES	
8. Acute	
9. Edema	
10. Hypertension	
11. Malignant	
12. Neuropathy	
13. Positive VS Negative Test Results	
TREATMENTS	
14. Beta Blocker	
15. Angiotensin-Converting Enzyme (ACE Inhibitor)	
16. Selective Serotonin Reuptake Inhibitors (SSRIs)	
17. Antipsychotics/neuroleptics/tranquilizers	
18. Palliative Care	
19. End of Life Care	

Term	Definition
DOCUMENTS	
20. Do Not Resuscitate Order (DNR)	
21. Do Not Intubate Order (DNI)	
22. Portable Medical Orders (POLST)	
23. Advance Directive	
24. Medical Power of Attorney	
25. Other	
MEDICAL ETHICS	
26. Beneficence	
27. Non-Malevolence	
28. Best Interest	
29. Substituted Judgment	
30. Justice	
31. Informed Consent	
32. Medical Advocacy	
33. Refusal	
34. Other	

For guardians, medical decision-making is important enough for NGA and CGC to have specific written standards for actions and for certification.



NGA Standards of Practice 14 **Medical Decision-Making**

- I. Promote + Maintain Adult's Health
- II. Take Reasonable Steps to Ensure Health
- III. Person-Centered Decisions
- IV. Maximize Participation of Adult
- V. Include Healthcare POA, Report to Court
- VI. Use Careful Consideration of Facts
- VII. Emergencies Need Careful Consideration Also
- VIII. Seek Second Opinion
- IX. Extraordinary Medical Circumstances Consider Seeking Advice of Ethics Committees
- X. Speak Directly with Treating Physicians Before Authorizing Treatment
- XI. Do Not Authorize Extraordinary Procedures Without Prior Authorization From Court
- XII. Ensure Appropriate Palliative Care
- XIII. Inform Family + Friends

Medical Decision-Making **CODE OF CONDUCT** **for Guardians**

NGA Standards of Practice 15 **Decision-Making About Withholding + Withdrawal of Medical Treatment**

- I. Presumption In Favor of Continued Treatment
- II. Follow Written Expressed Wishes Unless Current Wishes are in Conflict (Ethics Committee Support)
- III. Gather + Document All Steps of Decision-Making Process



CGC Competency 7 **Medical Decision-Making**

(14% of certification exam)

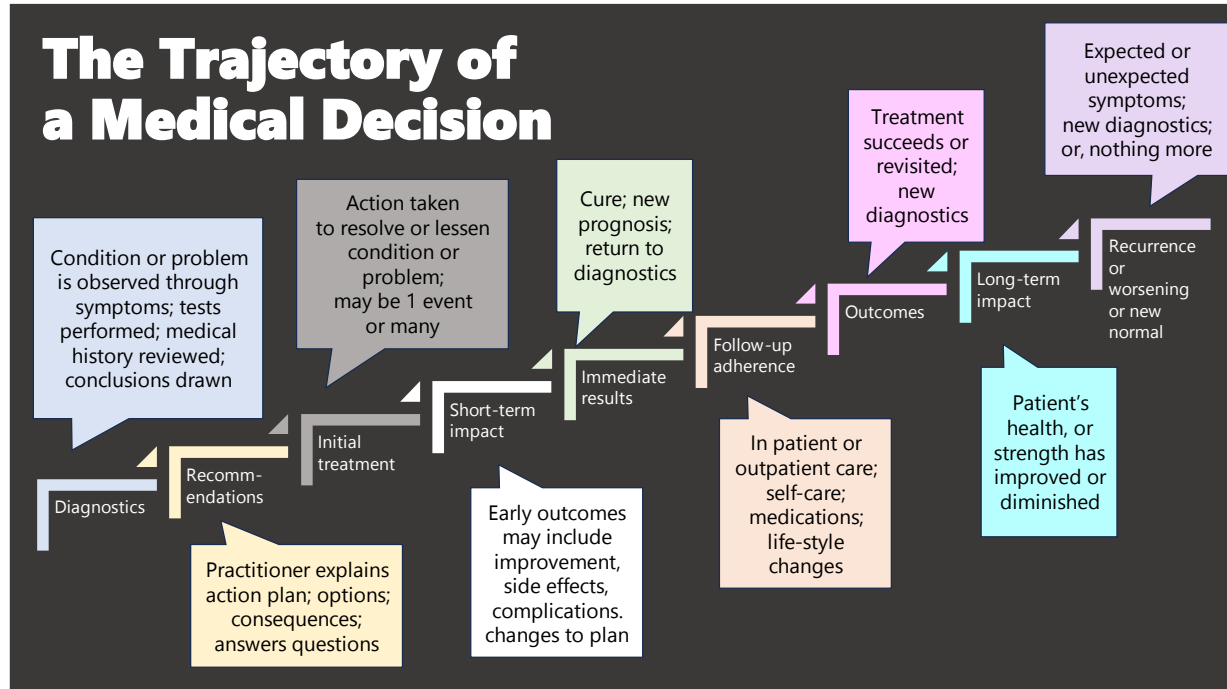
- 7.2 End-of-Life Care
- 7.3 Special Medical Decisions/Conditions
- 7.4 Medical Advocacy
- 7.5 DNR/Withhold/Withdraw
- 7.6 Power of Attorney for Healthcare

