

*AD 101:
Understanding the
Structure of a
Detailing Visit*

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Welcome.

We're excited to meet you.

Meet Your Breakout Team Leaders

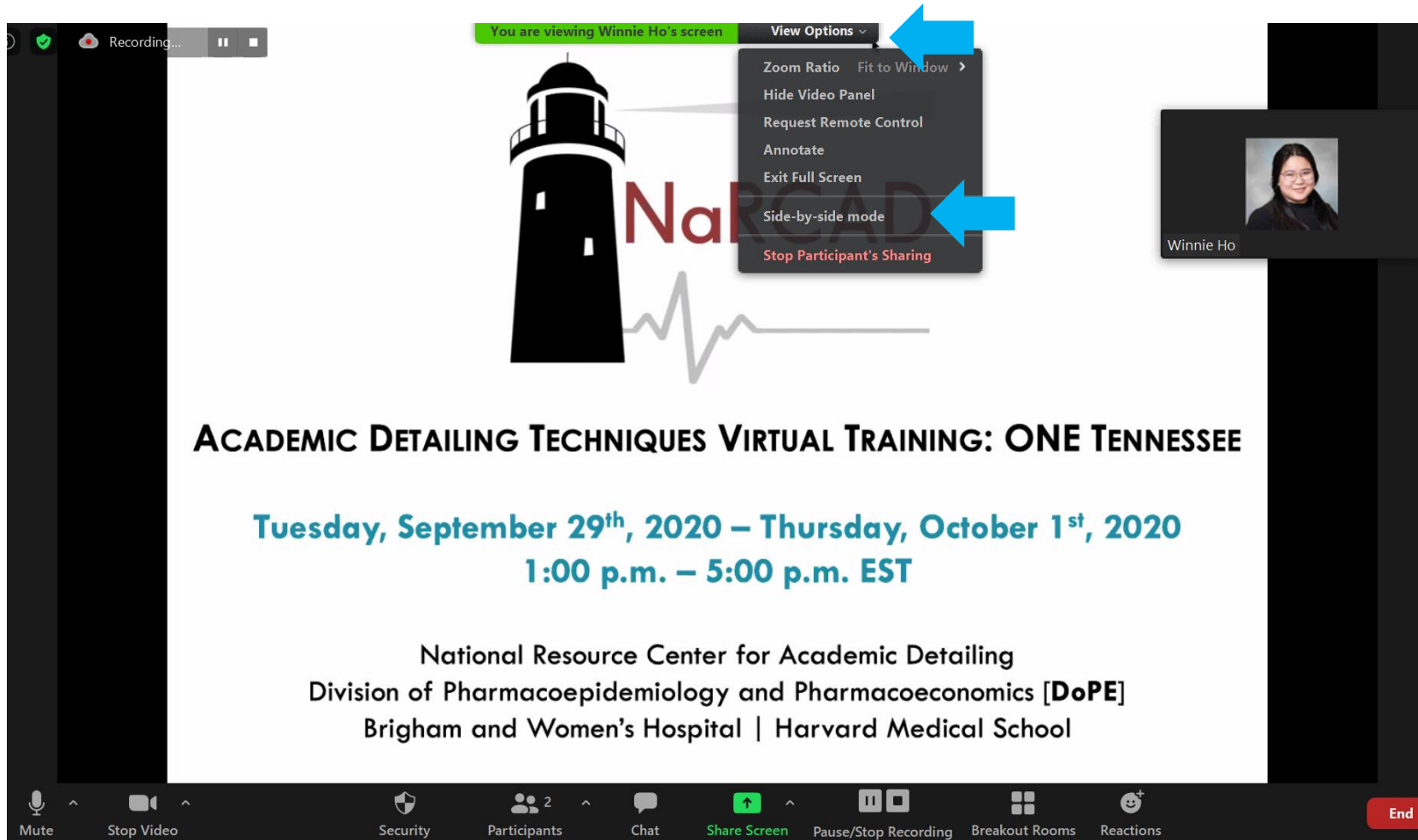


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Adjust to 'Speaker View'



You are viewing Winnie Ho's screen

- View Options
- Zoom Ratio Fit to Window >
- Hide Video Panel
- Request Remote Control
- Annotate
- Exit Full Screen
- Side-by-side mode
- Stop Participant's Sharing

