# Brief Academic Detailing Evaluation

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| **Initiatives** **(Check all that apply)** | **What opioid stewardship initiatives have you used with pain patients before?**  | **What initiatives will you try in the future?** |
| **Never** | **Sometimes** | **Frequently** | **Always** |
| Prescribe **non-opioid medications** |  |  |  |  |  |
| Start any opioid medications **at low dose & go slow** |  |  |  |  |  |
| Review the **state PDMP before** prescribing |  |  |  |  |  |
| **Avoid concurrent prescribing** with benzodiazepines |  |  |  |  |  |
| Link patient to **opioid use disorder treatment** |  |  |  |  |  |
| Prescribing **naloxone** |  |  |  |  |  |
| Offering **MAT** (Medication-Assisted Treatment) |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
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**Please turn over**

1. **What aspect of this education session did you find most useful?**
2. **What aspects of this education session could use improvement?**
3. **What topics related to pain or opioids would you like to know more about?**
4. **Can we follow up with you in the future? Best way to reach you (e.g. email)?**