

**An orientation checklist for new clinicians:**

**what to be sure to ask about and understand starting day one**

*There are several location-specific considerations when you start working in a new abortion clinic setting. What follows is a checklist that can serve as a guide to ask questions about the general approach to important scenarios. See* [*www.AbortionClinicToolkit.org*](http://www.AbortionClinicToolkit.org) *for an orientation video and a PDF version of this checklist with space for taking notes (if you want to print it).*

**PART 1: Steps for getting oriented to the clinic**

* Review the clinic’s policies & procedures documents
* Review the paperwork that patients fill out prior to both procedural abortion and medication abortion (to understand payment structure, process, etc.)
* Review the aftercare instructions that patients are given after procedures, medication abortion, and contraception initiation
* Familiarize yourself with the available instruments (e.g. cannulas, forceps, dilators)
* Do a walk-through of the clinic as if you were a patient to understand patient flow
* Do a walk-through of the clinic to pay attention to the emergency equipment
* Do a walk-through of the clinic to pay attention to the security issues in place
* Meet with the security team to understand their role and relevant policies
* Shadow an experienced provider in the clinic for at least one day to get a sense of clinic flow, documentation requirements, etc.
* Ask the questions in parts 2-5 below and take notes

**PART 2: Questions that address the internal workings of the clinic**

***Patient-related***

* What are the demographics and characteristics of patients seen here and how does your clinic staff work to serve their needs? (race/ethnicity, socioeconomic status, primary language/need for translator services, gender identity, distance traveled, mental health burden, substance use; issues around immigration, military, school, trauma)
* Does someone screen patients for substance use? Who?
* Is there a protocol for managing patients with substance use disorder?
* Does someone screen patients for safety/intimate partner violence? Who?
* What is done for positive screens?
* How does the clinic address the state’s laws concerning care for minors? How does the clinic staff alter practice (or not) for caring for minors?
* Payment issues:
  + What is the payment structure?
  + Does the clinic take insurance?
  + Do patients pay out of pocket?
    - access abortion funds?
    - Who facilitates patients who are seeking abortion funding assistance?

***Staff and management***

* Who are the staff members (clinicians and non-clinicians) and what are their roles?
* Who are the staff members who perform the ultrasounds?
* What is the expected experience level of the staff performing ultrasounds? (e.g. CRL, BPD, femur length, placental location, cesarean scar assessment and suspicion for accreta, ectopic pregnancy, r/o retained POCs)
* Who is your clinical point person?
  + What are examples of clinical issues the charge nurse would handle?
  + What are examples of clinical issues the medical director would handle?
* How would I fall into the hierarchy structure when I am here? (e.g. who makes decisions about whether or not a patient is seen?)

***PUL (pregnancy of unknown location), ectopic, EPL (early pregnancy loss)***

* What systems are in place for PUL or suspected ectopic pregnancy management?
* What are the procedures for managing EPL?
* Does the clinic keep a designated log for beta hCG follow-up?
* Where do patients obtain blood draws and clinical care for PUL/ectopic follow up?
* Does the clinic have the ability to provide methotrexate management?

***Contraception***

* How / when does contraceptive counseling take place?
* Does the clinic provide post-procedure LARC?
* Do state laws affect contraception prescribing?

***Describe the protocols or options available for…***

**1. Pain management**

-identify what levels of sedation are available and under what circumstances they are used

-identify options for patient transport after sedation (i.e. is Lyft/Uber/taxi/bus an option

* pain management for first-trimester procedures?
* pain management for dilator placement?
* pain management for second-trimester procedures?
* pain management in the recovery area?
* sedation reversal?
* pain medications provided or recommended after discharge?
* the medications in the paracervical block? (1% lidocaine? Buffer? Vasopressin- for who?)

**2. Intraop**

* intraoperative ultrasound? Under what circumstances is it used?

**3. Follow-up**

* patient follow-up after medication abortion?
* patient follow-up after procedural abortion?

**4. If you will be doing procedures >14 weeks**

* cervical preparation?
  + Same-day prep, dilators, misoprostol (which routes are used), mifepristone, etc.
  + Know the protocols and WHY the clinic does it this way (i.e. related to patients traveling, state restrictions)
* digoxin and/or KCl?
  + Do providers here do injections routinely? Under what circumstances? Dose, route, where is med stocked?

***STI testing, management***

* What is the clinicians’ role in STI testing and follow-up of results?

***Understand how state restrictions affect clinical management, counseling, and patient flow***

* What are the state restrictions?
  + Gestational limits
  + Waiting periods
  + Ultrasound viewing
  + State-mandated counseling
  + Insurance
  + Parental involvement
  + Medication abortion
* Review these websites for additional information
  + The Abortion Law Project, a project of the Center for Public Health Law Research in collaboration with the Guttmacher Institute, National Abortion Federation, Planned Parenthood, Center for Reproductive Rights, and others <http://lawatlas.org/page/abortion-law-project>
  + Guttmacher Institute  
    <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>
  + NARAL Pro-Choice America  
    <https://www.prochoiceamerica.org/laws-policy/state-government/>

***Handling unique clinic circumstances***

* Do you have learners rotate through the clinic? If so, who and from where?
* *If there are learners who rotate through the clinic, understand your teaching obligations:*
  + What are the expectations of the learners?
  + What is my expected role for teaching learners?
  + What support is available to me if I take on a teaching role?
* Who handles overnight patient calls?
* *If you will be handling overnight patient calls:*
  + What are the on-call protocols for managing an overnight emergency?
  + What if a patient needs a D&E outside of standard hours?
* What is the clinic’s approach to management of expulsion both in and out of clinic? What steps do you take to limit the incidence of out-of-clinic expulsion?
* How do you evaluate risk and what types of patients are too high risk to be cared for in this setting? (i.e. is there a policy about certain medical comorbidities, such as prior c-section, obesity, patients on anticoagulation?)
* Does the clinic participate in any research activities? How will that impact clinic flow?

**PART 3: Questions that address emergency management in the clinic**

* Where are the emergency medications located?
* What uterotonics do you have available?
* Where are the emergency protocols?
* What is the protocol for transferring a patient in the case of an emergency or complication?
  + How do I reach someone at a local hospital? (or, does the protocol include an emergency contact list?)

**PART 4: Questions that address the external-to-the-clinic issues**

* In what circumstances do you refer patients for a “rule-out accreta” ultrasound?
  + At what gestation and based on which risk factors (# c-sections)
  + Is there a protocol or do different providers here approach this differently?
* Are there hospital(s)/ reliable community allies for emergency transfers?
  + Where is their contact info listed?
* Is there a hospital/clinic in which you have a reliable ally for radiology or MFM services?
  + Where is their contact info listed?
  + Under what circumstances is it appropriate to call any of these allies?
* What are the options for referring patients requiring a hospital-based abortion?
* What are the options if there are no hospital-based abortion services? (i.e. use of contracted CRNA to offer deep sedation as needed)

**PART 5: Longer-term questions – get these answered over time**

* What are the policies and approach to mandatory reporting (i.e. sexual abuse of minor)?
* Do you perform emergency scenario drills? What topics? How often?
* Are there opportunities to forge better relationships with local hospitals?
* Does the clinic offer free contraception (e.g. OCP samples)?
* What are the local referral networks for follow-up care? (i.e. well-woman exams, sterilization procedures, other primary care)
* What are the safety net systems that patients can access? (i.e. local/state insurance) How do patients enroll?