Winnie Ho

ACADEMIC DETAILING TECHNIQUES VIRTUAL TRAINING: ONE TENNESSEE

Tuesday, September 29th, 2020 – Thursday, October 1st, 2020
1:00 p.m. – 5:00 p.m. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women's Hospital | Harvard Medical School

Mute Stop Video Security Participants 2 Chat Share Screen Pause/Stop Recording Breakout Rooms Reactions End

Adjust to 'Speaker View'

Zoom Meeting | You are viewing Winnie Ho's screen | View Options | Total non-video participants: 1 | Speaker View

NaRCAD

ACADEMIC DETAILING TECHNIQUES VIRTUAL TRAINING: ONE TENNESSEE

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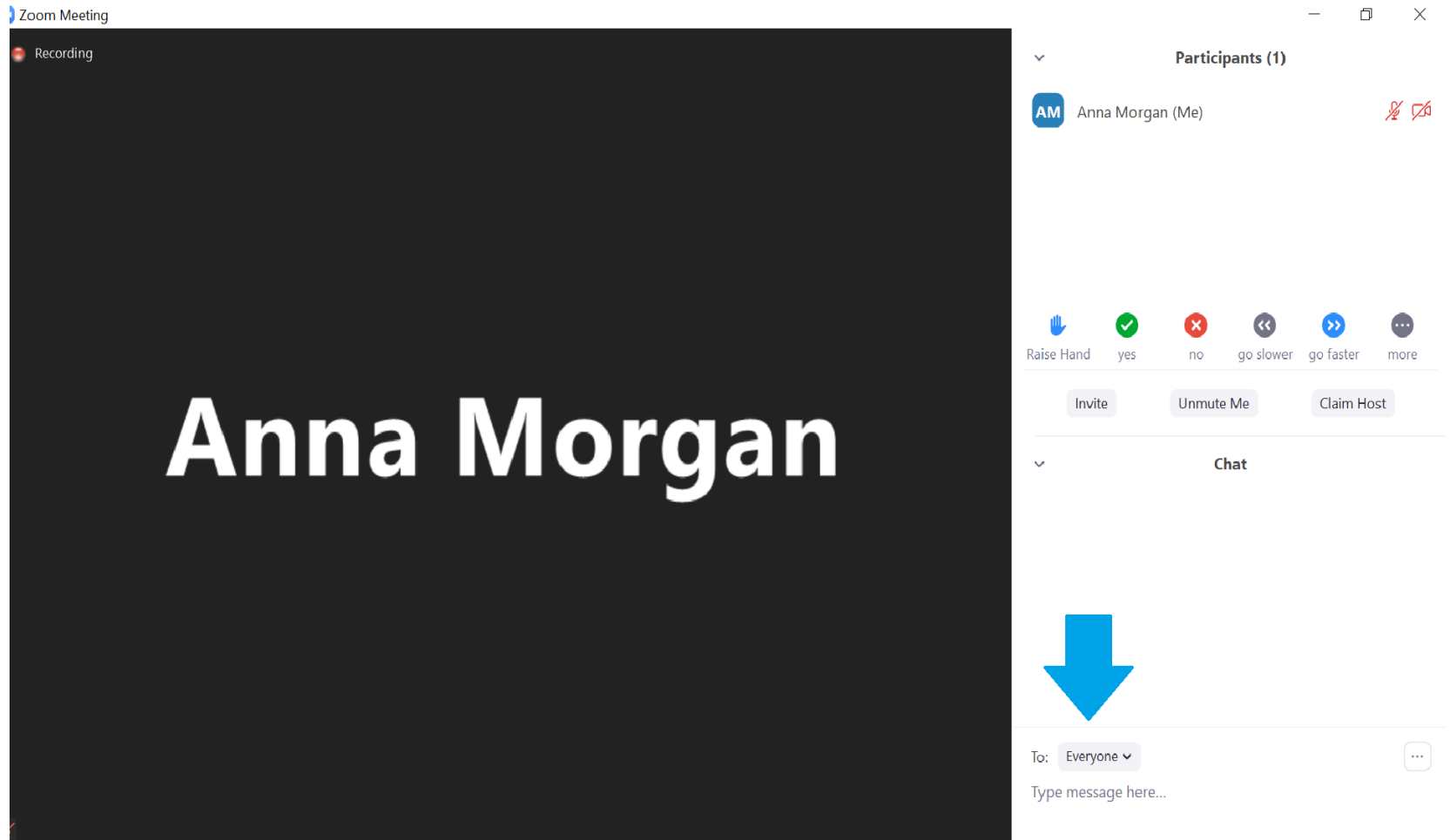
National Resource Center for Academic Detailing
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Anna Morgan