Medical Decision-Making **EXPERTISE for Certification**

How do these standards and competencies apply to Vera?

Medical decisions rarely involve just a single decision or a single outcome.

This illustration reminds us of the many small steps and the results from each small step. We call this “the trajectory” but it is rarely so straightforward. Guardians must pay close attention to the information being revealed along the way. As we saw in Vera’s story, her outcome was not what she had hoped for. Vera’s outcome created a new medical decision trajectory.



All medical decisions have outcomes.

Outcomes are not endings.

1. Outcomes reveal whether we should stay on the path or change direction.
2. They are heavily influenced by adherence, side effects and adverse events.
3. While the adult is alive, there are more decisions to be made, typically.
4. Documentation of decisions, outcomes, new information, next decisions, etc. show that a guardian has been diligent and thorough.

PART 1: EXPECTATIONS Review

1. Have organized, detailed client data including medical history, medications, and providers.
2. Know basic medical terms.
3. Know and apply guardianship professional standards.
4. Be aware of the trajectory of an illness and prepared to make follow-up decisions.

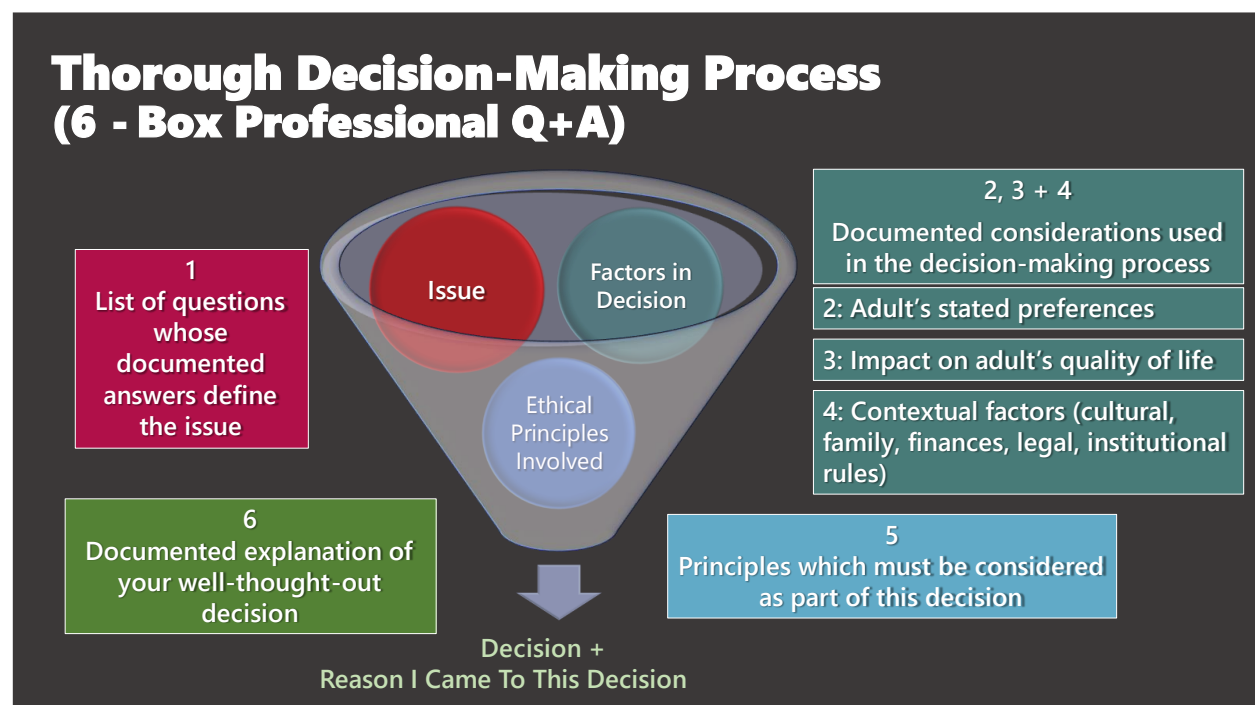
PART 2: 6-BOX Q&A TOOL

Excel spreadsheet you can download at our Learning Hub.

