



**THE STEPS OF A DETAILING VISIT:  
TRANSLATING 1:1 CONNECTIONS TO A VIRTUAL PLATFORM**

**Wednesday, May 20th, 2020, 11:00 A.M. – 12:15 P.M. EST**

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



## **Today's Webinar Facilitators:**

**Mike Fischer, MD, MS, Director, NaRCAD**

**Bevin Shagoury, Communications & Education Director, NaRCAD**



## Webinar Goals:

- ✓ NaRCAD to share new COP updates and offerings
- ✓ Making preparations for a virtual visit
- ✓ Adapting the steps of a visit to virtual platform
- ✓ Discussion/Q+A Session

# *Community Discussion Forum*

**JUST LAUNCHED**





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## GLOBAL LEADERS IN CLINICAL OUTREACH EDUCATION

Training & technical assistance to help clinicians provide better patient care.

WE'RE CHANGING CARE, ONE VISIT AT A TIME.

NEW: e-Detailing Resources during COVID-19

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### General Discussion

A discussion forum for all things academic detailing.

AD for Opioid Safety, AD for HIV/AIDS

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### Community of Practice - E-Detailing

COVID-19

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Best Platforms for E-Detailing  
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NEW TOPIC

## News <sup>3</sup>

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E-Detailing Community of Practice  
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## General Discussion

A discussion forum for all things academic detailing.

↳ AD for Opioid Safety, AD for HIV/AIDS

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## Community of Practice - E-Detailing

"E-Detailing for Clinician Engagement: Virtual Connections for Clinical Change",  
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Provider Reception to E-Detailing  
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← Community of Practice - E-Detailing



NEW TOPIC

Subcategories

## "E-Detailing for Clinician Engagement: Virtual Connections for Clinical Change"

A continued conversation on the transition to virtual detailing from our April 29th webinar.

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Provider Reception to E-Detailing  
a minute ago by National Resource Ce...



## COVID-19

How has COVID-19 impacted your academic detailing operations? A thread to share challenges and workarounds that you have encountered.

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COVID-19 Detailing  
5 days ago by National Resource Cent...



# New Peer-to-Peer Learning Opportunity:



- Monthly **1-hour peer discussions**
- Each meeting will feature the previous COP Webinar's session content
  - *E.g.: our June RoundTable will be a conversation on adapting the structure of a visit*
- Roundtable attendees connect via small breakout groups of **4-5 national and global peers**
- On COP Roundtable days, there will be **2 meeting options (AM + PM)** to accommodate varied time zones

Roundtables kick off next month.

**STAY TUNED**

# Basic Planning: e-Detailing visits



# Considering When to Send Materials

- **Platform:** Video vs. Phone only
- **Time Constraints:**
  - How much time exists between your outreach and the date of the visit?
  - How much time in the actual visit will you have?
    - Less time means sending in advance is more important so that the visit isn't rushed and you'll still have time to deliver the key message(s)
    - More time means you may be able to walk through the materials for the first time at a more leisurely pace and actively observe the clinician's learning style

# Considering When to Send Materials

- **Learning Styles & Preferences:**

- Consider that this medium limits options for folks with varied learning styles
- Let clinician lead the way/identify needs





# Sending Ahead: Opportunities

- **Opportunities:**

- Clinicians already have a sense of what you'll be discussing
- Will have (hopefully) reviewed some of the data and evidence therein
- “Real-time learning” and reading for the first time can slow down your discussion; sending in advance avoids some of this

