

# MM-TI

## Miscarriage Management Training Initiative

### Support Staff Training Outline

This training outline is designed to be a template for individual sites to use when planning trainings at their sites.

Individual training outlines are written for each section and can be found in the *Support Staff Training* section.

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| <b>Training Date and time</b>                            | Suggested allotted time for training is three hours.   |  |
| <b>Location</b>  |  |  |
| <b>Trainers</b>  |  |  |
| <b>Contact Information</b>                               |  |  |
| <b>Anticipated # of Participants<br/>Clinic Staffing</b> | <i>Helpful to list out who the anticipated audience</i><br><br><i>Providers, RNs, MAs, Front Desk, Administrators, etc.</i>  |  |
| <b>Materials – sample list of items</b>                  | Sign in<br>Evaluations<br>Packets<br>2 pelvic models<br>Several MVAs<br><b>A Guide to Fetal Development: The First Trimester</b><br>Light box & pan<br>Assorted Instruments<br>DVD<br>Flip Chart Paper and markers<br>Lap top or DVD Player  | <b>Packets to include:</b><br>Evaluations<br>Case studies<br>Vocal local handout<br>OARS model<br>FAQs<br>Introduction to POCs |
| <b>Information specific to site</b>                      | <i>List any information from previous trainings or contacts including</i> <ol style="list-style-type: none"> <li>1) <i>Hopes and Hesitations</i></li> <li>2) <i>Results from evaluations</i></li> <li>3) <i>Questions or concerns that you are aware of from previous correspondence.</i></li> </ol> |  |

### Training Plan

| Time | Task and Trainer | Materials |
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| <p>8:30 – 9:00<br/>30 minutes</p> | <p><b>Introductions/Agenda/Hopes &amp;Hesitations</b></p> <p>Review of project to date, goals for project, goals for training</p> <p>Notes from Support Staff Intro training –</p> <p><b>Sample Intro:</b><br/> <b>As with any service delivery change, offering miscarriage management in your outpatient setting requires educating staff at all levels, including RNs, MAs and reception personnel, to provide patient-centered care and achieve positive outcomes for the women presenting in your clinics. Research suggests that women who are satisfied with the interactions and rapport they have established with their health care team are more likely to comply with instructions, resulting in positive clinical outcomes.</b></p> <p><b>The overarching goal is to increase the strength of the health care team to insure excellent care and positive outcomes.</b></p> <p>Overview of training components – not all will be covered today.</p> <p><b>1. Overview of service</b><br/> <i>Provide site specific information</i></p> <p><b>2. Preparing Ourselves for Making a Culture Change</b><br/> <i>Promoting integration of miscarriage management into your medical culture</i></p> <p>Associated training outlines:</p> <ul style="list-style-type: none"> <li>➤ <i>Hopes and Hesitations</i></li> <li>➤ <i>Opinion Exercise</i></li> <li>➤ <i>Debriefs</i></li> </ul> <p><b>3. The Uterine Evacuation Procedure using Manual Vacuum Aspiration (MVA) Instrumentation</b><br/> <i>Familiarization of MVA via table top pelvic models and DVD</i></p> <p>Associated training outlines:</p> <ul style="list-style-type: none"> <li>➤ <i>The Uterine Evacuation Procedure</i></li> <li>➤ <i>Introduction to Products of Conception</i></li> </ul> <p><b>4. Preparing and Supporting the Patient</b><br/> <i>Communication skills, role plays and case studies</i></p> <p>Associated training outlines:</p> <ul style="list-style-type: none"> <li>➤ <i>Vocal Local</i></li> <li>➤ <i>Frequently Asked Questions</i></li> <li>➤ <i>Case Studies</i></li> </ul> <p><b>5. Preparing the Physical Plant</b><br/> <i>Thinking through flow issues, recovery, waiting area for friends and family, preparing products of conception for examination, storing equipment, etc</i></p> <p>Associated training outlines:</p> <ul style="list-style-type: none"> <li>➤ <i>Preparing the Physical Plant</i></li> </ul> | <p>Sign in sheet<br/>Training components on large Post – it</p> <p>Agenda on Post –it</p> |
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| <p>Introductions</p> | <p>- Review Packet of information and agenda</p> <p>Introductions of staff including their hopes for the training today.<br/>Post the following directions on post-it:</p> <ol style="list-style-type: none"> <li>1) Name, role in the clinic, experience with miscarriage/ob care</li> <li>2) Hopes &amp; Hesitations for the training and service</li> </ol> <p><i>On two large post-its, begin lists of hopes and concerns. Invite participants to share one of each as part of their introduction.</i></p> <p><i>“Please share what your role will be in providing this service as part of your introduction and then share any hopes and concerns that you have.<br/>We’ll post them and address them as we go and throughout the training.</i></p> <p><i>**Modify agenda based on hopes shared from staff during introductions.</i></p> | <p>List introduction guidelines on whiteboard/post it</p>                             |
| <p>30 minutes</p>    | <p><b>The Uterine Evacuation Procedure using Manual Vacuum Aspiration (MVA) Instrumentation</b></p> <p>6 minute uterine aspiration video &amp; debrief</p> <p>Show video followed by modeling procedure with pelvic model and MVA.</p> <p>Debrief video: what did you notice in the video:<br/>1) woman fully conscience, role of support person...do you see yourself being able to support a woman during a uterine aspiration?</p>   | <p>Pelvic models<br/>MVAs<br/>6 minute video<br/>Instruments</p>                      |
| <p>45 minutes</p>    | <p><b>Preparing the physical Plant – Steps in providing MM in our clinic.</b></p> <p>Discussion: What does a typical miscarriage patient look like at this time...identify steps from phone call – appt setting&amp; check-in – ultrasound – MD – procedure – POCs, - recovery – discharge – aftercare</p> <p>Who is involved?</p> <p>What systems are in place?</p> <p>What are the gaps?</p> <p>Consider mapping out what happens from when patient arrives until</p> <p><i>Note – this has been a very helpful exercise and although it takes time</i></p>   | <p>Post it paper to record each step of appt. from pt. making appt. to follow- up</p> |