Keeping track of medical information and everything that happens along the trajectory requires an organization system. You may have software or methods that you feel confident using.

In this training, we share a tool that can be completed using a pdf version or an excel version. We offer both versions as downloads to you.

It has been used over the years for a wide range of decisions. Here, we focus on using it for medical decisions.



1: Ask yourself this list of questions and fill in the answers to help define the issue or medical problem. This is the information you learned from Doctors and from the client's symptoms or situation.

2: Ask yourself these questions to fill in what you know about the client's values or preferences.

3: Consider the life the person has been content to live or aspires to live and answer these questions to determine how the options for treatments can have an impact.

4: Add in what you know about factors in the client's world that should be considered because they will impact the person's willingness to be treated, the trajectory of the illness or the outcome.

5: Layer in the professional standards and medical ethics that you believe must be considered as part of this decision.

6: The result of completing steps 1-5 should include informed consent or refusal. Plus, you will have the decision-making process needed to thoroughly report (or justify) the decisions you made.

2024 6 Box Professional Q + A for Ethical Decision-Making.xlsx

1: The Issue	
Questions used to thoroughly understand the issue.	Answers to each question.
What is the concern?	
What is the history of the issue?	
Is this problem acute? Chronic? Critical? Emergent?	
What interventions or solutions are being considered?	
Who, what, and where do the solution recommendations come from?	
What are the risks of this solutions at this time?	
What are the benefits?	
What are the risks of not taking action?	
Other points or ideas that help to understand the issue.	
For Medical Concerns: 2nd Opinion Provider, Assessment + Recommendation	
For Medical Concerns: 3rd Opinion Provider, Assessment + Recommendation	

2: The Adult's Preferences	
Questions used to identify preferences related to the issue.	Answers to each question.
Has the adult expressed preferences about this issue?	
What is the adult's preference?	
What is the adult's level of understanding of the issue?	
In discussion of risks, benefits and consequences, what does the adult say?	
Are there any conflicts with "Bill of Rights?"	

3: Quality of Life	
Question used to determine if/how adults QOL will be impacted.	Answers to each question.
How does the adult rate their current quality of life?	
What are the adult's quality of life goals?	
How will the proposed interventions impact quality of life or goals?	
How will not taking action impact quality of life?	

4: Contextual Factors	
Uncover cultural, family, finances, legal, institutional rules.	Answers to each question.
How might family issues impact the decision?	
What institutional issues or rules might influence the decision?	
Are there financial or economic factors?	
Are there religious or cultural factors?	
Are there legal issues that support or oppose this decision?	
What liabilities or consequences might the guardian face as a result of this issue?	
Are there any special circumstances to document?	

In today's training we focus on a subset of these ethical principles focused on medical decisions. This tool includes a list of 21 for you to use when making medical and non-medical decisions.

5: Ethical Principles Associated with this Issue		
Which ones are considerations in this decision?	Questions	Your Answers
1. Preserve adult's dignity	How does this issue impact the adult's dignity and will the proposed solution be better or worse?	
2. Create safe, secure environment	Is there a change in environment? If so, how do I know it is safe and secure?	
3. Understand needs, values + goals	Have I explored the issue well enough to understand the adult's needs, values or goals?	
4. Support growth and achievement of goals	Does this issue impact growth and goal achievement? If so, how?	
5. Select least restrictive alternatives	Does the principle of least restrictive alternatives apply? If so, how?	
6. Maximize independence	Is the adult's independence impacted? If so, how?	
7. Comply with laws + court order	Are there any laws to be considered as part of this decision? If so, what?	
8. Seek termination or limitation of guardianship, if capacity regained	Are limitations or termination of the guardianship relevant actions to be considered as part of this issue?	
9. Beneficence	How am I demonstrating beneficence?	
10. Non-Malevolence	How am I demonstrating non-malevolence?	
11. Best Interest	Does this decision call for the principle of best interest? Why?	
12. Substituted judgment	Does this decision call for the principle of substituted judgment? Why?	
13. Informed consent	Do I understand the risks and benefits of this decision thoroughly enough to give consent or non-consent?	
14. Justice	Are there issues regarding scarce medical resources?	
15. Detailed accounting	Is money involved? If so, how will I track it?	

