Survival Phase Roadmap

Weeks 1–3 | From Classroom to Caseload

Use this 3-week roadmap to stabilize your first days in clinic. The goal is not perfection—it's to stay organized, keep patients safe, and prevent documentation and time from spiraling.

Week / Goal	Daily Focus (Minimum Viable)	Scripts & Cues
Week 1 Survive the Workflow Keep sessions moving and notes acceptable.	• Arrive 10–15 min early to preview schedule + diagnoses • Pick 1 objective measure per visit (ROM, reps, distance, time, weight) • End every session with: What changed? What's next? • Finish at least 1 note before lunch, 1 before leaving	*To mentor:* "Can you sanity-check my plan for this patient in 60 seconds?" *Time cue:* "5 minutes left—reassess + set next visit."
Week 2 Stabilize Reduce friction: fewer decisions, faster transitions.	• Create 2–3 "default" session templates (e.g., shoulder, low back, knee) and adjust • Document during transitions (one sentence at a time) • Identify your top 3 time leaks (setup, talking, documenting) and target one	*To patient:* "Today our focus is X. If we do that well, next visit we add Y." *Self-check:* "Am I adding value or adding volume?"
Week 3 Control Parts of the Day Be predictable: steady pacing, steady documentation, steady communication.	• Start visits with a 60-second reset: last visit → today's target → success marker • Close the loop every visit: progress + next step + attendance expectation • Review 3 charts/week with a mentor for documentation patterns	*Attendance:* "I want to see you twice next week so we don't lose momentum." *If behind:* "Simplify: fewer exercises, clearer direction, faster transitions."

✓ By the End of Week 3 — "Good" Looks Like:

- ✔ **You can stay within the appointment window most of the day (minor delays happen; spirals don't).**
- ✔ **Your notes are consistent (SOAP alignment) and require fewer corrections.**
- ✔ **You can name the next best step for most patients without overthinking.**
- ✔ **You ask for help early (brief, specific questions) instead of "catching up later."**

■ Red Flags — Address Immediately:

- ■ Notes piling up daily → ask for a documentation template, shorten subjective, document during transitions.
- ■ Consistently running 15+ minutes behind → reduce visit "volume," tighten the first 5 minutes, set a hard last 2 minutes for reassess/plan.
- ■ Avoiding certain patients → pick one hard case/week and debrief it with a mentor.
- ■ Taking the job home every night → move 10% of documentation earlier in the day; protect one boundary (end time, lunch, or after-hours charting).

