

Template Thank You Letter – Congressional Meetings

DATE

The Honorable **Representative/Senator First and Last Name**
United States **House of Representatives/Senate**
Room Number House/Senate Office Building
Washington, DC **20515/20510**

Dear **Representative/Senator Last Name**:

I am writing to thank you/your health legislative assistant, **staffer name**, for taking time out of **your/his/her** busy schedule to meet with me on **day, date month**. It was a pleasure to have the opportunity to discuss healthcare simulation and the Enhancing SIMULATION Act that advances the use of healthcare simulation. I appreciate your consideration of **my/our** request that you cosponsor the Enhancing SIMULATION Act of 2011.

Healthcare simulation research has been conducted within the Department of Defense at the Telemedicine and Advanced Technology Research Center and within the Department of Veterans Affairs. The research has shown that simulation can significantly improve the quality of medical care delivered and reduce provider errors. The Enhancing SIMULATION Act extends the benefits of advanced healthcare simulation technology to the civilian health care system.

As we discussed, healthcare simulation is a method of clinical skills training for physicians, nurses, dentists, allied health professionals, combat medics, and emergency personnel using mannequins and virtual reality with feedback from specially trained faculty, standardized patients, peers, and video tape. Simulation-based training results in better-trained healthcare providers, reduces medical errors, decreases healthcare costs and incidents of malpractice, improves clinical competencies, and improves the quality of patient care overall.

Again, I want to thank **you/name of staffer** for **your/his/her** time and consideration. Should **you or name of staffer** have any questions or need additional information, please do not hesitate to contact me at **phone or email**. I look forward to further collaboration with you on this critical issue.

Sincerely,

First Name Last Name, Degrees
Home Street Address
City, State Zip
Phone Number/Email Address