5: Ethical Principles Associated with this Issue		
16. No commingling of funds	Is money involved? If so, am I taking care to keep a separate account and accounting?	
17. No financial benefit to conservator	Is there a conflict of interest (or the appearance of COI) in any way?	
18. No estate planning nor asset sales without court approval	Are estate planning or asset sales required for this decision? If so, do I have the authority?	
19. Involve adult in decisions	Am I able to involve the adult in this decision? If not, why?	
20. Strict confidentiality	Does confidentiality need to be broken in order to provide a solution? If so, why?	
21. Documented support for every decision	Do I have the information I need to thoroughly document my decision?	

6: Summary of Information, Conclusions, Decisions	
What do we know as result of this decision-making process?	Answers to each question.
Is action needed?	
What action should be taken?	
Why?	
When?	
Is the adult's preference being respected? If not, why?	
Which ethical principles have been considered?	
What concerns or consequences must be prepared for?	
Are there any conflicts with "Bill of Rights?"	

**Small Group Activity: Case Story Dossiers for Wynona, Xavier, Yvonne and Zeke**

- Pick 1 person from your group to write notes. This person will present your work to the rest of the class.
- Read your assigned Case Story Dossier & answer questions 1-6.
- Be prepared to **explain your plan for getting to a decision by reviewing the questions in each section of the 6-Step Tool + the questions below:**
 1. What is the current medical issue? If you do not have all the facts, what steps will you take to get the missing information?
 2. What are the client's stated preferences? If you do not know preferences, what steps will you take to get the missing information?
 3. What is the impact on quality of life? If you do not have all the facts, what steps will you take to get the missing information?
 4. Are there contextual factors described in the story? If not, what should a guardian do to find out about contextual factors?
 5. Which ethical principles (NGA standards) should be considered as part of this decision?
 6. Based on what you know so far, are you prepared to make a decision and document it?

PART 2: 6-BOX Q & A TOOL Review

1. Understand the issue by drilling down to fully grasp the situation, recommendations, trajectory, and possible outcomes.
2. Include the client's views, past decisions, and cultural norms to determine if they support physician recommendations or if they point to a different course of action.
3. Be conversant enough with medical ethics so you can point to the ethical standards you used in your decision-making process.
4. Describe your decision clearly and confidently.

PART 3: INFORMATION GATHERING

In Part 2, we talked about questions you ask to understand a medical situation, the options and possible outcomes. In Part 3, we look at skills for finding that information.

Guardians who master the art of rapid information gathering are able to make informed decisions about complex topics.

What makes information gathering tricky?	Solution Ideas
<p>Finding Resources. You are not expected to be the expert. Instead, you must connect with the right people with the needed expertise.</p> <p><i>What do you do when you do not know where to find a capable resource?</i></p>	<ol style="list-style-type: none"> 1. Hospitals employ Social Workers who can guide you to an expert able to answer in-depth questions about a diagnosis, prognosis, and treatments. 2. Care Managers from local agencies know local experts and can direct you to someone. 3. The internet has no shortage of articles and blogs with details that mirror your client's situation. Learn about medications, side effects, alternate treatments, etc. Notice the author of a well-written post and reach out with questions.
<p>Urgency. Emergent issues require quick decisions. You may not have time to wait for an expert to return your phone call or respond to an email. If it is not in your nature to be aggressive or demanding, then this is the time to learn some powerful key phrases and build your skills as a medical advocate.</p> <p><i>How can you pursue urgent answers without risking or damaging relationships with busy experts?</i></p>	<ol style="list-style-type: none"> 1. Walk right in to an office with head held high and a notepad with the facts of the case. Have a prepared simple statement that expresses the urgency. <i>"I am sorry to barge in on you. I have an ill client whose Doctors are demanding an urgent decision. You are the recommended expert and I am hoping we can talk for 5 minutes. Can you please consult with me quickly?"</i> 2. If you must email someone, make sure you send along a short summary of the case and the deadline. This is better than emailing your questions. Summaries might look like this, <i>"I am guardian for a 50-year-old man with Parasitic Meningitis. I am told you are an expert and I have just a few questions I must get answered before I can consent to one of the recommended treatments. Doctors tell me the situation is urgent. Is it all possible for you to talk with me in person or by phone in the next 24 hours? I appreciate any time you can give me and will be available at your convenience. Thank you for considering my request."</i>