Mute | Stop Video | Security | Participants (2) | Chat | Share Screen | Pause/Stop Recording | Breakout Rooms | Reactions | End



Make Sure You're Chatting With Everyone



The image shows a Zoom meeting interface. The main video area is black with the name "Anna Morgan" in large white text. A "Recording" indicator is visible in the top left. On the right, the "Participants (1)" list shows "Anna Morgan (Me)" with a microphone icon. Below the list are controls for "Raise Hand", "yes", "no", "go slower", "go faster", and "more". There are also buttons for "Invite", "Unmute Me", and "Claim Host". The "Chat" section is visible below, with a "To: Everyone" dropdown and a "Type message here..." input field. A large blue arrow points down towards the chat area.

Goals for today:

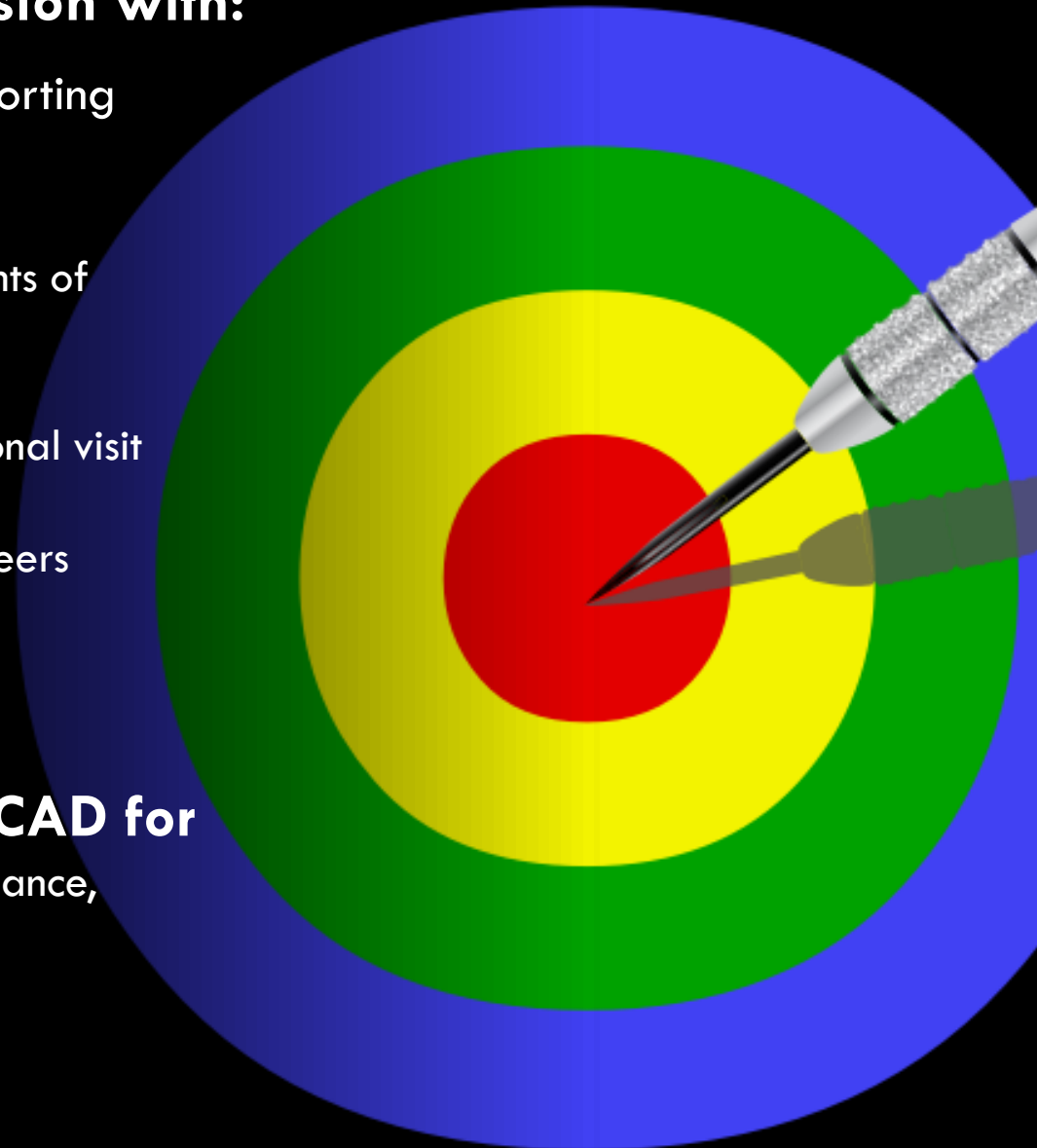


You'll walk away from this session with:

