Coastal Care: Workflow Audit and Interview Guide

By Marcus Turner · November 2026 · Fictional clinic, simulated interviews and data

Workflow audited: how a new front-desk hire learns the job in their first 5 weeks. The audit answers one question: where do new hires lose time, make mistakes or depend on their trainer, and how often? The answers decide what the first AI use case should be.

How the audit works

Part	What it is	On a real project
Interviews	3 conversations of about 30 minutes: a recent new hire, the trainer and the manager	In person or on video, with notes taken live
Question log	Two weeks of every question new hires asked, tallied by topic	The trainer keeps a simple tally sheet at the desk
As-is map	The new hire's first 5 weeks, with the pain points marked	Drawn from the interviews and the log

Interview guide

Each role sees a different part of the problem: the new hire feels it, the trainer absorbs it, and the manager pays for it.

How to ask: keep questions open ("walk me through"), ask for a real recent example, and push for a number ("how many times a day?"). Examples and numbers turn opinions into evidence.

New hire: Brianna Hollis, receptionist, hired 3 months ago

1. Walk me through your first week. What happened each day?
2. What did you ask your trainer about most? Can you give me a recent example?
3. When you couldn't find an answer, what did you do: check the binder, guess, or wait?
4. Tell me about a mistake you made or nearly made in your first month. What would have prevented it?

5. What do you wish someone had told you on day one?

Trainer: Marisol Vega, front desk lead

1. Walk me through how you train a new hire today, from day one to working solo.
2. Which questions do you answer over and over?
3. Roughly how many new-hire questions do you get a day, and when do they hit hardest?
4. Which new-hire mistakes cost the clinic the most: money, patient complaints or rework?
5. Where is the binder out of date or wrong?

Manager: Dana Reyes, office manager

1. What does slow onboarding cost the clinic: overtime, patient wait times, the trainer's time?
2. How do you decide someone is ready to work solo?
3. If this went well, what would be different six months from now?
4. What must an AI tool never do here?
5. Who has to approve a new tool before staff can use it?
6. If the trainer got 2 hours a week back, what would you want her doing?

Why the manager's questions matter: question 3 defines success, question 4 gives the guardrails, question 5 surfaces approvals early, and question 6 decides where the time saved goes, which turns "hours saved" into business value.

Interview notes (simulated)

All three interviews point to the same root cause: the answers live in the trainer's head and in a binder from 2023, so new hires either interrupt her or guess.

Brianna Hollis, new hire

- Week 1 was mostly shadowing. "I watched a lot, but when I was alone at the desk, I froze on anything unusual."
- Asked Marisol most about insurance messages and which appointment type to book.
- When stuck: "I checked the binder first, but half the insurance pages had old plan names, so I just asked Marisol, even when she was slammed."
- Mistake: booked a new patient as a 20-minute follow-up instead of a 40-minute new-patient visit, and the provider ran 25 minutes behind.

- Near miss: a caller asked whether chest tightness "could wait until Monday." She almost said yes before remembering to transfer.
- Wishes she'd known on day one: "One place to look things up that's actually current."

Marisol Vega, trainer

- Trains by shadowing for 2 weeks, then "ask me anything." There's no structured plan after week 1.
- Answers the same few questions over and over: inactive insurance, appointment types, and when to send a call to the triage nurse.
- Estimates 20–30 new-hire questions a week, most between 8 and 10 a.m., when check-in is busiest.
- Costliest mistakes: wrong appointment types that throw off the schedule, and insurance not caught before a visit, which leads to denied claims.
- The binder's insurance and copay sections are out of date, and nothing in it covers the clinic's software.

Dana Reyes, office manager

- Cost of slow onboarding: the trainer loses roughly 2 hours a week to questions, mornings back up, and the clinic covers extra shifts while a hire can't work alone.
- Ready to work solo means "a full shift without needing Marisol, and no privacy slips."
- Success in 6 months: hires working solo in 3 weeks instead of 5, and the trainer's question load cut in half.
- An AI tool must never give medical advice, and patient information must never be typed into it.
- Approvals: the office manager and medical director sign off, and any tool must pass the clinic's privacy review first.

Two-week question log (simulated)

The trainer logged 50 new-hire questions over two weeks, about 25 a week. 43 of them (86%) were already answered somewhere in the clinic's SOPs, so an assistant built on the SOPs could have answered most of them.

Topic	Questions	Share	Example	Answered in
Insurance problems	14	28%	"It says coverage not found. What now?"	SOP 3
Which appointment type to book	10	20%	"Is a med refill visit a follow-up or same-day?"	SOP 1
When to transfer to triage	7	14%	"Caller has a fever, do I book or transfer?"	SOP 1, SOP 4
Practice software how-to	5	10%	"Where do I send a task to the insurance coordinator?"	Not covered
Special cases at check-in	5	10%	"Grandma brought the child, is that OK?"	SOP 2
Copays and balances	4	8%	"They can't pay the copay today."	SOP 2
Check-out and follow-ups	3	6%	"Provider said 'see in 3 months', how long a slot?"	SOP 4
Other (policies, schedule)	2	4%	"Can I swap a shift?"	Not covered

Baseline to beat: 25 questions a week to the trainer; about 4 minutes each, or roughly 100 minutes a week; 60% asked between 8 and 10 a.m.; 5 weeks until a new hire works solo.

Findings

The core problem is access, not effort: correct answers exist, but new hires can't find them fast enough, so the trainer becomes the lookup system. Pain points are ranked by how often they happen and what they cost.

Rank	Pain point	Evidence	Cost
1	No current, searchable answers; the binder is from 2023	All 3 interviews; 86% of logged questions are covered by SOPs	Every other pain point gets worse because of it

Rank	Pain point	Evidence	Cost
2	Insurance questions	14 of 50 questions (28%)	Denied claims; the trainer's time
3	Wrong appointment types	10 of 50 questions; a 25-minute schedule overrun	Providers run late; patients wait
4	Symptom calls not transferred	7 of 50 questions; a chest-tightness near miss	Low frequency, but a patient-safety risk
5	Questions pile up at the busiest time	60% between 8 and 10 a.m.	Slower check-in at peak hours
6	No software how-to guide	5 of 50 questions; not covered by any SOP	Small, but a gap to close later

Constraints for any solution: no medical advice, no patient information typed into the tool, and approval from the office manager, the medical director and the privacy review.