

## Guidance & logistics for training in direct patient care

### Overview

The training incorporates both didactic (classroom teaching) and hands-on clinical care. Give women receiving care during the training the same respect and treatment that they would expect to receive outside of a training. In order to be respectful, assign only a small group of trainees to each woman (1-3). Ideally, the same trainee(s) should care for her throughout the entire abortion process.

### Ensuring safety

The trainer must review the plan of care for each patient with the trainee(s) and receive regular updates. One way to do this, which also maximizes trainee learning, is to review patient care and management at regular intervals throughout the day or "group rounding."

Use a flip chart paper to create a classroom chart to track patients. Include the following column headings:

- assigned team
- patient initials
- age
- gravity/parity
- gestational age
- indication
- date and time of mifepristone
- misoprostol dosing/route/timing
- time of fetal/placental expulsion
- pain management
- other medications (anti-emetic, anti-pyretic)
- chosen contraceptive method
- complications

Collectively discuss any decisions that need to be made and/or issues that arise and how to manage them.

### Training logistics

Keep the training schedule flexible in order to manage and oversee the direct patient care. As patients may not expel during daytime hours, trainees should be informed prior to the training that they will be assigned to an on-duty or overnight call team. Depending on the experience of the training site (see below), trainers should be prepared to perform evening "rounds" on patients and/or be readily available overnight.

If the training site has a clinical team experienced in abortion care at or after 13 weeks gestation in addition to the lead trainers, then patients can be scheduled for Training Day 1. A clinical team member

## **Training Curriculum - Medical abortion at or after 13 weeks gestation ('second trimester')**

is assigned to each trainee group to oversee the entire interaction with the woman as well as to take responsibility for monitoring the patients when trainer/trainees are in the classroom and overnight.

If the training site does not have an experienced clinical team then no patients should be scheduled until Training Day 2. Training Day 1 didactics should review the second-trimester medical abortion regimen and key aspects of patient evaluation and care. The trainees will then have enough baseline knowledge to evaluate and consent women without continuous trainer supervision – which gives one or two lead trainers the ability to support several teams of trainees. The training site will need to identify a clinical team, who can be oriented to second-trimester care by the trainer, to monitor patients while the trainer/trainees are in the classroom, as well as overnight.