

## Flow Strategies for Training Clinics

- Run 3rd procedure room whenever available
- Bookmark teaching until after patients have been seen; or use down time
- Use huddles during the training day (trainer, AB manager, other provider)
  - Before clinic: # checked in, name alerts, unusual cases, etc.
  - Mid point: cases left and needed by trainee
  - After clinic: how did it go, things to tweak
- Come 15-30 min before MD start time to check-in with resident, staff, EHR issues
- Consider pre-charting “normals” in EHR, to avoid being in chart twice for each patient; edit abnormal or other findings later
- Rely on clinic staff for birth control counseling (i.e. minimize duplication) if possible
- Gradually introduce trainee to procedure, so less slow when start
- Step in proactively when case slows
  - Most cases should take < 10 minute in room
  - Outside limit 30 minutes (LARCs, complications, unusual counseling, etc.)
- When necessary, alternate training and demonstration, for all or parts of cases, to catch up on flow
- Stay aware of teaching time, and work with clinic to refine clinic flow for goals that patient is ready when you are and ~ 3 cases / hour by clinic.
- If need catch up, have the trainee work with other staff (for example, to do ultrasounds, counseling, medication abortions, help with discharge teaching, etc.)
- Consider advanced trainees working independently on early cases with caution points to retrieve you. Still co-sign all charts.
- Adjust to circumstances: training + flow doc; training doc only; 2 training teams, etc.
- Clinic can utilize board to track patients so everyone can track flow issues
- Clinic can reinforce flow-facilitator role, and invite staff feedback
- Clinic can provide 2nd POC station to avoid back up
- Clinic can do quicker room turnover by prepping extra mayo with sterile set up outside rooms as needed