# Sending Ahead: Challenges

- **Challenges:**

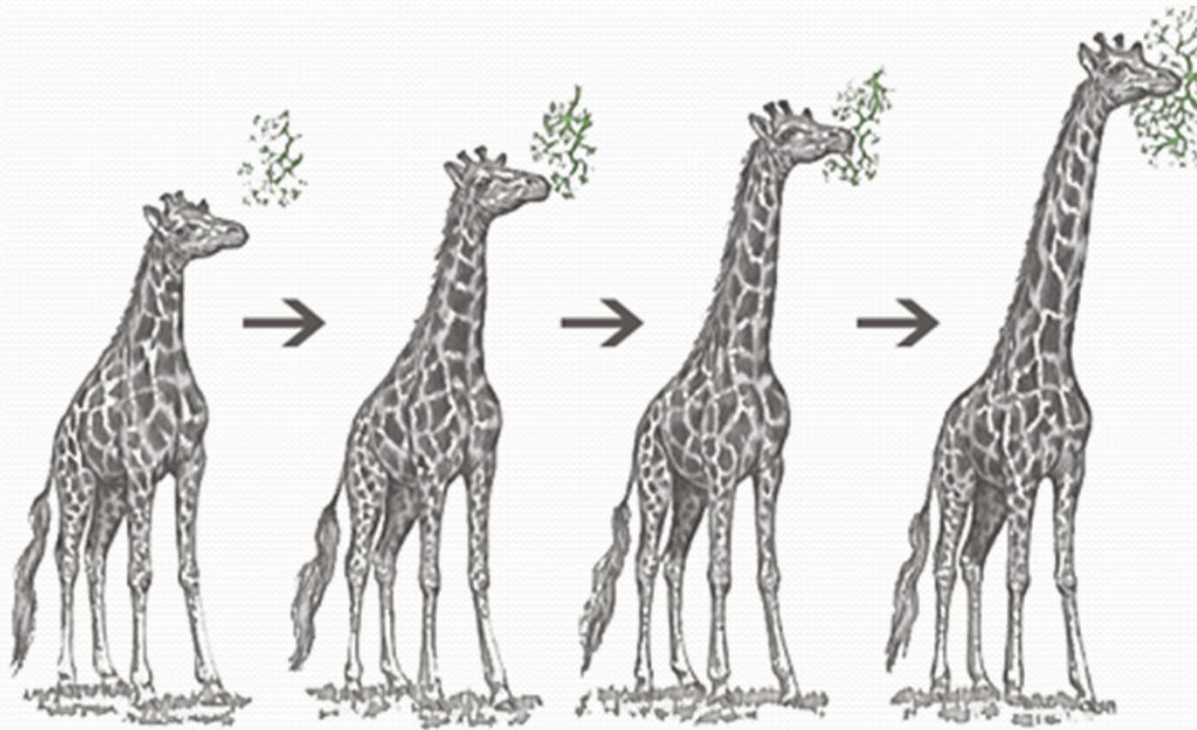
- Clinicians may come to the visit with stronger, well-thought out objections
- Clinician may decide the visit is unnecessary based on content
- Clinician may feel a sense of pressure or that this is “homework”

**June 2020 Webinar:**  
Adapting Educational Materials to e-Detailing

# Refresher on the Structure and Steps of a Visit



# Adaptations: Making Subtle Shifts



# Same Problem? Similar Approach!

- **Outreach/gaining access and scheduling**
  - Consider impact of COVID-19
  - Ensure outreach method is clear and easy to engage with
  - Rescheduling challenges (last-minute cancellations/no-shows)

# Same Problem? Similar Approach!

- **Materials** (format is different, content is the same—more on June webinar.)
- **Structure itself:** same order and flow
- **Clinician Engagement:** Addressing distractions
  - Communication distractions (e-mail, pager, cell phone, knock on door)
  - Tangential/personal stories
  - COVID-19 focused/preoccupied
  - Less time available than was scheduled

# Adaptations Across **ALL** Steps

- **Detailer's Body Language:**

- Consider that clinician is less able to see full body language
- Emphasize facial expressions and use hand gestures
- Additional modulating of your voice is key to emphasize points



## **Practicing Emphasizing Body Language and Tone:**

- Practice your tone and style by walking through some of the steps of a visit with a friend or colleague
- Record yourself practicing phrases via audio or video and play back to review your modulation, facial expressions, and body language



# Adaptations Across **ALL** Steps

- **Clinician's Body Language:**

- You're less able to see clinician's body language, so asking additional check-in questions is key, such as:

- *"Does this all make sense so far?"*
- *"Is this what you've seen in your practice?"*
- *"Am I going at a good pace? Let me know at any time if you want me to speed up or slow down."*



Can't see clinician's hands or body?



# Reflective questions & statements

## Example: A Clinician seems Bored/Disengaged

- **Open-Ended Prompts:**

- “I’m getting the sense that you’ve heard this before and that it’s not new to you. What’s been the most challenging thing for you when working (with X population/on X clinical topic)?”
- “Can you tell me about your experience (prescribing X medication/using X screening tool)?”
- “If I could offer you a new tool to make your life easier around (X topic), tell me what it would look like.”