What makes information gathering tricky?	Solution Ideas
<p>Unproductive Communication. Medical discussions can be emotional. We ask personal questions about life-threatening or life-changing topics and someone responds with fear or resentment instead of useful information. We can appear to be questioning someone's judgment or recommendation and that person chooses to ignore our questions or give partial answers.</p> <p><i>What can we do to preserve the dignity, trust and time of the person we are trying to get information from?</i></p>	<ol style="list-style-type: none"> 1. Preserve your contact's dignity by saying "please" when you ask a question, "thank you" when given time or information, and "you're welcome" in response to anything they thank you for. Believe it or not, good manners are understood and appreciated by people of all ages and cultures. Be mannerly and respectful in person, by phone and in emails. <i>"May I please ask you a few questions about your mother's symptoms?"</i> 2. Use the statement/question pair method to guide a conversation. Take your list of questions and place an explanation or remark before each one. Explain, <i>"I've been a guardian for 10 years but have never faced this medical issue. I am hoping to learn from your experience with the disease. Can you please tell me about the newest treatments?"</i> Remark, <i>"That's very interesting. No one has shared that viewpoint before. What else can you tell me about how that felt?"</i> 3. Listen closely to each answer you get. Don't be thinking about your next question. When the person finishes answering, show you were paying attention and that you were interested. The best way to show interest is by commenting on what was said and then encouraging the person to tell a bit more. The remark above is a good example. 4. Don't let someone's sarcastic or hostile responses stop you. Encourage trust by saying, <i>"I can see that my last question was (annoying, off-putting, dumb...). I hope you will stay with me. You are the only person whose insights are important right now. My goal is to do the right thing for my client. Can you please help me by telling me more about...?"</i> 5. If you do not get the information you were looking for, take responsibility for it. Avoid saying "That's not what I was asking." Instead, say, "This is not my expertise so I may not have asked the right question. Let me try again." Then ask for the information using different words.

Questioning Mistakes That Can Waste Time and Resources

1. Avoid asking personal questions in front of others.
2. Do not ask more than 1 question at a time (unless you are typing into an email or medical portal).
3. Never show impatience or annoyance.
4. Control the impulse to interrupt even if the person has taken off on a tangent.
5. Pointing out contradictions may cause the person to defend wrong information instead of clarifying.
6. Misleading a resource about the quantity or intensity of your questions may lose the resource permanently.
7. If a provider prefers you send questions through a medical portal, do not insist on in-person meetings without trying their preferred method first.
8. Forgetting to say “please,” “thank you,” and “you’re welcome” may reduce cooperation.

Medical Information Gathering Activity

Situations 1 + 2	Your Ideas
<p>You would like a 3rd opinion from Dr. Welk, a senior physician who happens to be consulting at the hospital today. You heard she has an international reputation.</p> <ol style="list-style-type: none"> 1. How would you prepare before approaching her? 2. What would you say to her? 	
<p>Your client’s brother is visiting him for 2 weeks. You would like to understand the brother’s observations about your client’s health as it compares to the last time they were together.</p> <ol style="list-style-type: none"> 1. How would you prepare before approaching him? 2. What would you say to him? 	

PART 3: INFORMATION GATHERING Review

1. Medical advocacy requires diligent, vigilant and highly assertive investigation.
1. Prepare for your conversations by organizing facts to share and questions to ask.
2. If your first attempt at getting answers results in resistance or useless information, try another way.
3. Do not underestimate the power of courtesy and repetition.
4. Do not give up.