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|                  | <p><i>to walk through each step it can provide valuable information as well as be a ‘bonding’ experience as the group has the opportunity to problem solve together. It is helpful to have a facilitator and a note taker.</i></p>  |  |
| 15 minutes       | <p><b>What about the POCs?</b></p> <p>Brief introduction of how POCs are managed at other sites.</p> <p>Question: What are their questions and concerns around POCs, what system are in place to process the POCs</p> <p>POC article – note that research is from elective terminations. Applicable to staff and patients (see notes from emails)</p> <p><i>Note: Important to share the POC notebook with a good introduction to what they will see, etc. Staff may have strong reactions to seeing POCs for the first time.</i></p>   | <p>Handout</p> <p>POC spiral bound notebook</p>            |
| 15 minutes       | <p><b>Responding to FAQs</b></p> <p>Trainers model choosing a question from the set and asking and answering the question “in role” - use Round Robin style which means a participant picks a question and asks it ‘in role’ to the person seated next to them. The person answers it ‘in role’ to the best of their ability. The facilitator supports each person in his or her role and gently provides a different response and/or modifies the information.</p> <p>Opportunity to address lots of additional aspects of this care</p> <p><i>Note: Staff are often very reluctant when they first begin this exercise and our job, as trainers, is to create a safe space for staff to have the opportunity to practice responding to common questions that patients have in a patient centered, medically accurate, neutral manner.</i></p> | <p>Questions on cards</p> <p>Handout – answers to FAQs</p> |
| 15 – 20 minutes. | <p><b>Vocal Local &amp; Explaining the Procedure</b></p> <p>Principles of Vocal Local</p> <p><b>1. Role play</b> of Vocal Local –</p> <ul style="list-style-type: none"> <li>• Trainers role play</li> </ul>  | <p>Handout on Vocal Local</p>                              |

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|            | <ul style="list-style-type: none"> <li>ask for volunteer to role play.</li> </ul> <p>Question: what might be different in using the vocal local for MM patients than with other patients?</p> <p><b>2. Explaining the procedure to patients</b></p> <ul style="list-style-type: none"> <li>Trainers's role play</li> <li>Pair up and practice</li> </ul> <p>Key points: General to specific, keeping language simple, key into what the patient is most worried about, wants to know, what the pregnancy means.</p> |  |
| 15 minutes | <p><b>Case Studies-</b> Dealing with real life issues</p> <p>Break participants into small group and have each group review, discuss and be prepared to discuss with group.</p> <p>Or</p> <p>Review case studies as a group. Highlight key aspects.</p> <p>Discuss</p>  |  |
|            | <p><b>Clinic Needs and/or list of Competencies</b></p> <ol style="list-style-type: none"> <li>Create list of what clinic needs to move forward</li> <li>Review list of competencies and identify training needs/gaps</li> </ol>   |  |
| 15 minutes | <p><b>Next Steps and Evaluations</b></p> <p>Whip around the room prior to completion of written evaluations:</p> <p>“I’m glad I participated in today’s training because....”</p> <p>And or</p> <p>“The one thing that I need to feel more comfortable/competent in providing this service is....”</p>  |  |