*Considerations when Adapting*  
**the Structure of a Visit**



# Introduction

- **Considerations & Adaptations:**
  - Small talk/acknowledgement of circumstances that require e-Detailing
  - Acknowledging the awkwardness/limitations of e-Detailing/virtual platforms
- **Opportunities:**
  - Learning together, learn from clinician re: learning styles, needs
  - Sharing screens to present program



# Needs Assessment

- **Considerations & Adaptations:**

- For successful videoconference encounters, both people need to be engaged and participating early and often
- Even more critical not to lecture—get clinicians talking about themselves by asking open-ended questions
- Asking good needs assessment questions allows for video visit to come to life

- **Opportunities:**

- Use chat box to demonstrate active listening—typing highlights and nuggets; this can help both of you to visualize ‘to-do’ items to be sure to follow up on
- Allows for clinicians to see immediate visual reflections of their needs, showing them you’re actively listening
- Invite clinician to share screen to show any resources they’ve used that they like, offering you insights into their preferences and workflow



# Key Messages, Features, & Benefits

- **Considerations & Adaptations:**

- If prior steps were well-executed, this segment will require a bit more of you, as the detailer, to speak more—find a balance
- Making sure you're pausing to ensure understanding/continued needs assessment throughout
- Encourage use of platform tools (e.g. raise hand, chat box) for clinicians to flag that they have follow-up concerns

- **Opportunities:**

- Be innovative with your materials! (e.g., show a risk calculator and use it in real time, or have clinician use it by sharing screen)
- Break detailing aid into smaller images, isolating different components so there is an order to absorbing info
- Slide shows pros/cons (more on materials in next webinar)



# Handling Objections

- **Considerations & Adaptations:**

- Will require asking directly if there are challenges in implementing a key message
- You may need to elicit objections, otherwise, this format may create a situation where clinicians can nod and smile
- E.g. “Is this something you could see yourself doing? Why or why not?”

- **Opportunities:**

- Clinicians can share screen to show examples of workflow processes or challenges to illustrate a barrier
- Detailer can respond to a barrier by asking clinician to share a tool that they would prefer to use.

**BE  
DIRECT.**

**MEET THEM  
WHERE THEY'RE AT**





# Summary & Closing

- **Considerations & Adaptations:**

- Summarizing clearly and succinctly is key; too much talking here can lose the clinician towards the end of the visit
- Asking clinician if summary seems to accurately reflect the discussion
- Closing and “making the ask” directly and clearly is even more important in this format

- **Opportunities:**

- Summary can include chat box review of highlights of discussion
- Detailers can send follow-up information directly via chatbox, links, shared screen to show website resources, etc.



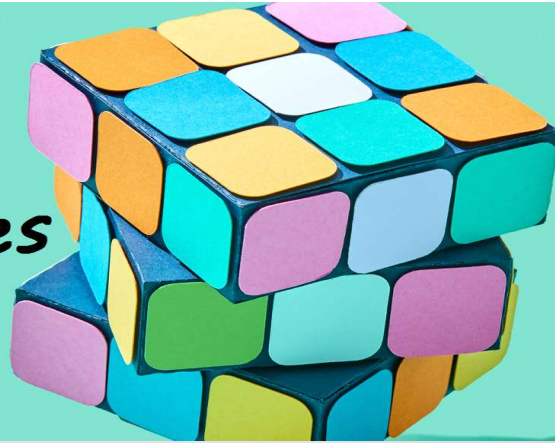


**Please type your questions into the Zoom Q + A box.**

We'll try to get to all of your questions, and we will post those we can't get to on our COP Discussion Forum.



*Challenges*



**OPPORTUNITIES**

**SHARE  
YOUR  
EXPERIENCE**





**NaRCAD**

e-detailing

*Community of Practice*

# Take our e-Detailing Needs Assessment Survey



## NaRCAD e-Detailing Needs Assessment Survey

Virtual detailing or "e-Detailing" has been used to access physicians in remote locations, cut down travel time, or provide a quick follow-up visit. Due to the COVID-19 pandemic, programs are increasingly integrating e-Detailing into their program structures as a mechanism to continue conducting visits virtually.

**We're kicking off our e-Detailing Community of Practice, and we need your input via a brief survey.**

Next



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