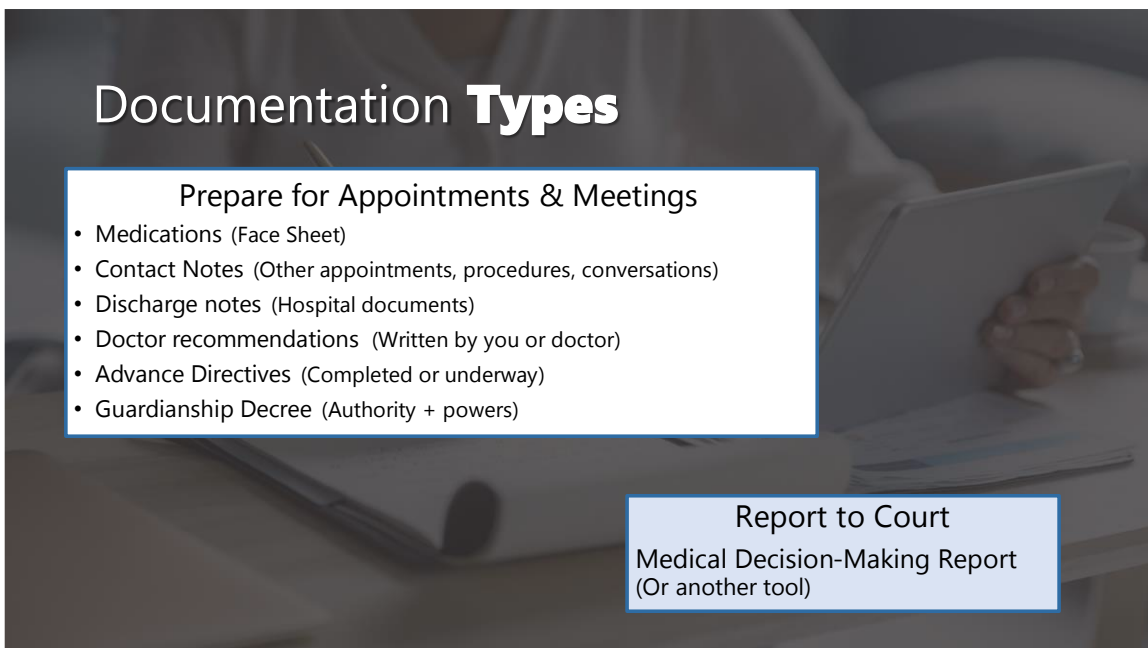
PART 4: POWERFUL DOCUMENTATION

Throughout this training we have explored ways to track our work. You now have a list of new downloadable documentation tools to add to the ones you already use.

In this section, we wrap up by sharing one more tool, and a few important messages.

What makes documentation powerful?

1. Meets state requirements.
2. Easily read and understood by any reader.
3. Find it when asked.



Documentation Types

Prepare for Appointments & Meetings

- Medications (Face Sheet)
- Contact Notes (Other appointments, procedures, conversations)
- Discharge notes (Hospital documents)
- Doctor recommendations (Written by you or doctor)
- Advance Directives (Completed or underway)
- Guardianship Decree (Authority + powers)

Report to Court

Medical Decision-Making Report
(Or another tool)

This excel file can be downloaded and used as is or edited.

Medical Decision-Making Report	
Questions	Answers
DECISION COMMUNICATED	<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> In Writing <input type="checkbox"/> Other Day, Date, Time _____
	Who received decision communication? (Name, Title, Contact Info) _____
MEDICAL DECISION DESCRIPTION	Consent or refusal for _____
CONTACT INFO	
Client	
Treating Physician/Group	
1st Opinion Name + Specialty	
2nd Opinion Name + Specialty	
3rd Opinion Name + Specialty	
DIAGNOSIS/TREATMENT INFO	
Medical Condition/Diagnosis	
Recommended Treatment Description	
Urgency of Treatment	<input type="checkbox"/> Emergency <input type="checkbox"/> 6 Months <input type="checkbox"/> More than 1 Year
Hospital Stay	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
Anesthesia	<input type="checkbox"/> Yes, what? _____ <input type="checkbox"/> No
Recovery from Treatment	<input type="checkbox"/> Difficult <input type="checkbox"/> Rehab <input type="checkbox"/> Brief <input type="checkbox"/> Lengthy
Risks + Losses Due to Treatment	
Benefits + Positive Outcomes	
Alternative Treatments	
Conflicting Medicines	
PATIENT OPINIONS	
Patient Has Been Informed	
Patient Willingness/Feedback	
Patient Conflicting Values or Issues	<input type="checkbox"/> Physical <input type="checkbox"/> Social <input type="checkbox"/> Moral/Religious
CONSENT	<input type="checkbox"/> Yes, what? _____ <input type="checkbox"/> No
Treatment or alternative scheduled	<input type="checkbox"/> Yes, what? _____ <input type="checkbox"/> No
NOTES	

PART 4: POWERFUL DOCUMENTATION Review

1. Prove you have been thorough.
2. Explain how your decisions were made.
3. Show off your organization system and control of the guardianship to the court or anyone who needs to know about your work.
4. Print copies and keep them.

4 Things I Learned that I Commit to Using



Please take a few minutes to think about the most important skills or actions you learned or re-learned today. Then, document them so you can remember to work on them. This is the best way to begin turning training into mastery.