- ✓ A sense of why AD is critical in supporting frontline clinicians
- ✓ An understanding of the basic components of building a program
- ✓ Exposure to each step of a 1:1 educational visit
- ✓ A chance to connect with other global peers
- ✓ Questions!

We'll also connect you to NaRCAD for

resources, consultation, and technical assistance, including peer connections



**Level Setting:
WHERE ARE YOU AT?**

Type in the chatbox:

➤ **On a scale of 1-10, how much do you know about AD?**

0 = I know pretty much nothing at all.

5 = I know a bit, but I'm nowhere near an expert.

10 = I'm an AD whiz!





What's "AD"?

It's 1:1 educational outreach in a clinician's office (or online)

- Never a lecture—always interactive
- Assesses individual needs and provides customized support
- Uses compelling visual aids to share best evidence
- Encourages specific behavior changes using action-based key messages

✓ **The visit ends with a mutually agreed-upon commitment to specific practice changes**

✓ **Over time, the relationship is strengthened, based on trust and usefulness**

Why “AD”?

Clinicians want the best outcomes for their patients, but many obstacles are in their paths.

Type in the chatbox

Type 1 obstacle or challenge that a busy clinician who is practicing right now is facing.

The Goal of Academic Detailing

Closing the gap between:

**Best
Available
Evidence**



**Actual
Clinical
Practice**

Elements of a Successful AD Program

- ❑ Identifying gaps in care

What's the gap between evidence and frontline care?



- ❑ Defining intervention goals

How can detailing support clinicians in closing the gap?

- ❑ Recruiting & training detailers

- ❑ Delivering 1:1 clinician visits *(we'll be focusing on this today!)*

- ❑ Evaluation & assessment

The Structure of a 1:1 Visit



—

Kicking things off with a strong introduction:

Head over to the chatbox:

Think of meeting someone new in any context.

➤ **What would make a “bad” first impression?**



From an Expert: Sharing a Strong Intro

Pro Tips.

Impactful detailers begin their visits with an intro that's engaging, succinct, and clear.



**FIRST
IMPRESSIONS**

Next: Conducting a Needs Assessment

What does the clinician value, know, and need?

How can you find out?

- ✓ **Ask the right questions.**
- ✓ (And make sure they're open-ended!)



Exploring Needs Assessment: **Small group chat!**

You'll have 15 minutes to:

1. Meet each other!
2. Figure out: **2 great needs assessment questions** a detailer could ask a clinician

TIP: Don't ask yes or no questions!

How this will work:



- The discussion goals will be available to view in your chatbox
- You can request help from the host if you need assistance from the NaRCAD team
- We'll give you a 5-minute warning and bring you back into the main session

We'll see you in 15 minutes!

WELCOME BACK

Share your best needs assessment question with us!

Raise your hand and we'll unmute you!

(Shy? Type it in the chatbox!)

We'll reflect on a few and then move on to the next step.



What's
NEXT

- **Key message delivery.**

What's a Key Message?

After asking the right questions to understand what a clinician needs, a key message is delivered using language that is action-oriented and specific.





STRONG KEY MESSAGES:

- ✓ **Use non-opioid treatment as first-line therapy for your patients experiencing chronic pain.**
- ✓ **Screen all patients over 65 using the gait and mobility test.**
- ✓ **Offer treatment options to patients with substance use disorder.**
- ✓ **Use a standardized sexual health history questionnaire to determine which patients are at high risk of contracting HIV.**

From an Expert: Delivering Impactful Key Messages

Pro Tips.





Preparing for Objections

**Why wouldn't a clinician
want to adopt the message
you deliver?**

Raise your hand and we'll unmute you!
(Shy? Type it in the chatbox!)



