

# e-Detailing Checklist

*Adapted from original content with permission from Amanda Kennedy, PharmD, BCPS,  
Director, Vermont Academic Detailing Program*

During the COVID-19 pandemic, e-detailing may be a strategy to sustain your program. In areas hit hardest by the COVID-19 pandemic, visits may not be feasible as medical professionals are scaled up to confront the pandemic. Detailers who also work clinically may be redeployed to see patients.

## Getting Started

- 1.** Decide whether e-detailing is right for your program. E-detailing is a great supplement for in-person visits and a versatile strategy for follow-up.
  - a.** E-detailing is ideal for accessing physicians in remote locations, cutting down travel time, and providing a quick follow-up visit
  - b.** If possible, virtual visits are better reserved for follow-up visits and clinicians aware of the concept of academic detailing.
  - c.** Is your program brand new? Resist the temptation to email materials, as this practice is known to not change behavior. Instead you might offer to have a brief, 1:1 visit and email the materials after the visit. Be flexible, but still keep the evidence-base for academic detailing in mind and hold as closely to those principles known to achieve behavior change as possible. This means keeping your virtual visits as close to 1:1 as possible, using good motivational interviewing skills (i.e. lectures by Zoom are not virtual academic detailing visits), etc.
- 2.** Determine program goals and expectations for e-detailing visits.
  - a.** Detailers will need time to adjust to this platform and practice using it.
- 3.** Determine what platform(s) you want to use for e-visits (i.e., [Zoom](#), [Skype](#), [UberConference](#)). e-visits are conducted using the same theoretical model as traditional academic detailing visits, but are conducted over the phone, messaging platforms, or video-chat. *See more under conducting visits.*
  - a.** Two-way video sharing with an option for shared screen is ideal (can still evaluate body language and see facial expression).
  - b.** Some clinicians may not have a webcam or prefer to do visits over the phone. Be flexible.
  - c.** Does your institution offer any platforms for free or reduced cost? Are you detailing clinicians in your institution, and are your clinicians already using a platform to make telehealth visits?
- 4.** Discuss plans with entire detailing team, so everyone is on board.
  - a.** Ensure team comfort with using virtual platforms. Consider that some people may be intimidated by technology and talking through a computer screen. Build in practice time between program staff to test platform and practice walking through a visit.

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## Materials/Detailing Aids

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- 1. Decide whether you need any additional resources or detailing aids for e-visits.
  - a. You want to maintain control of materials like you would for an in-person visit. Will you be sharing screen?
  - b. How do your materials look on a computer screen? Can you zoom in on the parts you want?
- 2. Determine usability on a mobile device. Likely, most clinicians will be on a computer during an e-visit but be prepared for those who may not be.
- 3. Practice using materials over video platform (if using).
  - a. Materials to have available to share with clinicians include: session handouts, video platform guides, post-session evaluation links, CME links and instructions (if applicable).

## Clinician Outreach

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- 1. Identify clinicians who seem most comfortable and flexible with virtual visits. Visits with them may be the easiest place to pilot e-detailing.
  - a. If clinicians already use telemedicine, they may be more comfortable with e-detailing.
  - b. Are there clinicians who ask at in-person visits for digital copies of handouts? These clinicians may be already adapted to working digitally.
  - c. Identify clinicians who are located further away, who would have been more costly to visit due to travel time. Are there clinicians over an hour away? These clinicians may be most interested in e-detailing.
- 2. Assess what contact information is available to you. If you already have clinicians' emails, you are already well ahead in getting visits scheduled.
  - a. In-person cold calls are not a feasible option with e-detailing, but you can still call the office and speak with whoever picks up. Be prepared to speak with the gatekeepers.

## Conducting Visits

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- 1. Remind clinicians about visit 1-3 days in advance. If they must download any applications, ask them to do so in advance.
- 2. Set up your webcam in a quiet spot with good light and a non-distracting background (avoid backlight from bright windows). *Consult materials in NaRCAD e-detailing toolkit for more information.*
  - a. Use a headset to cancel background noise if available.
  - b. Adjust your camera to be at eye-level. Take note of the angle of your laptop if using a built-in camera.
  - c. Use the video and audio from the camera device or computer; use a high-speed internet. If internet is slow, consider using computer video and calling into the meeting from a phone.

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- d. Do not mute your microphone when not talking. Show your participant that this is an interactive conversation.
- 3.** Practice your visit with a colleague or friend. Familiarize yourself with your platform and anticipate any technological difficulties.
  - a. Determine whether a guide to using your video platform would be useful. A guide could reduce time spent answering clinician questions and may empower clinicians to figure out the teleconference on their own if they do not want to admit they have questions.
- 4.** Login into your video platform 5 minutes before your visit.
  - a. Pull up the AD materials and arrange them so you are ready when your participants join the meeting.
- 5.** Complete your visit!
  - a. Don't forget to begin with your conflict of interest disclosure.
  - b. Double-check that your participants are seeing what you think they are seeing.
  - c. Don't scroll too quickly, as this is disorienting for others.
- 6.** If applicable, at the end of the session, either stay online while the participant completes CME or encourage them to claim credit immediately.
- 7.** At the end of the session, schedule the next visit, if applicable.

## Follow-Up

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- 1.** Send any promised materials after visit over email.
- 2.** If you normally have the clinician complete a post-visit survey in-person, think about how to digitalize the survey and share with the clinician after the visit.

## Sustaining your e-detailing program

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- 1.** Keep track of strategies that work and share with the rest of your detailing team. Hold regular communities of practice to evaluate together how to overcome barriers.
- 2.** Measure and evaluate e-detailing visit metrics.
  - a. Is more time spent scheduling visits than in-person visits? Are fewer clinicians willing to participate in e-detailing visits?
  - b. Compare behavior change metrics to metrics used for in-person visits.