Addressing Objections: Active Listening & Ongoing Needs Assessment

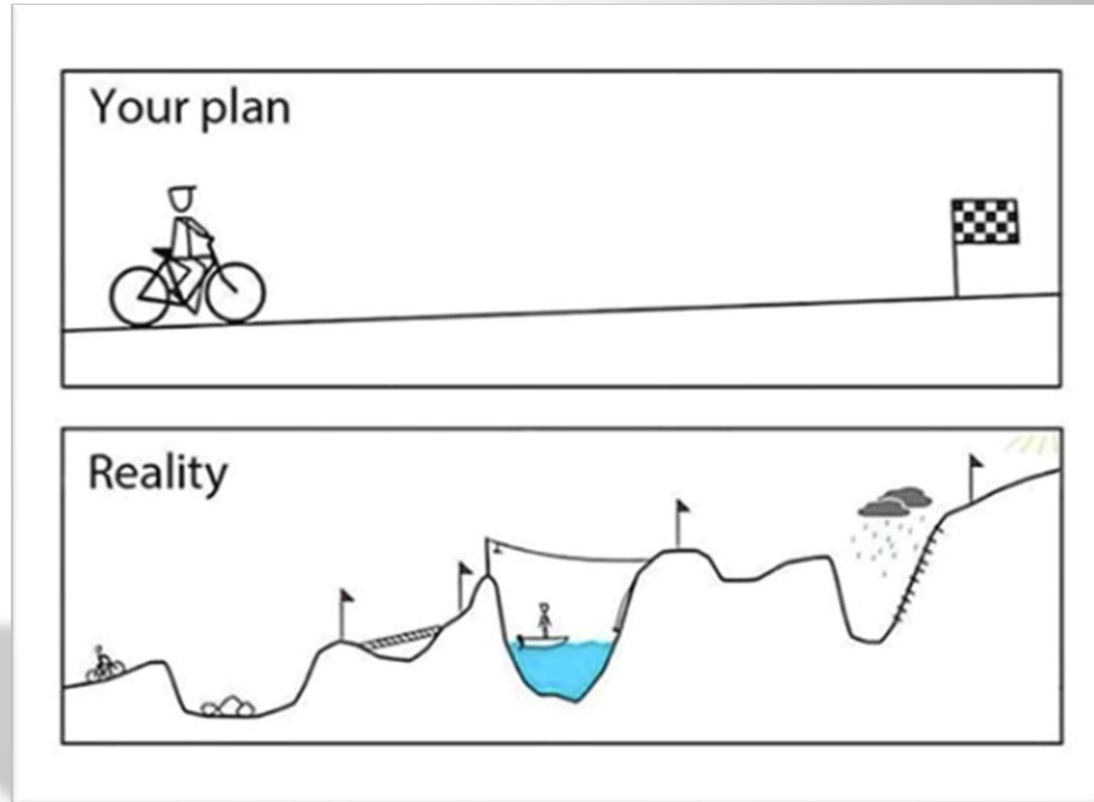
Respond to a clinician's objection by:

- ✓ **validating/empathizing with the objection**
- ✓ **asking a new needs assessment question**
- ✓ **trying a different approach or way of framing the message**

Most Common Objections and Challenges.

Experiences from the field.

- ✓ **Time!**
- ✓ **Resources** (*staff, equipment, space, money, training*)
- ✓ **Disbelief in evidence**
- ✓ **Other behavioral challenges**
- ✓ **Stigma**



Summary & Close:
**Asking for a Commitment
to a Specific Practice
Change**

Example of a specific, measurable ask.

“Can you try screening the next 3 patients over 65 with this new tool, and I can check in with you in 2 weeks to see how it went?”



P₃ | A₁ | T₁ | I₁ | E₁ | N₁ | C₃ | E₁

Behavior change takes time.

AD is all about:

- ✓ **Building trusting relationships**
- ✓ **Meeting clinicians where they're at**
- ✓ **Follow-up and support**

Questions for Jackie and Vishal?

**Type your questions into the chatbox,
or raise your hand and we'll unmute
you.**

We'll get to as many questions as we can!

NaRCAD Technical Assistance



• Program Building

- In-person trainings, webinars, and ongoing virtual support, including training videos, resources, & more.



• Phone Support

- Follow-up to help you trouble shoot your visits and deal with challenges along the way.



• E-mail Support

- Unlimited guidance, resource requests, & troubleshooting.



**Please rejoin the main room now
by clicking on the link in the chatbox.**